



SURBITON

HIGH SCHOOL

First Aid and Administration of Medicines

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Surbiton High School: Ethos and Aims

Ethos

- We are a vibrant learning community, which **inspires** every child to discover and embrace their individuality, to grow in their intellectual curiosity, and to enjoy their independence
- We acknowledge that there is no such thing as a typical Surbiton High School pupil and that impressive academic results are just one aspect in our rich tapestry of educational provision; therefore, we **encourage** every child to grow in compassion, respect and an outward looking attitude, living out the School's motto: *Amor nos semper ducat (May love always lead us)*
- We **empower** every child to thrive, developing social and emotional intelligence to become rounded and grounded in their character, demonstrating kindness and service to others

Aims

- Surbiton High School aims to **inspire, encourage and empower** our young people to discover and liberate the very best of themselves, exceeding their potential in an intellectually rigorous and challenging academic environment, balanced with outstanding pastoral care and support

We achieve these aims through our *Charter for Happiness and Well-being*. Our children:

- are **inspired** to deploy their highest strengths to tackle all situations, developing a growth mind-set and a can-do attitude, equipped with the tools to maximise their positive emotions
- are **encouraged** to find their niche, to be fully engaged in educational activities and to meet the highest challenges that come their way
- are coached and **encouraged** to develop strong relationships, to be empathetic and responsive to the needs of themselves and others
- are **empowered** to lead a meaningful life, to be able to understand what their goals are and to know what they are striving for
- are **empowered** to draw strength from celebrating their accomplishments, in order to tackle new challenges

We achieve these aims through our inculcation of *Learning Habits*. Our children:

- are **inspired** in their thinking, to ask questions, to make connections, to imagine possibilities, to reason methodically and to capitalise on their resources
- are **encouraged** to be emotionally invested in their learning, persevering in the face of difficulties, noticing subtle differences and patterns, managing their distractions, and becoming absorbed in their learning
- are **empowered** to be fully involved in their learning, growing in interdependence, collaborating effectively, listening empathetically to others, and imitating their learning habits
- are **inspired, encouraged and empowered** to be productive, planning their learning in advance, revising and reviewing their progress, distilling important information, and developing their own meta-learning



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United Learning and the United Church Schools' Trust

Surbiton High School is part of *United Learning* and the *United Church Schools' Trust*. The School has an Anglican foundation, valuing its Christian heritage whilst welcoming staff and children from all faiths and none. We share with United Learning its core mission statement "to bring out the best in everyone". We are committed to the aims of United Learning, including its *Framework for Excellence*, which can be found at:

www.unitedlearning.org.uk

Policy Statement

Surbiton High School aims to be a community where individuals thrive and feel happy, secure, confident and valued. As part of our commitment to this aim, and in accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981), the school ensures adequate and appropriate first aid provision at all times when there are people on the School premises and for staff and pupils during off-site visits and activities.

This policy applies to all members of our School community, including those in our EYFS setting.

Surbiton High School is fully committed to ensuring that the application of this First Aid Policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the School's Equal Opportunity Policy document.

Surbiton High School seeks to implement this policy through adherence to the procedures set out in the rest of this document.

In line with our Provision of Information Policy, this document is available to all interested parties on the School Website, on MIS, on the United Hub and on request from the Principal's Office. It should be read in conjunction with the following documents:

- Child Protection (Safeguarding)
- Educational Visits and Off-Site Activities (EVAOS)
- Fire
- Health and Safety
- Group Accident and Incident Management Policy

First aid arrangements are continually monitored by the School Nurse, Sinead Ross Martyn. In addition, this document is reviewed annually, or as events or legislation require by Charlotte Demetz, Assistant Principal, Compliance, Health and Safety. The next scheduled date for review is May 2023.

In addition to the general review, the procedures and policies specifically relating to accident reporting, recording and investigation are monitored by Charlotte Demetz, Assistant Principal, Compliance, Health and Safety, in liaison with the School Nurse to identify whether review or change is needed.



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Procedures

1.1 Responsibilities under the Policy

1.1.1 Senior Leadership Team

SLT and the Health and Safety Committee are responsible for ensuring that:

- First aid needs are assessed and addressed
- Sufficient numbers of suitably qualified first aiders are available at all times
- The provision of first aid services during School hours
- Appropriate first aid cover is available for out-of-hours and off-site activities

1.1.2 The Health and Safety Co-ordinator

The Health and Safety Co-ordinator is responsible for:

- Reviewing accidents and near-misses with the School Nurse each term prior to that term's Health and Safety Committee meeting, or as the need arises.
- Monitoring that accident reporting and accident investigations are carried out under the Reporting of Injuries, Diseases, Dangerous Occurrences Regulations (RIDDOR)
- Updating the guidance material used by the School re accidents in line with current regulations
- Conducting accident investigations

1.1.3 The Health and Safety Committee

The Health and Safety Committee has the responsibility:

- To review and discuss trends in accidents, illness and ill health under the guidance of the Health and Safety Co-ordinator and School Nurse
- To agree any action to be taken to reduce the likelihood and consequences of accidents, illness and ill health at the School
- To send its minutes to the SLT, Local Governing Body and Group Health and Safety Manager so that they are appraised of Health and Safety developments within the School

1.1.4 The School Nurse

The School Nurse (Tel: extension 344) is based in the Welfare Centre on the Senior School Site but also provides guidance and support to the Girls' and Boys' Preparatory Schools.

The School Nurse is registered with the Nursing and Midwifery Council and will always act within her scope of practice and adhere to the code and conduct of the NMC at all times. The Business Director,



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Marinke Overwater, checks her annual verification from the NMC. She adheres to the School Nurse's Confidentiality Policy (see Appendix 12).

The School Nurse is responsible for:

- Assessing the first aid needs throughout the School
- Advising on appropriate levels of first aid provision
- Identifying first aid training needs
- Arranging in-house training
- Arranging attendance on external first aid training courses
- Maintaining a record of all first aid training of School staff
- Liaising with SLT and the Health and Safety Committee on first aid issues
- Ensuring first aid cover is available on each site during normal School hours
- Organising provision and replenishment of first aid equipment
- Maintaining accurate records of first aid treatments given in the Welfare Centre
- Sending a termly overview of accident statistics to the Health and Safety Co-ordinator at least a fortnight prior to that Term's Health and Safety Committee meeting, and attend a meeting with her to discuss the overview

1.1.5 Qualified first aiders

Qualified first aiders are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary
- Recording details of treatment given

1.1.6 Physical Education

PE teachers / coaches are responsible for:

- Ensuring appropriate first aid cover is available at all out-of-hours sports activities.
- Ensuring first aid kits are taken to all practice sessions and matches

1.2 First Aid Risks

1.2.1 Assessment of School's First Aid needs

The School Nurse, on behalf of SLT, carries out a continuous assessment of first aid needs. The assessment takes account of:

- Numbers of pupils, staff and visitors on site



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- Age and maturity of pupils e.g. for EYFS provision, checking that staff have appropriate first aid training.
- Layout and location of buildings and grounds
- Specific hazards including bodily fluids spillage.
- Special needs
- Hours of work
- Out-of-hours and off-site activities

The assessment identifies:

- How many first aiders are needed during the School day
- Out-of-hours and off-site arrangements
- Arrangements to cover absence of the School Nurse and first aiders
- High-risk areas needing a qualified first aider within the department
- First aid equipment needed
- Location of first aid equipment
- Necessary first aid notices and signs
- Good practice in record keeping

1.2.2 Specific hazards

Accident statistics can indicate the most common times, locations and activities involved when accidents occur at School, highlighting areas where pupils and staff may be at greater risk of injury. Review of these statistics shows that injuries and accidents are most likely to occur during PE/games lessons and matches, during science, technology and art lessons, at break-times (especially on the outdoor play equipment at the Prep Schools) and in the kitchens and maintenance areas. Out-of-hours and off-site activities may present particular risks depending on the location and nature of the activity and the numbers of pupils and staff involved. For bodily fluids spillage see separate policy procedure in Appendix 3.

1.2.3 Special needs

There are a number of pupils who have specific health needs i.e. pupils with diabetes, epilepsy, asthma, eating disorders and those at risk of anaphylaxis, and there are specific procedures for dealing with these conditions which can be found in Appendices 3 - 9. The School Nurse compiles a record of such pupils and provides advice and information for staff as appropriate. Individual procedures for such pupils are in the appendices to this policy and care plans for individual pupils are available on their MIS details.

1.3 Out-of-hours and off-site activities

Many School activities take place outside of normal School hours and/or off-site. First aid provision is available at all times whilst people are on the School premises and when on School trips or visits. All PE staff have completed a certified course in emergency first aid for School staff. A similarly certified member of staff accompanies all trips and visits with special provision for the EYFS pupils who will be



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accompanied by at least one paediatric trained first aider with a minimum of 12 hours' training. Pupils who take part in activities where they are required to work for significant periods of time out of immediate contact with a member of staff, e.g., Duke of Edinburgh expeditions, receive basic first aid and personal safety training prior to the event.

1.4 Provision of First Aid personnel and equipment

1.4.1 The Welfare Centre

The School has a well-equipped Welfare Centre, which meets the requirements of the Education (School Premises) Regulations 1999 and is staffed by a Registered Nurse. The Welfare Centre is open during term time from 8.25am-3.50pm Monday-Friday and is fully equipped to deal with everyday accidents and injuries. If the School Nurse is off-site for any reason, staff will be informed, and a notice will be displayed on the door of the Welfare Centre giving details of how to obtain help. Details of the procedure to be followed in the Nurse's absence will be communicated by email to all staff on each occasion.

The Girls' Preparatory School has a small medical room with facilities for a sick pupil to lie down until collected by parents.

The Boys' Preparatory School has a small medical room with facilities for a sick pupil to lie down until collected by parents. If a parent/carer cannot attend promptly the pupil is taken to the Welfare Centre to await collection.

1.4.2 Availability of First Aiders

A list of all first aid trained members of staff along with their location and telephone number is included in Appendix 1 and is displayed in all School offices/receptions and staff rooms. They are also displayed in the Science, DT and Art departments. This list also gives the dates when renewal of First Aid Training is due.

1.4.3 First Aid Kits

First Aid kits are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. The contents of First Aid kits may vary depending on the particular needs in each location (e.g., blue detectable plasters are used in food areas). The School Nurse will supply first aid kits as appropriate. They are currently situated in:

Senior School: Welfare Centre, Staffrooms, Main School office, Science Prep rooms, DT room, Art studio, Drama Studio, SAR and MBH Reception, Staffroom and Breakfast and After School Club.

Sixth Form: Gym office, outside HOY office

Surbiton High Girls' Preparatory School: Reception, First Aid Room

Surbiton High Boys' Preparatory Schools: Reception, First Aid Room



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PE: The PE Department have several large well-equipped First Aid kits that are taken to all games lessons, practices and matches. All members of the PE team carry a small first aid kit. The kit should be returned to the School Nurse for checking and restocking at least once a term. In addition to this there are two first aid kits at Hinchley Wood and Oaken Lane sports grounds and a lone worker first aid kit with each of the groundsmen.

1.4.4 First Aid and Lone Working

Arrangements are in place for the provision of first aid for lone workers. For example, all members of the facilities team carry both a walkie-talkie and mobile phone during working hours and a mobile phone outside of working hours to summon first aid if necessary.

1.4.5 Off-site activities

A first aid kit is taken to all off-site activities and visits. Kits suitable for use on day trips and those involving overnight stays are available from the School Nurse; these are ordered in advance and returned to her immediately on return.

1.4.6 Minibuses

All minibuses carry a first aid kit.

1.4.7 Stocking of first aid kits

The School Nurse and named first aiders as listed in Appendix are responsible for checking the first aid facilities (usually first aid kits and saline pods) at least termly. The School Nurse must be notified when items have been used so they can be replaced without delay.

1.4.8 AED – Automated External Defibrillator

An AED is available in the following locations:

Senior School Reception, SAR Reception, 6th Form Building, Hinchley Wood Sports Pavilion and SHS Boat Club.

These are fully automatic and designed to be used in a cardiac emergency by anyone. However, instructions and advice on the usage has now been incorporated into all our first aid training courses.

1.4.8 Emergency Allergy Response Kits

Emergency Allergy Response Kits are available at the following locations: Senior School Reception, SAR Reception, MBH Reception, 6th Form, Hinchley Wood Pavilion, SHS Boat House, Girls' Preparatory School Reception, Boys' Preparatory School Avenue Elmers Reception, Boys' Preparatory School Charles Burney House Reception. They contain an auto-injector (i.e. EpiPen), a Salbutamol inhaler, disposable spacers, instructions for use along with details (and signed parental consents for usage) by pupils known to be at risk of either anaphylaxis or an asthmatic attack.

In addition, the PE department has extras to carry with them on fixtures.



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1.5 Information

Surbiton High School is committed to ensuring that there is accurate, accessible information about how to obtain emergency aid.

1.5.1 New Staff

All new staff are provided, during induction, with information about how to obtain first aid assistance and how to report an accident on ARMS (Accident Recording and Management System).

1.6 Training

A list of trained first aiders is included in Appendix 1. This list includes the date when their training requires updating (usually every 3 years). Copies of individual First Aid qualifications are kept by the HR department.

Certified FAW (First Aider at Work)

A certified FAW is someone who holds a valid certificate of competence in First Aid at Work. The certificate is issued by an organisation registered by the Health and Safety Executive and must be renewed every three years. The School Nurse arranges for staff to attend the First Aid at Work course (in-house) as required.

Emergency First Aider (EFAW)

A certified Emergency First Aider is someone who has attended a minimum of 4 hours first aid training (renewable every 3 years) and is competent to give emergency aid until further help arrives.

Expedition First Aid

This is undertaken on an ad hoc basis by staff prior to undertaking expeditions

Paediatric (EYFS) 12 hours First Aid Certificate

An Early Years First Aider has attended a minimum of 12 hours' paediatric first aid training (renewable every 3 years).

First Aid training for Pupils

Pupils are encouraged to learn first aid skills through schemes such as the Duke of Edinburgh Award and British Heart Foundation Heart Start as part of the Enrichment Programme.

Additional training

Additional first aid training is provided by the School Nurse as necessary, for example in the use of adrenaline injectors for emergency aid for pupils with severe allergic reactions.



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1.7 Emergency Procedures

1.7.1 Senior School

Depending on the severity of the injury or illness, the casualty should either see the School Nurse at the next appropriate opportunity, e.g. break or lunchtime, or be taken immediately to the Welfare Centre. Pupils should be accompanied by a responsible friend if appropriate.

In the event of severe illness or injury, an ambulance is called to attend without delay, and the School Nurse contacted immediately.

If the School Nurse is not available, Reception should be informed and one of the FAW first aiders contacted without delay.

Whenever possible someone should remain with the casualty until help arrives.

If an ambulance is called, someone should go to the front of School to give directions to the ambulance crew. Parents/next of kin of the casualty must be notified by a member of SLT and a responsible adult should accompany the casualty to hospital.

1.7.2 Surbiton High Girls' Preparatory School

A pupil who is ill or injured during lesson time is taken to the School Reception, which is staffed by qualified first aiders. They deal with these issues themselves or, if deemed necessary, contact the School Nurse, who either advises on action by telephone or attends without delay. In the event of serious illness or injury, an ambulance is called to attend without delay and the School Nurse informed immediately.

1.7.3 Surbiton High Boys' Preparatory School

A pupil who is ill or injured during lesson time is taken to the School Reception, which is staffed by qualified first aiders. They deal with these issues themselves or, if deemed necessary, contact the School Nurse, who either advises on action by telephone or attends without delay. In the event of serious illness or injury, an ambulance is called to attend without delay and the School Nurse informed immediately.

1.8 Reporting, recording and investigation of accidents and near misses¹

Employees at all levels must report promptly all accidents that cause injury, ill health, or damage and near misses causing damage to property and equipment. It is equally important to report near misses that do not cause any injury as minor near-misses show where systems are failing that need to be monitored to prevent a more serious accident occurring.

¹ These refer to near misses and undesired circumstances. Near miss = an event that, while not causing harm, has the potential to cause injury or ill health; Undesired circumstance = a set of conditions or circumstances that have the potential to cause injury or ill health



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1.8.1 Accidents or near-misses involving employees

What do employees have to do when involved in an accident or near-miss?

- Report it to your HOD/ Line Manager as quickly as possible, or, if unavailable, a member of SLT.
- If you are injured while on another employer's premises, you should report it to the person in control there, as well as to your HOD/Line Manager.
- As much as you are able, help your HOD / Line Manager to complete the ARMS report.

What do HODS/ Line Managers/SLT have to do?

- Ensure that appropriate First Aid has been given
- Take the necessary action to deal with immediate risks, such as: warning everyone in the area to keep away until you can be sure that no-one else is likely to be hurt; isolate / make safe any faulty equipment involved
- The HSE may want to investigate the accident and will require the accident site to be left undisturbed. If this is a possibility, you must make sure that the area is kept just as it was at the time of the accident and prohibit entry
- If the accident or near-miss was serious (or if you are unsure whether or not it was), inform the following people immediately:
 - School Nurse
 - Health and Safety Co-ordinator
 - HR Manager
- Ensure that the appropriate Accident/Near-miss Report is completed as soon as possible on The Group Accident Recording and Management system (ARMS). Seek the employee's help with this.
- All accidents or near-misses that either did or could have had serious consequences must be investigated as soon as they have happened. Any delay will make the investigation more difficult
- Implement any recommendations made by any subsequent accident investigation.
- Review your Risk Assessments in light of the accident / near-miss

Completing the accident form

- All accidents must be reported without delay directly onto ARMS on the United Learning Hub. Where an accident appears to be serious or if the result is the injured party being taken to hospital, the School Nurse, The Health and Safety Co-ordinator and Principal's office must be telephoned immediately.
- Where accidents, dangerous occurrences and occupational ill health occur, their causes will be investigated in line with procedures detailed in the First Aid policy.
- A summary sheet of accidents/near-misses is generated from ARMS on the United Learning Hub by the School Nurse for the termly Health and Safety Committee meetings and the LGB member responsible for Health and Safety.



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1.8.2 Accidents or near misses involving pupils²

- All accidents or near misses involving Senior School pupils are recorded on the “ARMS” by the School Nurse or by those deputising for her.
- In the Preparatory Schools, all accidents causing minor injuries such as small cuts, bumps or grazes are recorded manually (and kept on pupil’s file) They are also entered onto the “ARMS” by Preparatory School staff. For any accident more serious than this, advice should be sought from the School nurse. A report is sent home for any pupil sustaining a head bump, however small.
- In order to identify and respond to trends in accidents and near-misses in the Preparatory Schools, general information about accidents can be downloaded on a regular basis from the “ARMS”
- All significant accidents are reported to parents by the Preparatory School Staff or the School Nurse and followed up with a written report if appropriate. Pupils who have sustained a significant head bump/ injury are not allowed to go home alone and are given a head injury advice sheet to take with them.

1.8.3 Accidents or near misses involving visitors to the School

- For accidents or near-misses involving visitors to the School, an accident report is generated by the School Nurse or by those deputising for her.

1.8.4 (RIDDOR) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

In line with RIDDOR regulations 2013 and HSE ‘Near-miss reporting in schools (accidents, diseases and dangerous occurrences)’ 2013

- Near-misses that are likely to be reportable under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR), are automatically forwarded from The Group Accident Recording and Management system (ARMS) to the Health and Safety team at Head Office for reporting to HSE. A copy of any notifications made is returned to the school’s H&S Coordinator.
- Ofsted is notified of RIDDOR-reportable accidents / near-misses involving EYFS pupils, and of any instance in connection to medicines that leads to such an event. A pupil’s GP has the responsibility of reporting notifiable diseases and ensuring that a pupil is safe to return to School and not cause public health problems from infections. For boarders, this role will be fulfilled by the GP responsible for them if appropriate during term time. However, the School may also seek advice from the Health Protection Agency if a pupil is believed to be suffering from a notifiable disease as identified under the Health Protection (Notification) Regulations 2010. For pupils in our EYFS, notification will be made to Ofsted as soon as is reasonably practicable, but in any event within 14 days of the near-miss occurring. If Surbiton High School, without reasonable excuse, fails to comply with this requirement, we commit an

² for compliance purposes, pupils are classed as visitors



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offence. Contact details for Ofsted are as follows: www.ofsted.gov.uk or by telephone on 0300 123 4666.

1.8.5 Investigating accidents and near-misses

We investigate accidents and near-misses in line with HSE guidance requirements HSG 245 'Investigating Incidents and Accidents'.

The purpose of any investigation is to establish if the system failed, someone just made a mistake or important safety rules were broken, and, if so, why.

How long and how detailed the investigation needs to be will depend on how serious the result of the accident is or could have been. Sometimes a few minutes' discussion will be enough, but in other cases a more detailed investigation will be needed to find out exactly what happened, what conditions led to the accident and what needs to be done to prevent it happening again. Typically, investigations are one of three kinds:

- Low level. These are led by the Head of Department / Line Manager. He/she should use details from the completed ARMS report to complete the investigation section of the same.
- Medium level. These are the collective responsibility of an Accident Investigation Team, which is assembled by the Co-ordinator of Health and Safety. In addition to her, the Team comprises the appropriate Line Managers of those involved and the School Nurse. Accident Investigation Team meetings are convened and chaired by the Co-ordinator of Health and Safety. Once all necessary information has been gathered, the Team meets to complete the investigation section of ARMS.
- High level. Investigations following a fatality, major injury or dangerous occurrence are always undertaken by the School's Accident Investigation Team (outlined above) in liaison with the Group Health and Safety Manager, Principal and HSE where appropriate to investigate the immediate and root causes of the accident and to produce recommendations to prevent recurrences.

The advice of the Co-ordinator of Health and Safety is sought regarding which level of investigation is appropriate.

All completed initial accident investigation reports are sent to the Co-ordinator of Health and Safety and the School Nurse. Final reports are held by the Principal and sent to the Group Health and Safety Manager at Head Office.

Step by step guide for Line Managers investigating accidents / near-misses

- Inspect the scene of the accident/near-miss and record the conditions. Make a sketch of the accident site, take photographs (if applicable) and record details of the event.
- Workplace defects, such as poor lighting, holes in floors or uneven surfaces should be recorded
- Look for the immediate and underlying cause of the accident/near-miss. Draw up a list of facts that must be established. These would normally include the following:



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- The weather conditions at the time.
- Whether any personal protective equipment was being worn and, if so, its condition, fit and comfort for the wearer.
- The condition and maintenance of any equipment involved.
- Whether a safe system of work or procedures were being followed.
- The type and level of training the person had been given.
- The level of supervision the person had at the time of the accident.
- Interview all those involved, beginning with anyone who was injured and including anyone who witnessed the accident
- Review the risk assessment for the activity and establish whether all the controls identified in the assessment were in place.

1.8.6 Reviewing accident data

We are committed to reviewing accident data in order to identify and respond appropriately to trends. Therefore:

- at least 2 weeks before each termly Health and Safety Committee Meeting, the School Nurse and the Co-ordinator of Health and Safety meet to assess/analyse accident data from the previous Term via The Group Accident Recording and Management system (ARMS).
- The School Nurse and Co-ordinator of Health and Safety present their findings to that term's Health and Safety Committee, which are then discussed.
- any recommendations made as a result of this process are cascaded to the relevant Managers by the Co-ordinator of Health and Safety, who are then responsible for implementing them

1.8.7 Responsibilities

SLT

- Ensure that all managers and employees within their area of responsibility are aware of the requirements for accident/near-miss reporting and investigation and are trained in the use of the appropriate forms. This is covered in part during Induction training provided by the Co-ordinator of Health and Safety for all new staff.
- Implement actions arising from accident/near-miss reporting and investigation to prevent recurrences.
- Ensure that managers/ supervisors receive training in accident/near-miss investigation and completion of accident reports



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School Nurse

- Evaluate the quality and accuracy of information included in accident/near-miss reports and request clarification/further information as required
- Regularly review accident/near-miss reports with the Co-ordinator of Health and Safety

Co-ordinator of Health and Safety

Establish monitoring regimes for implementation of actions arising from accident reports and investigations

- Produce, in liaison with the School Nurse, termly reports of accident/near-miss statistics for review by the Health and Safety Committee.
- Include information obtained from the accident/near-miss data in the annual review of health and safety performance and use this information to develop the health and safety plan.
- Assist managers with accident investigations where required, advise on control measures and share lessons learned to improve health and safety management across the School.
- Deliver training on accident reporting during new staff induction

Health and Safety Committee

- Analyse accident/near-miss statistics to identify trends.



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Appendix 1 First Aid Trained Staff

FIRST AID TRAINED STAFF – SENIOR SCHOOL & 6TH FORM

ALL PERSONNEL INSTRUCTED IN THE USE OF AEDs AND AUTO-INJECTORS

Sinead Ross Martyn School Nurse

First Aid at Work Certificate

Sara Stockdale	Communications	21/02/2023
Edward Fisk	Comms/Marketing	21/02/2023
Cheryl Wiseman	PA to SLT	21/02/2023
Julie Hammett	Science	21/02/2023
Vaitha Arunan	Science	21/02/2023
Daniel Rodas	Facilities	21/02/2023
David Daubney	Caretaking	21/02/2023
Stewart Walker	Rowing	21/02/2023
Chris Smith	Rowing	21/02/2023
Nicky Atwell	Rowing	21/02/2023

First Aid for Teachers and Support Staff

Gary Ekins	Admin	Nov 2024
Polly Rumbold	Admin	Apr 2022
Fiona Jakins	Principals office	Apr 2022
Heidi Lavender	Admin SAR	May 2024
Sunny Pottay	PE	Sept 2024
Ashleigh Labinski	PE	Sept 2024
Greg Kovic	PE	Aug 2024
Ben Newton	PE	Sept 2024
Emma Rickards	PE	Sept 2024
Megan Miller	PE	Sept 2024
Taryn Archbold	PE	Sept 2024
Kara Vass	PE	Sept 2024
Tara Jones	PE	Sept 2024
Jacky Wilkey	PE	Apr 2022
Karen Jordan	PE	Oct 2022
Steve Pope	PE	Oct 2022
Nicola Osborn	PE	Oct 2022
Ella Slater	PE	Oct 2022
Anja Suthers	History	Oct 2022
Hannah Russ	Science	Oct 2022



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Jon Owen	Science/SLT	Oct 2022
Stuart Murphy	Science/SLT	Oct 2022
Matthew Benyohai	Science	Oct 2022
Litty Ratesh	Science	May 2024
Chloe Moore	Science	June 2024
Rachel Rashley	Science	June 2024
Hannah Parker	Science	June 2024
Rachel Lucas	Science	Feb 2025
Luke Howells	Maths	Oct 2022
Clare Reeves	Maths	Oct 2022
Azita Dara	Maths	May 2024
Emily Jervis	Maths	June 2024
Sarah Anderson	Art	Oct 2022
Frankie George	Art	Feb 2025
Tales Sabara	Art	Feb 2025
Alex Kew	D+T	Nov 2024
Pam Hutchison	D+T	Nov 2024
Rachel Ward	Drama/Dance	Oct 2022
Chris Griffin	Drama	May 2024
Callum Gunning	Politics	Oct 2022
Gellis Paul	MFL	Nov 2024
Lisa Keers	MFL	Nov 2024
Eugenie Puchois-Williams	MFL	Nov 2024
Jane Daniels	MFL	Oct 2022
Sara Rodrigues	MFL	Oct 2022
Thais Willis	MFL	Oct 2022
Julie Sim	Geography	Oct 2022
Jess Atkinson	Music	Jun 2024
Claire Speers	Classics	Jun 2024
Annabelle Phoenix	Classics	Jun 2024
Rachel Dowie	Psychology	May 2024
Joe Humphreys	Librarian	Nov 2024
David Sanders	Leadership Coach	Oct 2022
Maria Pinto	Facilities/Crossing	May 2024
Busra Olcer	Invigilator	Jun 2024
Sophie Harwin	Graphic Design	Jun 2024



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First Aid Trained Staff in Girls' Preparatory School **ALL PERSONNEL INSTRUCTED IN THE USE OF AED'S AND AUTO-INJECTORS**

EYFS 12 Hour Paediatric First Aid

Karen Penny	Admin	Mar 2024
Kathleen Farr	Admin	Mar 2024
Wendy McKenzie	TA	Mar 2024
Natalie Abbott	TA	Mar 2024
Rosanna Palmer	Teacher	Mar 2024
Danielle Fox	PE Teacher	Mar 2024

Emergency Paediatric first Aid/First Aid for Teachers and ESS

David Williams	Dep Head	Apr 2025
Alexis Orlovac	Dep Head	Apr 2025
Caroline Blight	PA to Head	Apr 2025

Roberta Doherty	Teacher	May 2024
Bethany Eccles	Teacher	Feb 2025
Frances Sullivan	KS2 Teacher	Apr 2025
Amy King	KS1 Teacher	Apr 2025
Jennie McNeill	KS2 Teacher	Apr 2025
Wellington Williams	KS2 Teacher	Apr 2025
Lisa Burlton	KS2 Teacher	Apr 2025
Angela George	KS2 Teacher	Apr 2025
Jack Staines	KS2 Teacher	Apr 2025
Kate Pink	Teacher	Apr 2025
Richard Hurworth	KS2 Teacher	Apr 2025
Chris Fraser	KS2 Teacher	Apr 2025
Lucy Baldwin	EYFS Teacher	Apr 2025

Emillie Wardle	PE Teacher	Apr 2025
Bridget Blackwood	PE Teacher	Apr 2025
Alex Hammond	PE Teacher	Apr 2025
Lucy Vincent	PE Teacher	Apr 2025

Nikki Meaney	TA	Feb 2025
Ruth Gidoomal	TA	May 2024
Rhiannon Williams	TA	May 2024



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Florence Grieve	TA	May 2024
Caroline Scollick	TA	Jun 2024
Tracie Barnett	TA	Jun 2024
Victoria Bedford	HLTA	Feb 2025
Lucy Smith	KS2 TA	Feb 2025
Rebecca Pratt	KS1 TA	Feb 2025
Victoria Prince	1:1 Support Assistant	Apr 2025
Abigail Lavis	TA	Apr 2025
Catherine Morrod	TA	Apr 2025
Amy MacKenzie	PE TA	Apr 2025
Jess Atkinson	Music Admin	Jun 2024
Jenny Timpany	Playground supervisor	Feb 2025
Ivy Tang	Playground supervisor	Feb 2025
Stacey West	playground supervisor	Apr 2025



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FIRST AID TRAINED STAFF – BOYS’ PREPATORY SCHOOL ALL PERSONEL INSTRUCTED IN THE USE OF AED’S AND AUTO-INJECTORS.

EYFS 12 Hour Paediatric First Aid

Toby Blood	PE	Mar 2024
Fiona Meaney	Admin	Mar 2024
Charlotte Farndon	Admin	Mar 2024
Rachel Dossett	BASC	Mar 2024
Anupa Vara	Teacher	Mar 2024
Keren Roberts	TA	Mar 2024
Milda Pinon Romo	BASC	Apr 2025
Monika Kacprzak	BASC	Apr 2025
Patricia Voets	BASC	Apr 2025
Maria Papossego	BASC	Apr 2025
Jeny Werner	BASC	Apr 2025

Emergency Paediatric first Aid/First Aid for Teachers and ESS

Sally Johnston	Dep Head	Jun 2024
Byron King	Dep Head	Jun 2024
Lisa White	Teacher	Jun 2024
Hannah Dillon	Teacher	Jun 2024
Amy Baldwin	Teacher	Apr 2025
James Warren	KS1 Teacher	Apr 2025
Mike Murton	Teacher	Apr 2025
Kelly Smith	PA/Admin	May 2024
Katja Chahia	Admin	Apr 2025
Rashmita Pankhari	Admin	Apr 2025
Charlotte Oakley	TA	Apr 2025
Emma Stephens	TA	Apr 2025
Belma Still	TA	Apr 2025
Joshua Trigwell	TA	Apr 2025
Caroline Andrews	TA	May 2024
Natalie Campbell	TA	Apr 2025



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Karina Murcia Vaqueiro
Maria Deufemia
Loredana Marra

Lunchtime supervisor
BASC
Lunchtime supervisor

Apr 2025
Apr 2025
Apr 2025



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Appendix 2 First Aid Kit Locations and Persons responsible for checking them

Surbiton Assembly Rooms

Upstairs Staff Room	Penny Chate/Karen Chambers
After School Club	BASC manager
Reception	Penny Chate/Karen Chambers

Senior School

Science Prep Room Ground Floor	Julie Hammett
Science Prep Room First Floor	Julie Hammett
Science Prep Room Second Floor	Julie Hammett
DT	Alex Kew
Art	Daisy King
Main Staff Room	Penny Chate/Karen Chambers
Reception	Penny Chate/Karen Chambers
Drama Studio	Chris Griffin

Sixth Form Centre

Staff Room	Penny Chate/Karen Chambers
Gym	Claire Wilson

Mary Bennett House

Reception	Penny Chate/Karen Chambers
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PE

Each PE teacher has a personal, portable kit	Teacher concerned
7 large bags for away matches	Teacher concerned

Girls' Preparatory School

Reception	Karen Penney/Kathleen Farr
Sick Room	Karen Penney/Kathleen Farr

Boys' Preparatory Schools

School Office/Reception	Katja Chachia/ Rashmita Pankhania
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Appendix 3 Procedure for dealing with spillage of bodily fluids

The aim of this procedure is to decrease the exposure risk to blood-borne and bodily fluid pathogens. Adherence to this procedure is the responsibility of all staff who may come into contact with spillages of blood or other bodily fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection. All spillages are treated as a potential source of infection and dealt with accordingly to strict hygiene principles. Disinfection aims to reduce the number of microorganisms to a safe level. Whilst a variety of disinfectants is available, high concentration chlorine-releasing compounds are used at Surbiton High School to provide an effective method of treating bodily fluid spills with activity against a range of bacteria and viruses.

Surbiton High School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards. For the purpose of this procedure, biohazards are defined as:

- ❖ Blood
- ❖ Respiratory and oral secretions
- ❖ Vomit
- ❖ Faeces
- ❖ Urine
- ❖ Wound drainage
- ❖ Gastric aspiration

When a spillage of bodily fluids occurs, action is taken to ensure that the hazard is removed promptly. Staff present may either deal with cleaning themselves or contact caretaking staff via the School Reception. Caretaking staff have been trained by the School Nurse to deal with spillages.

The person clearing up the spillage should obtain a Bodily Fluid Spillage pack, which contains:

- ❖ Plastic disposable apron
- ❖ Disposable gloves
- ❖ Sachets of Biohazard spill powder
- ❖ Paper Towels
- ❖ Rubbish Sacks

These are available from:

Main Site:	School Office, Welfare Centre, Caretakers
Boys' Preparatory School:	School Offices
Girls' Preparatory School:	School Reception



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All staff dealing with a biohazard spill:

- ❖ Take precautions so as not to come into contact with blood or bodily fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular, avoid bodily fluids especially blood reaching the eyes or the areas around the mouth and nose.
- ❖ Wear appropriate protective clothing
- ❖ Use the biohazard spillage powder provided.
- ❖ Place all soiled material, paper towels, gloves etc. in a sealed plastic bag to be disposed of in an approved manner. Paper towels/tissues etc. contaminated with blood can be disposed of in the sanitary bins.
- ❖ Wash all areas that have come into contact with bodily fluids especially blood.
- ❖ Immediately after every clean-up of blood or bodily fluids, hands including the arm up to the elbow must be washed with warm water and soap. This is performed even if gloves have been worn.
- ❖ Staff within the Biology Department work within the “CLEAPSS” guidelines.



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Appendix 4 Procedure for managing food allergies and intolerances.

Surbiton High School recognizes that food allergies and food intolerances are relatively widespread but generally manageable conditions affecting a number of pupils in our schools. Some of these are potentially serious and a policy is in place to protect these pupils. – see appendix 3 for pupils at risk of anaphylaxis.

Food allergy is a negative physical reaction of the body to a particular substance and the number of people seems to be increasing year on year. However, many people self-diagnose their negative reaction as an allergy when in fact it is an intolerance or a sensitivity.

Food intolerance is what happens when unpleasant symptoms occur after eating a substance that the body can't handle because its digestive system doesn't produce sufficient quantities of a particular enzyme needed to break down the food.

Food sensitivity is a reaction to a substance, which is an exaggeration of a normal side-effect produced by that substance.

Pupils in our School with food allergies, intolerances, sensitivities and other dietary needs are managed in the following way:

- Parents are asked to outline all such allergies, intolerances etc. on the medical questionnaire when the pupil joins Surbiton High School. They are also requested to inform us should such a diagnosis be made at any point during their child's time at our schools.
- Pupil's food allergies, intolerances, or other dietary needs are posted on the pupil's personal details on MIS – therefore available for all staff to see.
- A copy of medical details including allergies etc. can be printed from MIS and is taken on all trips and visits by the accompanying staff.
- Each new pupil is seen by the School Nurse who will discuss their allergy, intolerance etc. (age appropriate) and the steps they must take in order to keep themselves safe.
- Photo sheets of all such pupils are posted in all the School offices, staffrooms and kitchens.
- Senior School pupils with very specific dietary needs can be issued with a special lunch pass which enables them to go directly to the counter and speak with the catering manager.
- Prep School pupils are monitored closely by their teachers during snack and lunch breaks
- Prep School teachers monitor snack and treat foods such as birthday treats being brought into the classroom.
- All Prep School parents are asked to adhere to our snacks/treats policy and to consider pupils with allergies when providing birthday treats etc. for the class.
- Surbiton High School aims to keep our catering facilities as nut free as is possible but as we are unable to effectively police the type of food stuffs both pupils and staff may have with them. It is for this reason that we are not a nut-free school.



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Appendix 5 Procedure for pupils at risk of anaphylaxis

This Policy has been written with advice from the Department of Education and Skills and the Anaphylaxis Campaign.

Surbiton High School recognises that anaphylaxis (anaphylactic shock) is a relatively widespread, potentially serious, but largely manageable condition affecting a number of pupils in our School. Surbiton High School positively welcomes pupils at risk of anaphylaxis. We encourage pupils at risk of anaphylaxis to achieve their full potential in all aspects of School life by having a clear policy which is understood by School staff, their employers – United Learning – and pupils. Supply teachers and all new staff are also made aware of the policy. All first aid trained staff have had training in the management of anaphylactic shock including the use of an adrenaline injector pen. The School Nurse will provide specific training to staff as required.

Anaphylaxis Medication

- ❖ Immediate access to this medication – antihistamine and epinephrine (adrenaline) via an adrenaline Auto- injector pen AAI (the most commonly prescribed are Epipen, Emerade and Jext) – is essential. Pupils at risk of anaphylaxis are required to carry their adrenaline injector pen with them at all times as soon as they are mature enough to do so. Medication for younger children will be kept by the class teacher or the School office.
- ❖ Parents are asked to ensure that the School is provided with labelled spare medication which will be kept in the emergency boxes in the Girls' and Boys' Preparatory and Senior Schools, where they are easily accessible to all staff. All injector pens must be labelled with the pupil's name by the parent. It is the responsibility of parents to replenish all medication before the expiry date.
- ❖ All first aid trained staff have had training in the management of anaphylaxis and use of adrenaline injector pens and are therefore authorised to administer this medication.
- ❖ The School Nurse will provide specific adrenaline injector pen training to any member of staff who requires it.

Record Keeping

- ❖ When a child/young person joins Surbiton High School parents are asked to complete a medical questionnaire informing us of any medical conditions including allergies that would put them at risk of anaphylaxis. This information is recorded on the pupil's personal details on the MIS, thus making it possible for teachers and other School staff to have up to date health information on all pupils in their care.
- ❖ Parents of pupils at risk of anaphylaxis are subsequently asked to complete a more detailed questionnaire and a medicines consent form. This is updated at the start of each School year or at any other time should the pupil's health or treatment change. Parents are also provided with copies of the School's management of allergies and anaphylaxis procedures.



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School Environment

- ❖ Surbiton High School does all it can to ensure that the school environment is favourable to pupils with allergies and especially those at risk of anaphylaxis.
- ❖ Surbiton High School acknowledges that we have pupils who are severely allergic to a wide range of food stuffs, with nut allergies being the most common. In order to protect the latter group of pupils we aim for our catering to be as nut free as is **reasonably possible**. We do request that parents do not send meals, snacks etc. containing nuts into School. However, we cannot police what foodstuffs etc. other pupils may have with them and for this reason we do not claim to be **a nut free school**.
- ❖ Our main aim, however, is to empower even our youngest pupils by encouraging them to take **“ownership of their allergy”** so that they are – age appropriately – aware of allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to ask questions about food if they are unsure, how to read food labels and the confidence to refuse food if they are unsure of its suitability. We also actively promote the importance of the pupil having their injector pen with them at **all** times.
- ❖ Day to day policies are in place in relation to food and menu management, individual requirements and snacks in School, i.e. requesting that parents of pupils at risk of anaphylaxis provide safe snacks or treat boxes for their child to access for special events, birthdays etc.
- ❖ The Anaphylaxis Campaign is the only UK-wide charity to exclusively meet the needs of the growing numbers of people at risk from severe allergic reactions (anaphylaxis). Parents of pupils at risk of anaphylaxis are encouraged to become a member www.anaphylaxis.org.uk
- ❖ The School Welfare Centre, which is staffed by a Registered School Nurse, is available for pupils feeling unwell at any time during the School day.

Exercise and Activity – PE and Games

- ❖ Taking part in sports, games and activities is an essential part of School life for all pupils. All teachers including PE staff know if a pupil in their class/lesson is at risk of anaphylaxis. All PE staff have had first aid training, including the management of anaphylaxis and use of adrenaline injector pens.
- ❖ All pupils at risk of anaphylaxis are encouraged to participate fully in PE and all other activities and are asked to go to their teacher immediately if they experience any early symptoms of an allergic reaction.
- ❖ All teachers follow the same principles as described above for games or any other activity.

Out of Hours Sport/ Activities

- ❖ There has been a large emphasis in recent years on increasing the numbers of children and young people involved in exercise and sport in and outside of School. The health benefits are well documented and this is also true for young people at risk of anaphylaxis. It is therefore essential that Surbiton High School involves all young people at risk of anaphylaxis as much as possible in all out of School activities.
- ❖ PE teachers, class teachers and out of hours' school sport coaches/teachers etc. are aware of the pupils at risk of anaphylaxis in their care and what steps to take in case of an emergency.



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Anaphylactic Emergency

- ❖ All pupils at risk of anaphylaxis have a personalised care plan which is available to all staff on the MIS. A copy of this is taken along with the pupil's spare adrenalin injector pen on all trips and visits.
- ❖ All first aid trained members of staff have been trained in how to deal with anaphylactic shock, including the use of an injector pen.
- ❖ The School Nurse is contactable at all times during the School day with a qualified first aider (FAW) covering in her absence.

Auto-Injectors for Emergency Use.

- ❖ Emergency Allergy Response boxes containing an Auto-Injector, Salbutamol inhalers, disposable spacers, instructions for use along with details (and signed parental consents for usage) of known asthmatic pupils. They are available at the following locations:
- ❖ Senior School Reception, SAR Reception, MBH Reception, Gym, Hinchley Wood Pavilion, SHS Boat House, Girls' Preparatory School Reception, Boys' Preparatory School Reception Avenue Elmers, Boys' Preparatory School Reception Charles Burney House.
- ❖ In addition, the PE department carry spares with them on fixtures.



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Appendix 6 Procedure for pupils with asthma

This procedure has been written with advice from the Department for Education and Asthma UK.

Surbiton High School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at our School. Surbiton High School welcomes all pupils with asthma. We encourage pupils with asthma to achieve their potential in all aspects of School life by having a clear policy that is understood by School staff, their employers UCST and pupils. Supply teachers and new staff are also made aware of the policy. All first aid trained staff have had training on asthma and the use of inhalers etc. The School Nurse will provide specific asthma training to staff as required.

Asthma Medicines

- ❖ Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as they are mature enough to do so. The reliever inhalers of younger children are kept by the class teacher or School office.
- ❖ Parents are asked to ensure that School is provided with a labelled spare inhaler which will be kept in the emergency boxes in the Girls' and Boys' Preparatory Schools and by the School Nurse in the Senior School. All inhalers must be labelled with the pupil's name by the parent. It is the responsibility of parents to replenish all medication before its expiry date.
- ❖ School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of our staff are happy to do this. All School staff will let pupils take their own medicines when they need to.

Asthma Inhalers for Emergency Use.

- ❖ Emergency Allergy Response boxes containing Salbutamol inhalers, disposable spacers, instructions for use along with details (and signed parental consents for usage) of known asthmatic pupils. They are available at the following locations:
- ❖ Senior School Reception, SAR Reception, MBH Reception, Gym, Hinchley Wood Pavilion, SHS Boat House, Girls' Preparatory School Reception, Boys' Preparatory School Reception Avenue Elmers, Boys' Preparatory School Reception Charles Burney House.
- ❖ In addition, the PE department has extras to carry with them on fixtures.

Record Keeping

- ❖ When a child joins Surbiton High School parents are asked to complete a medical questionnaire which asks if their child has any medical conditions, including asthma. This information is recorded on the pupil's personal details on the MIS, thus making it possible for teachers and other School staff to have up to date health information on all pupils in their care.



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- ❖ Parents of children with asthma are subsequently asked to complete a detailed questionnaire, a medicines consent form along with consent for emergency inhaler use. This is updated at the beginning of each School year or at any other time should the child's health or treatment change.

Exercise and Activity – PE and Games

- ❖ Taking part in sports, games and activities is an essential part of School life for all pupils. All teachers, including PE teachers, know which pupils in their class or lesson have asthma. All PE staff have had first aid training, including treatment of an asthma attack.
- ❖ Pupils with asthma are encouraged to participate fully in all PE lessons. PE staff will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Pupils are required to have an inhaler in their sports bag at all times. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- ❖ All teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-Hours Sport

- ❖ There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of School. The health benefits are well documented and this is also true for young people with asthma. Surbiton High School is therefore committed to involving pupils with asthma as much as possible in out of School activities.
- ❖ PE teachers, class teachers and out of hours' School sport coaches are aware of the potential triggers for pupils with asthma, tips to minimise these triggers and what to do in the event of an asthma attack.

School Environment

- ❖ Surbiton High School does all that it can to ensure the School environment is favourable to pupils with asthma. The School does not keep animals and has a definite no-smoking policy. As far as possible it does not use chemicals in science, art or DT that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go to the Welfare Centre if particular fumes trigger their asthma.
- ❖ The School Welfare Centre, which is staffed by a Registered School Nurse, is available to pupils feeling unwell at any time during the School day.

When a Pupil is Falling Behind in Lessons

- ❖ If a pupil is missing a lot of time at School or is always tired because of their asthma, the Head of Year will discuss with the parents and if necessary liaise with the Learning Support Department and the School Nurse about the pupil's needs.
- ❖ Surbiton High School recognises that it is possible for pupils with asthma to have special education needs due to their condition.



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Asthma Attacks/Emergencies

- ❖ Any pupil with moderate to severe asthma will have a personalised care plan which is available to all staff on the MIS. A copy will be taken by the group leader/first aider on all trips and visits.
- ❖ The School Nurse can be contacted at any time during the School day.
- ❖ All first aid trained members of staff have been trained in how to deal with an asthma attack/emergency.



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Appendix 7 Procedure for pupils with diabetes

This procedure has been written with advice from the Department for Education and Diabetes UK.

Surbiton High School recognises that diabetes is a serious but controllable condition affecting some pupils at our School. Surbiton High School welcomes all pupils with diabetes. We encourage pupils with diabetes to achieve their potential in all aspects of School life by having a clear policy that is understood by School staff, their employers UL and pupils. Supply teachers and new staff are also made aware of the policy. All first aid trained staff have had basic training on diabetes. The School Nurse will provide specific training to staff as required.

Diabetes Medication – Insulin/ Glucose/ Blood Glucose Testing Kit

- ❖ Immediate access to all medication is essential. Pupils with diabetes are encouraged to carry their insulin pens and a blood glucose monitor with them as soon as they are mature enough to do so. Medication for younger children will be kept by either the class teacher or the School office.
- ❖ Parents are asked to ensure that the School is provided with labelled spare medication which will be kept in the emergency box in the Girls' and Boys' Preparatory Schools and by the School Nurse in the Senior School. It is the responsibility of parents to replenish medication before its expiry date.
- ❖ School staff are not required to administer diabetic medication or check blood glucose levels for pupils (except in an emergency or by special arrangement). All School staff will allow pupils to take their own medication or check their blood glucose levels when they need to.
- ❖ Any member of staff agreeing to administer insulin or blood glucose tests will be given the appropriate training.

Record Keeping

- ❖ When a pupil joins Surbiton High School parents are asked to complete a medical questionnaire which asks if their child has any medical conditions, including diabetes. This information is recorded on the pupil's personal details on the MIS, thus making it possible for teachers and other School staff to have up to date health information on all pupils in their care.
- ❖ Parents of pupils with diabetes are subsequently asked to complete a more detailed questionnaire and a medicines consent form. This is updated at the beginning of each School year, or at any other time should the child's health or treatment change.

Exercise and Activity – PE and Games

- ❖ Taking part in sports, games and activities is an essential part of School life for all pupils. All teachers, including PE staff, know if a child in their class/lesson is diabetic. All PE staff have had first aid training, including treatment of hypoglycaemia and what steps to take in an emergency.
- ❖ Diabetic pupils are encouraged to participate fully in all PE lessons. PE staff will remind them to check their blood glucose levels before a lesson if appropriate and allow them to do this at any time during the lesson if the pupil feels it is necessary.
- ❖ All teachers follow the same principles as described above for games and activities involving physical activity.



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Out-of-hours Sport/Activities

- ❖ There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of School. The health benefits are well documented and this is also true for young people with diabetes. Surbiton High School is therefore committed to involving pupils with diabetes as much as possible in out-of-school activities.
- ❖ PE teachers, class teachers and out of hours' School sports coaches etc. are aware of the diabetic pupils in their care and what steps to take in case of an emergency.

School Environment

- ❖ Surbiton High School does all it can to ensure that the School environment is favourable to pupils with diabetes. There is private space in the Welfare Centre on the Senior School site for diabetic pupils who wish to use it for injecting insulin or using their blood glucose monitors. There is also the facility to store extra supplies of glucose, snacks etc. All class teachers are encouraged to allow any diabetic pupil who complains of feeling unwell to be taken directly to the nurse in the Welfare Centre.

When a Pupil is Falling Behind in Lessons

- ❖ If a pupil is missing a lot of time at School because of their diabetes the Head of Year will discuss with the parents and if necessary, liaise with the Learning Support Department and the School Nurse about the pupil's needs.
- ❖ Surbiton High School recognises that it is possible for pupils with diabetes to have special education needs due to their condition.

Diabetic Emergencies

- ❖ All diabetic pupils have a personalised care plan which is available to all staff on MIS. A copy is taken by the group leader on all trips and visits.
- ❖ The School Nurse can be contacted at any time during the School day.
- ❖ All first aid trained members of staff have been briefed on how to deal with hypoglycaemia or other diabetic emergencies.



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Appendix 8 Procedure for the Identification/Management of eating disorders in School

This procedure is written with reference to the NICE guidelines – National Institute for Clinical Excellence. Core Interventions in the identification and management of eating disorders including anorexia nervosa, bulimia nervosa and other related eating disorders.

Pupils with possible eating disorders should be assessed and receive treatment at the earliest possible opportunity. However, Surbiton High School must acknowledge that many pupils and in some instances their parents will be in complete denial about their condition and ambivalent about treatment. Dietary counselling should not be provided as the sole treatment for any eating disorder. We also need to recognise the consequent demands and challenges this presents. Any staff with concerns about a pupil's eating should in the first instance approach the School Nurse for advice.

Assessment and co-ordination of care in our School setting

- Assessment of a pupil with a possible eating disorder should be comprehensive and include physical, psychological and social needs and a comprehensive assessment of risk to self.
- Pupils identified as having a possible eating disorder will be referred usually following consultation with parents to their GP who will take responsibility for the initial assessment and the initial co-ordination of care. This includes the determination of the need for emergency medical or psychiatric care with a view to onward referral to a specialist unit. I.E CAHMS/The Priory/ or another eating disorders clinic of their choice. If a pupil is brought to the attention of the School Nurse either by a friend or a member of staff, the nurse will ask the pupil to come to the Welfare Centre for a confidential chat in order that an initial basic assessment can be made. If possible this will involve screening of height and weight in order to calculate a BMI (Body Mass Index) measurement. The pupil may well refuse to have this done.
- She will also be encouraged at this point to confide in her parents. If by the date agreed – no more than one week later – her parents are still unaware of the situation and there is **any** cause for concern, it will be made clear to the pupil (sensitively) that parental involvement will be necessary in order for treatment to go forward, and that the nurse or Pastoral Head will have to inform them.
- The right to confidentiality should be respected, however if it is deemed appropriate and the pupil is under the age of 16 years this confidence will be broken and parents informed. Any pupil with an eating disorder is, by definition unlikely to be Fraser competent, therefore it would be acceptable practice to override the pupil's wishes and contact his or her parents.
- For pupils over the age of 16 years every effort must be made to obtain their co-operation before involving any other party. If co-operation is not obtained it may be appropriate for a member of the teaching or other pastoral staff who is aware of the situation to contact parents with their concerns.

The length of treatment, both psychological and physical, can be long and arduous and we must recognise the need to support both our pupil and her family throughout the process.



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Appendix 9 Procedure for Pupils with Epilepsy

This policy has been written with advice from the Department of Education and Skills and the National Centre for Young People with Epilepsy.

Surbiton High School recognises that epilepsy is a widespread, serious but generally controllable condition affecting some pupils at our School. We also recognise that it is an individual condition and each child's epilepsy will be different. Surbiton High School positively welcomes pupils with epilepsy. We encourage pupils with epilepsy to achieve their full potential in all aspects of School life by having a clear policy that is understood by School staff, their employers UL and pupils. Supply teachers and new staff are also made aware of the policy. All first aid trained staff have had training on dealing with epileptic seizures. The School Nurse will provide specific training to staff as required.

Epilepsy Medication

- ❖ Most children with epilepsy take regular anti-epileptic medication to stop or reduce their seizures. Regular medicine does not usually need to be taken during School hours.
- ❖ Emergency medication – Rectal/Buccal Diazepam – may sometimes be prescribed. This will usually be administered by the School Nurse along with another member of staff preferably the same gender as the pupil (especially for rectal administration) In any other instance only trained, authorised members of staff will be permitted to carry out this procedure.
- ❖ Provision will be made for any other form of emergency medication as required in individual circumstances.
- ❖ Parents are asked to ensure that School is provided with labelled spare medication if appropriate. This will be kept in the emergency box in the Girls' and Boys' Preparatory Schools and by the School Nurse in the Senior School. All medication must be labelled with the pupil's name by the parent. It is the responsibility of the parent to replenish all medication before its expiry date.

Record Keeping

- ❖ When a child joins Surbiton High School parents are asked to complete a medical questionnaire which asks if their child has any medical conditions, including epilepsy. This information is recorded on the pupil's personal details on the MIS, thus making it possible for teachers and all other School staff to have up to date health information on all pupils in their care.
- ❖ Parents of children with epilepsy are subsequently asked to complete a more detailed questionnaire about their child's condition, along with a medicines consent form if applicable. This is updated at the beginning of each School year or at any other time should the child's health or treatment change.



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Exercise and Activity – PE and Games

- ❖ Taking part in sport, games and activities is an essential part of School life for all pupils. All teachers, including PE staff, know if they have a pupil with epilepsy in their class. All PE staff have had first aid training, including the management of epileptic seizures.
- ❖ PE and games staff are advised to be extra vigilant during swimming lessons or activities in the gymnasium, particularly those involving climbing, balancing on high equipment etc.
- ❖ All pupils with epilepsy are encouraged to participate fully in all PE activities. They are also encouraged to be responsible and when able to are asked to go to their teacher immediately they experience any warnings that a seizure may be about to happen.
- ❖ All teachers follow the same principles as described above for games etc. involving physical activity.

Out-of-Hours Sport/Activities

- ❖ There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of School. The health benefits are well documented and this is also true for young people with epilepsy. It is therefore essential that Surbiton High School involve young people with epilepsy as much as possible in out-of-school activities.
- ❖ PE teachers, class teachers and out of hours' School sports coaches etc. are aware of the pupils with epilepsy in their care and what steps to take in case of an emergency.

School Environment

- ❖ Surbiton High School does all it can to ensure that the School environment is favourable to pupils with epilepsy. As far as possible it endeavours to ensure that pupils with epilepsy are monitored carefully when using potentially dangerous equipment and materials, especially in the gymnasium, science laboratories, DT workshops and art studios. The Welfare Centre, which is staffed by a Registered School Nurse, is available for pupils feeling unwell at any time during the School day.

When a Pupil is Falling Behind in Lessons

- ❖ If a pupil is missing a lot of time at School because of their epilepsy, their Year Head will discuss initially with the parents and if necessary liaise with the Learning Support Department and the School Nurse about the pupil's needs.
- ❖ Surbiton High School recognises that it is possible for pupils with epilepsy to have special education needs as a result of their condition.

Epileptic Seizures/Emergencies

- ❖ All pupils with epilepsy have a personalised care plan which is available to all staff on MIS. A copy is taken by the group leader on all trips and visits.
- ❖ The School Nurse can be contacted at any time during the School day.
- ❖ All first aid trained members of staff have been trained in how to deal with an epileptic seizure.



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Appendix 10 Procedure for Management of Head Injuries

This procedure is written using guidelines based on the recommendations of the National Institute of Clinical Excellence (NICE). Its aim is to:

- Provide a safe environment for both pupils and staff.
- Ensure that staff – particularly PE staff – have a clear understanding of how to assess and manage a head injury situation.
- Have written guidelines on head injury management.
- Record all head injuries.
- Liaise with the Health and Safety committee on areas of concern and carry out any relevant risk assessments to minimise the incidence of head injury.
- Ensure that parents are informed of any significant head bump/injury that their child sustains whilst in School and that they are given appropriate advice on aftercare.

Head injuries can be difficult to assess – the vast majority are of minimal clinical significance. However, it is not necessary to lose consciousness to sustain neurological damage. The risk of this also depends on the force of the impact, and existing medical conditions.

Management of Head Injury in School

- The majority of head injuries are minor and can be seen and treated by a first aid trained member of staff.
- All pupils who have sustained a head injury are sent home with a head injury advice sheet or head bump letter.
- All head injuries are recorded on an accident form.
- The pupil's conscious level is recorded using the AVPU scale:
 - ❖ Alert – eyes open
 - ❖ Verbal – eyes open to verbal stimuli
 - ❖ Pain – eyes open to painful stimuli
 - ❖ Unresponsive – eyes remain closed to all stimuli

If in any doubt to the seriousness of the injury call the nurse or seek medical advice if not on the School site.

Minor Head Injury

This can be roughly determined if the pupil is able to get up or walk away immediately and unaided and if they are fully conscious and orientated. This can usually be treated by the application of ice, rest and simple analgesia. The pupil should be given a head injury advice sheet to take with him or her.



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Significant Head Injury

Any pupil sustaining a significant head injury should be taken to the nurse if on the School site, otherwise to the nearest first aider for assessment. These situations would include the following:

- Is unable to get up for 10 seconds or more.
- Appears confused / disorientated for 2 minutes after the blow.
- Momentary loss of consciousness.
- Suffers nausea, vomiting or tinnitus.
- If a fall involves a metre or more/5 stairs or more.

Parents should be contacted and encouraged to collect their child. This pupil should not be allowed to go home alone.

Call 999 if there are any of the following symptoms:

- Loss of consciousness for more than 1 minute.
- Has retrograde amnesia (cannot remember the blow or events leading up to it).
- Has any persistent visual disturbance after a period of unconsciousness, however short.
- Has a persistent headache after a period of unconsciousness, however short? Has any neurological defect such as slurred speech, problems balancing, general weakness, loss of feeling in any part of the body etc.
- Has persistent disorientation or confusion, seizure or fitting.
- Any suspicion of skull fracture – clear fluid from ears /nose, black eye with no obvious eye injury, bleeding from ears or bruising behind ears, visible trauma to skull.

Advice for return to School following a head injury

The symptoms of concussion include:

- Drowsiness
- Headache
- Balance/hearing problems/tinnitus
- Vision problems
- Nausea or vomiting
- Confusion
- Fatigue and low energy
- Emotional/irritable/unable to concentrate

It is not unusual for symptoms to persist for several days or sometimes weeks. Return to School may require some concessions for the pupils regarding academic or sports exemptions. This should be agreed between parents and School.

Advice for return to sport after a head injury

A player who has been unconscious for 1 minute or more or has post traumatic amnesia of 30 minutes or more should not play contact sports for 3 weeks. (RFU)



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Appendix 11 Administration of Medicines in School

Many pupils will need to take medication at some time during their School life. As far as possible medication should be taken at home and should only be taken in School when absolutely essential. However, some pupils may require regular medication either on a short or long-term basis to treat medical conditions which, if not managed correctly, could limit their access to education. In special circumstances when a pupil requires medication to keep down the effects of or control a chronic condition or disability, individual cases will be dealt with sympathetically. Prior to the administration of any medication parents are required to sign a medicines consent form and, when requested, should supply a written update on their child's medical condition.

Apart from emergency medications i.e., auto-injectors, asthma inhalers and diabetic medication - Insulin pens etc. All other medication should be delivered to the School Nurse in the Senior School and the School Reception in the Girl's and Boys' Preparatory Schools. Medication should be in a sealed container clearly marked with the pupil's name. It should be in the container supplied by the pharmacy complete with written instructions for administration, side effects, expiry date etc. When regular doses of medication are required, these will usually be given during breaks in order to avoid disruption to the pupil's School day.

All medication will be administered by a First Aid trained member of staff, or the School Nurse if appropriate. There is no legal or contractual obligation on teaching or administration staff to either administer medication or supervise a pupil taking it. Medication can also be administered by parents/carers on site. There is no legal or contractual obligation on other members of staff to administer medication or to supervise a pupil self-administering. Medication can be administered by parents/carers.

It is the responsibility of parents:

- To ensure that their child is well enough to attend School. A pupil who is suffering from fever, pain or discomfort severe enough to require the use of painkillers should be deemed unfit for School.
- To provide full details of any medical condition affecting their child and any medication required.
- To keep the School informed of any changes to their child's health or medication.
- To ensure that any medications kept in School are replenished before their expiry date

Emergency Medication

Emergency medication will **always** be given. Medication such as asthma inhalers, adrenaline injectors and insulin pens need to be easily accessible and should ideally be kept with the pupil or, in the case of very young pupils, with the class teacher or School office. Pupils at risk of suffering a severe allergic reaction and who have been prescribed an adrenaline injector are required to have two injectors in School. The second injector will be kept in an emergency box in each School office where it can be accessed by all staff. The storage of any other emergency medication will be agreed with parents on an individual basis.



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Regular Medication

Only prescribed medication will be administered on a regular basis. Antibiotics and antihistamine preparations do **not** need to be taken during the School day. Antibiotics can usually be given before School and immediately on return home without compromising the consistently high level of medication in the bloodstream throughout the day. Parents are requested to ask their doctor to consider the School day and prescribe accordingly when possible. Antihistamines are most effective when taken as a once-a-day dose in the morning. Short courses of medication, i.e., if antibiotic treatment is necessary, it will be administered by a first aid trained member of staff.

Occasional Medication

The School Nurse keeps a stock of everyday remedies for common ailments. These are for administration to pupils/students in the Senior School and Sixth Form **only** who become unwell in the course of the school day. Parents are asked to indicate consent in writing when their child joins Surbiton High School that they may be given these medicines as required. Only first aid trained members of staff are authorised to administer these medications.

Current Stock Items are:

Paracetamol tablets/dispersible/syrup	Ibuprofen tablets/syrup
Cough Linctus	Throat Lozenges
Antacid tablets/liquid	Bonjela – teething gel
Antihistamine tablets/syrup	Antihistamine cream
Antiseptic cream	Burns cool gel
E45 cream	Muscle Rub
Sunscreen/After-sun	Arnica cream

All occasional medication given in School is recorded on the pupil's individual health record on the Patient tracker database indicating the dose, strength and time of administration. If medication is administered to younger pupils written notification will be given to take home to parents.

Storage of Medicines

The stock of OTC (over the counter) medications and occasional medications i.e., antibiotics, are stored in a locked cupboard (or refrigerated if required) in the Nurse's office in the Welfare Centre. Medicines such as methylphenidate (Ritalin) must be stored in a double locked cupboard (in The Welfare centre) in accordance with the Dangerous Drugs Act.

Emergency medications are stored in the Welfare Centre and in the School offices by the Administrative Assistants in both the Girls' and Boys' Preparatory Schools. However, some medication must be readily accessible



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in case of emergency, and it is good practice to encourage pupils to manage their own medications for conditions such as asthma, diabetes and severe allergies once they are considered competent to do so. In these cases, individual arrangements will be discussed between the Principal, School Nurse, parents and the pupil. Spare adrenaline injectors for the severely allergic pupils are kept in clearly marked boxes in all the School offices and are easily accessed by all members of School staff. Staff who bring medicines into School for their personal use are reminded that they should keep them in an area inaccessible to pupils e.g. amongst their own possessions in the staffroom or in a locked departmental space.

Administration of Medicines in the School Nurse's Absence

In the absence of the School Nurse during the School day it will be the responsibility of a nominated first aider to administer either regular or emergency medications as needed on each of the School sites.

Senior School/Sixth Form	Sara Stockdale
Girls' Preparatory School	Karen Penny/Kathleen Farr -Reception
Boys' Preparatory School	Charlotte Farndon
After School Club	BASC Manager/Monika Kacprzak

All first aid trained members of staff are authorised to administer adrenaline injectors if required. First-aid trained members of staff are authorised to administer OTC medications on the School site.

Staff may be asked to volunteer to administer medication to individual pupils during after-school activities or off-site School visits. All members of staff are authorised to administer the following medications on residential trips. Paracetamol, ibuprofen and antihistamine. Parents consent to this in the long trips permission form. The Nurse will provide advice and training for staff who volunteer to administer medication under these circumstances, and a record is kept of when and to whom the training is given.

Appendix 12 School Nurse's Confidentiality

This is written in the light of guidance on confidentiality from the RCN and the NMC.

Aim

- To ensure that all pupils, staff and parents are aware of the School Nurse's professional and ethical obligations regarding confidentiality.
- To ensure that all pupils, staff and parents are aware of the legal and professional duty of care required of a registered nurse.

Surbiton High School will respect the privacy of pupils and staff by encouraging a safe, caring environment. The safety, well-being and protection of our pupils are the paramount consideration in all decisions regarding



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confidentiality. It is an essential part of the ethos of our School that trust is established to enable pupils, staff and parents to seek help.

The Welfare Centre provides a safe environment where the School Nurse can have private consultations with pupils and staff. All information given to the School Nurse is to be treated as confidential. All records both written and electronic must be kept securely and accessed only by the nurse. As a Registered General Nurse, the School Nurse is required to comply with the Nursing and Midwifery Council Code of Professional Conduct which gives clear guidelines for professional practice with regard to confidentiality and trust-based patient relationships. The School Nurse is accountable and responsible for her actions.

Confidentiality

Confidentiality is defined as ‘something which is spoken or given in private’. Confidentiality is a fundamental part of the nurse-patient relationship. Pupils, staff and parents need to know the boundaries of confidentiality in order to feel safe and comfortable discussing personal issues and concerns including relationships.

- The School Nurse has a responsibility and duty to act in the best interests of the School, which includes balancing openness with maintaining the necessary confidentiality.
- The complexity of meeting the privacy needs of each pupil, complying with regulations both educational and medical, meeting professional standards, can present conflicting directions.
- However, the duty of confidentiality to her ‘client’ is greater than that owed to the School which employs the School Nurse.
- Nurses also have a legal (common law and statutory) duty of confidence and a breach of confidentiality may render them liable to disciplinary proceedings by the NMC.
- The NMC is responsible for maintaining professional standards.

Medical information

- Standards are established for collecting and recording pupil health information and are used to enhance the welfare of the pupil.
- All pupil health information is distinguished from other types of School records.
- All health information is confidential and is treated in a manner in accordance with ethical standards of nursing practice as pupils, staff and parents entrust their private information to the School Nurse.
- Health and mental health information should be shared only when it is educationally relevant for a pupil’s academic progress or essential to ensure the protection of other pupils and staff.
- The School Nurse will use her professional judgement and knowledge to determine which health information is to be shared and to whom. Information available to others will be on a ‘need to know’ basis and the appropriate sharing of information between School staff is an essential element in ensuring our pupils’ well-being and safety.



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- Staff may be informed of certain relevant chronic medical conditions that may affect the pupil during their School day, with parental / pupil consent.
- If information is to be copied or released to individuals outside the School, then the nature of the disclosure should be documented along with written parental consent.
- Disclosure may occur if information on certain subjects is sensitive i.e. bereavement, parental separation or divorce, serious physical or mental illness, suicide or attempted suicide, physical abuse, bullying, substance abuse, sexual problems, serious academic problems or disciplinary matters.
- As a general rule, medical information is confidential and should not be discussed without parental consent unless the pupil is in danger or a high-risk situation.
- The School Nurse 'owes' the same duty of confidentiality to a person consulting because of a cold as to one seeking sexual health advice – i.e., no distinction between the reasons for the consultation.

Medical emergencies

Confidential information may be disclosed when a medical emergency means a patient's consent cannot be obtained e.g., serious accident or unconsciousness, as it is in their medical interest.

Child Protection

If the pupil has disclosed something that the School Nurse feels may cause them or other people harm, then the Nurse will follow the School's Child Protection Policy. This means that confidentiality cannot be guaranteed to pupils in matters of disclosure relating to safeguarding issues. The School Nurse will be able to help and listen to a pupil's problems, concerns or worries, so pupils should not hesitate in contacting her for support and guidance. The Welfare Centre door is always open.

2 Document Information

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