



SINCE 604 AD

KING'S SCHOOL

ROCHESTER

WHOLE SCHOOL FIRST AID POLICY INCLUDING EYFS AND BOARDING

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1 Scope

This policy is applicable to all those involved in the provision of first aid related to school activities.

2 Objectives

2.1 To ensure that there is an adequate provision of appropriate first aid at all times

2.2 To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

3 Policy Statement

3.1 In accordance with Health & Safety legislation (Health & Safety (First Aid) Regulations 1981) and Standard 7 (Boarders' Health & Wellbeing) of the National Minimum Standards (NMS) for Boarding Schools (September 2022) it is the responsibility of the employers to ensure adequate and appropriate First Aid equipment, facilities and personnel at all times when there are people on the school premises and for staff and pupils during off-site visits and activities.

3.2 In order to ensure adequate first aid provision it is the policy of King's Rochester that:

- There is a full-time School Nurse in attendance five days a week and when they are absent there are sufficient numbers of trained first aid personnel together with appropriate equipment available to ensure someone competent in emergency first aid techniques can rapidly attend an incident at all times when the school is occupied.
- A qualified first aider is always available during normal school hours (see 5.9 for Hours of Work and 8.1 for definition of "qualified first aider"). A current list of trained first aiders can be obtained from the Medical Centre, and names of First Aid Trained Staff appear on Green First Aid posters located at strategic points across the school estate.
- Appropriate first aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.

4 Responsibilities

4.1 King's Rochester responsibilities:

- First aid needs are assessed and addressed, detailed procedures are in place.
- Parents are aware of the school's Health & Safety Policy including the arrangements for First Aid.
- This policy is available on the school's website.
- Sufficient numbers of suitably qualified first aiders are available at all times and their training is up to date.
- The provision of first aid services during school hours.
- Appropriate first aid cover is available for out-of-hours and off-site activities.
- All staff are supported to, and expected to call 999 (or 112) directly for the Ambulance Service in the event of an actual, or perceived medical emergency.

4.2 The Health & Safety Committee, are responsible for:

- Assessing the first aid needs throughout the school.

- Advising on appropriate levels of first aid provision.

4.3 The Medical Centre is responsible for:

- Responding/advising promptly to calls for assistance
- Providing first aid at The Medical Centre and within the school when available, requesting support of qualified first aiders as necessary
- Summoning medical help as necessary (999 or 112)
- Recording details of treatment given, either via accident forms, Pupils' medical notes, or via ISAMS First Aid Note, as applicable.
- Cleaning up after the event of a first aid incident
- Maintaining a record of school staff holding a First Aid certificate
- Identifying first aid training needs.
- Arranging in-house First Aid training in liaison with First Aid Trainer(s).
- Notifying staff (and/or Line managers) about planned attendance on first aid training.
- Liaising with the Health & Safety Committee on first aid issues
- Providing/sourcing Care Plans for pupils with medical conditions
- Gaining parental consent for treatment
- Obtaining from parents and Guardians medication for use in school
- Organising, ordering, provision and replenishment of stock and requests of First Aid equipment by qualified first aiders for first aid kits.
- Weekly check of Defibrillators/adjunct equipment at the Junior and Senior School sites (Staff at the Chadlington Hall and King's Sports Centre check their defibrillators. The Estates Team undertake weekly checks during working school holiday periods and will also replace 'door alarm batteries' for the defibrillator cabinets when requested).
- Ordering and replacing soon to expire/used defibrillator pads and batteries for the Pre-Preparatory, Preparatory and Senior School Defibrillators (King's Sports Centre arrange their own replacement items directly).

4.4 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 (999 or 112).
- Recording details of treatment given, completion of documentation (e.g. Accident forms, ISAMS First Aid Note).
- Cleaning up after the event of a first aid incident.
- Ensuring the replenishment of first aid equipment used, or prior to its expiry date.

4.5 The Head of PE/Games Staff in each Phase are responsible for:

- Ensuring appropriate first aid cover is available at all out-of-hours sports activities.
- Ensuring they have an increased awareness that their subjects have potential risk that could result in First Aid situations.

- Ensuring first aid kits and first aid cover are available (including pupils' Autoinjectors, Inhalers and other emergency medication) for all practice sessions and matches – home and away.
- Ensuring they have up-to-date awareness and knowledge of the medical needs of the pupils they teach.
- Taking the mobile defibrillator (AED) to off-site sports activities (e.g. to The Alps)

4.6 Science Staff are responsible for:

- Ensuring that they are aware of the location of the First Aid kits in their department.
- Ensuring that risk assessments are done for any practical work taking place in their laboratories.
- Instigating First Aid when necessary before calling the Medical Centre.

4.7 Design and Technology staff are responsible for:

- ensuring risk assessments are in place for times when they are incorporating practical work into their lessons for example, the use of the saws and other potentially high-risk equipment.

5 First Aid Risk Assessment

5.1 The Health & Safety Committee, carries out an annual assessment of first aid needs. The assessment takes account of:

- Numbers of pupils, staff and visitors on site
- Layout and location of buildings and grounds
- Specific hazards
- Special needs
- Hours of work
- Out-of-hours and off-site activities

5.2 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 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.

5.3 During the school day, there may be in excess of 600 pupils on site spread over a large campus comprising some 25 different buildings.

5.4 Although there are no hard and fast rules about how many first aiders a school should have per capita, Health & Safety guidelines recommend a minimum of one qualified first aider for every 100 people on site.

Layout and location of buildings and grounds

5.5 Each of the 3 sites are large with extensive grounds and some remote buildings. Accidents can happen anywhere at any time and therefore staff are trained in Emergency First Aid at Work and should know how and when to obtain help in an emergency.

Specific hazards

5.6 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. Injuries are categorised as major or minor. Major injuries and accidents are rare and most likely to occur during break times, games/PE lessons and matches (for example, risks may increase on outdoor play equipment). Minor injuries tend to occur during design & technology and art lessons, and in the kitchens and maintenance departments. Fixtures inevitably carry a higher risk of a more serious injury occurring. The School Nurse will normally be on duty and available for advice at school during all matches played at home within the normal school week (plus home weekend rugby fixtures), with the addition of qualified first aiders for immediate first aid response. Sports staff undertake nationally recognized HEADCASE Concussion Awareness training. The School Nurse carries a mobile phone, sports staff should hold this number in their phones. During times that the Medical Centre is unattended, the Junior School Office Reception staff will know the location and contact details for the School Nurse. It is the responsibility of the Director of Sport to ensure that the member of staff in charge of a match has first aid qualifications before the match commences. 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.

Special Health Needs

5.7 If there are pupils who have specific health needs, the School Nurse will arrange Care Plans, advice, information and training to staff as appropriate.

Medical Centre

5.8 King's School Rochester maintains a dedicated Health Centre known as the 'Medical Centre', based in St Nicholas House, King Edward Road. Rochester ME1 1UB

5.9 The Medical Centre is staffed from 8:00 am – 4:30 pm Monday – Friday during term time.

When dealing with matters outside of the Medical Centre, the School Nurse informs the Junior School Office of their location and contact details.

Out-of-hours and off-site activities

5.10 Many school activities take place outside normal school hours and/or off-site. First aid provision must be available at all times while people are on the school premises and when on school trips or visits.

5.11 School trip paperwork will ensure adequate cover of first aid is adhered to. Designated school staff will ensure first aid kits and equipment (including pupils' Autoinjectors, Inhalers and other emergency

medication) is available. and that they have up-to-date awareness and knowledge of the medical needs of the pupils.

5.12 During school holidays there are qualified first aiders available to staff and visitors during working hours within the administrative support staff, catering, maintenance and ground staff.

6 Provision of First Aid personnel and equipment

6.1 The Medical Centre is available for day pupils, boarders, staff and visitors.

6.2 The School Nurse will provide staff at all three schools with advice and additional training relating to pupils with serious medical conditions as required.

6.3 The boarding section of the school has an appointed Medical Officer: Dr Ojedokun who is based at The Thorndike Medical Practice, a local GP surgery. She is available for advice via the Medical Centre, and conducts consultations for boarding pupils on a Tuesday morning. The School Medical Officer may arrange for one of her GP colleagues to provide services when considered clinically necessary. Out of hours cover is obtained via: NHS 111. Out of hours Dentaline 01634 890300 provides triage, guidance and appointments (when indicated) for dental emergencies. Routine/planned dental care should be undertaken during boarders' holiday periods.

6.4 First aiders should be easily available in areas of greatest risk. A current list of qualified first aiders throughout the school is available from the Medical Centre and local staff names appear on First Aid Posters.

6.5 A paediatric trained first aider will be on site when EYFS children are present.

6.6 The school obtains information on a pupil's medical needs when they visit the school for taster days, join the school and again when pupils move between any/all of the 3 schools. Parents must provide the school with relevant updates in pupils' medical conditions.

7 First Aid Kits

7.1 First Aid kits are clearly labelled with a white cross on a green background in accordance with Health & Safety regulations. The Medical Centre maintains an index of First Aid Kits and allocates individual reference numbers to these.

7.2 Catering staff have first aid boxes containing blue detectable plasters.

7.3 Games staff have a red or orange box with a white cross (easily identified when in use on GRASS). The contents of first aid kits may vary depending on the particular needs in each location The Medical Centre will supply first aid kits as appropriate.

7.4 First Aid kits should be accessible to Games Staff during lessons and also taken to matches and out to practices; Staff should notify the Medical Centre when supplies have been used to ensure they are restocked

7.5 A First Aid kit should be taken to all off-site activities and visits. The Medical Centre will provide these kits on request, and the group leader should liaise in advance with the Medical Centre regarding specific pupils' needs.

7.6 A First Aid kit is provided in the school mini buses and school car. These are for use for those vehicles and must not be removed and taken on offsite games fixtures or visits.

7.8 Staff are responsible for contacting the Medical Centre to have items replaced in first aid kits as necessary. Fixed and mobile first aid kits should be checked termly and additionally following each use.

7.9 Allocated/fixed locations of First Aid Kits:

Former 6th Form Library
Alps Changing room
Alps Mess room
Alps Tractor
Art (Entrance)
Biology S1
Biology S2
Biology Prep Room
Boat House
Bob Doubles (Snack Shack)
Catering Horse box
CCF Group first aid kits for activity x6
CCF Mountain Leader first aid kits for activity x6
CCF Vehicle W52 UVW
Cheetham
Chemistry S4
Chemistry S5
Chemistry S6
Chemistry Prep Room Sc9
Choristers
Conference centre, downstairs next to serving counter
Conference Centre, upstairs (Main entrance)

Conference Centre, upstairs First Aid cabinet in Catering
Conference Centre, Upstairs kitchen
David-Dann Building (Entrance hall upstairs)
DT entrance lobby
DT M2
DT Main Workshop
Firing range
Grounds Garage Rest Room (Paddock)
Grounds Trauma Kit (kept in the mess room in the bunker at the Alps)
Holcombe Hockey Club
Mackean (K4)
Mackean entrance
Maintenance MSY Office
Maintenance MSY Workshop
Maintenance MSY Yard/Kitchen room
Maintenance Van BJ11 NNW
MFL (Entrance next to D4)
Old St. Margaret's room O5
Old St. Margaret's mobile kit (CCF)
Old St. Margaret's room O2
Old St. Margarets CCF office
Oriel House gardening shed
Pavilion Kitchen
Physics S3
Chadlington Hall Ground Floor First Aid Station
Chadlington Hall Nursery bumbag x 2
Chadlington Hall Kitchen area
Chadlington Hall 1 disabled toilet
Chadlington Hall downstairs corridor
Chadlington Hall reception
Chadlington Hall staff room
Chadlington Hall upstairs by sports hall
Prep (Junior) School (Main entrance)
Prep (Junior) Lab room
Prep (Junior) Mrs George's Office

Prep (Junior) Science Lab's (Room 15)
Prep (Junior) Science Lab's (Room 16)
Prep (Junior) Year 4 room
Rookwood Abendschule (Kitchen)
Rookwood Learning Support 1st floor kitchen
Satis House 6th form centre
Satis House, basement corridor
Satis House, entrance
Satis House, top floor kitchen
School Hall (Entrance Hall)
School House ground floor Kitchen
School House ground floor opposite kitchen next to dining hall
School House Laundry room
School House basement main kitchen
School House, office x 3 (large/small and bum bags)
St. Margaret's Common Room
St. Margaret's Staff Room
St. Nicholas House (Front porch)
St. Ronan's (side entrance by toilet)
Swimming Pool
Swimming pool plant room eye wash station
Swimming Pool - Foil blankets
Tech Soc (School Hall Cupboard)
Vines Hall downstairs drama studio
Vines Hall upstairs lobby

7.10 Location of Automatic Defibrillators (AED)

- School Hall - entrance lobby
- King's Rochester Sports Centre
- Prep School St Nicholas House- entrance lobby
- Chadlington House - ground floor, rear playground entrance
- Mobile unit (held by Sports Team)

7.11 Location of Adrenaline Auto-Injector pens for individual pupils (see also 15.7)

- Senior and Junior Schools from Y4 – all pupils who require an Auto-Injector should carry their own and a second spare device at all times/all locations.
- EFYS-Y3 – Named Medi bags containing pupils’ own Auto-Injectors, are kept on a hook in the classroom and then taken by a trained member of staff to the dining hall, sports fixtures or any off-site activity.

Emergency Auto-Injectors (Epipen 0.3mg, and Epipen Junior 0.15mg) are located in St Nicholas House Ground Floor in a green carry bag marked Allergy Response. In an emergency, these may be used by staff under the direction of the School Nurse, or a 999 call handler. These should not be regarded as a substitute to pupils or staff having access to their own 2 devices.

7.12 Location of Asthma Inhalers for individual pupils (see also 15.8)

- Senior and Junior Schools from Y4 - all pupils who require an inhaler should carry their own reliever and a spare at all times.
- EFYS-Y3 – Named Medi bags containing pupils’ own Inhalers (including a spare), are kept on a hook in the classroom and then taken by a trained member of staff to the dining hall, sports fixtures or any off-site activity.

An emergency Salbutamol 100mcg asthma (reliever) inhaler with large and small spacer devices, is located in a marked, sealed box, in St Nicholas House Ground Floor. Clear instructions are listed on the box. It is only for use with persons who are diagnosed with asthma, and who are normally prescribed, or permitted by their Clinician to use Salbutamol in an emergency (Salbutamol is also known as Salamol, Ventolin or Airomir). In an emergency, the School Nurse, or Ambulance Service, via 999 will give direction on the use of the inhaler. This inhaler should not be regarded as a substitute to pupils or staff having access to their own 2 devices.

Trips and Visits undertaken by EYFS

7.13 Following the National Strategies Guidelines, Safeguarding and Promoting Children’s Welfare, a member of staff with a current Paediatric First Aid Certificate will accompany each Pre-Preparatory trip. The staff will take a first aid kit and school vehicles also contain kits.

8 Training

8.1 A qualified first aider is someone who holds a valid certificate of competence in Emergency First Aid at Work, First Aid at Work, Paediatric First Aid. The certificate must be issued by an organisation approved by a recognised awarding body and must be renewed every three years. The Medical Centre Administrator will liaise with the School First Aid Trainer to arrange training for staff. The Medical Centre Administrator maintains the database of staff training.

8.2 A First Aider at Work is someone who has attended either the EFAW, FAW or Paediatric first aid training (renewable every 3 years) and is competent to give emergency aid until further help arrives.

8.3 Unfortunately accidents will occur wherever there are numbers of children or young people present and all staff must be able to respond quickly and appropriately in the event of an accident or injury.

8.4 Additional first aid training is provided, or sourced by the School Nurse as necessary, for example epilepsy, asthma, autoinjector use, administration of medication in allergic reactions, etc.

8.5 First Aid arrangements are under annual review by the Health & Safety Committee to ensure that the provision is adequate and effective.

9 Emergency Procedures including when to call an ambulance

9.1 Depending on the severity of the illness/injury, a pupil should either go to see the School Nurse at the next appropriate opportunity, e.g. break or lunch-time or go immediately to the Medical Centre. If the condition involves the pupil feeling dizzy or unstable then the School Nurse must be contacted for advice. Under no circumstances should the pupil be sent alone to the Medical Centre, as the injury or condition may become worse en-route. If necessary, the pupil should be treated for shock, laid on the floor where they are with their legs raised if possible. If a pupil is unable to walk to the Medical Centre, the School Nurse will attend if available to do so, or may request a First Aider to attend, and will advise staff accordingly. If an ambulance is not required, the School Nurse may request that parents/carers attend locations to collect pupils on a case by case basis. Injured or unwell pupils should not be transported in private staff vehicles.

9.2 An ambulance will be called in the event of any of the following; anaphylaxis (or suspected anaphylaxis), severe, worsening and/or repeated asthma symptoms (not responding to expected inhaler use), serious head or neck injury, whenever a patient is/has been unconscious, unexpected (new or different), repetitive seizure, or one lasting more than 5 minutes, onset of confusion, significant bleeding. An ambulance will be called in all drowning or near drowning incidences, whenever CPR has been given and/or when advised to do so by the School Nurse.

These examples are not exhaustive, and 999 should be called by staff if they or others have any concerns regarding symptoms, progress or injury events. Call handler staff are trained to triage and will make decisions as to whether or not an ambulance is required. If alternative measures are advised, or an ambulance has not arrived and staff have any concerns, or consider the person may have worsened, staff must re-dial 999 for further advice.

All staff are expected to call an ambulance directly during an emergency, preferably from the scene of the incident/medical episode (or delegate someone to call for an ambulance if unable to do so themselves).

9.3 Someone should remain with the casualty until help arrives and other staff can be called upon to help with moving away the remaining pupils.

9.4 If an ambulance is called the relevant School Office should be notified immediately in order to alert the Head or most senior member of staff on site. A member of staff must be sent to the school gates to direct the ambulance crew to the casualty's location.

9.5 A member of staff, preferably known to the pupil, should escort the child to the hospital, unless a parent or guardian has arrived.

9.6 Parents of the casualty should be notified of an injury or illness at the earliest opportunity, including any first aid treatment that is given. This will normally be by the Medical Centre. In an emergency/exceptional circumstances, this may be by a staff member in discussion with the Medical Centre, or by a member of the Senior School Team. Parents are informed if a pupil visits the Medical Centre either by telephone, e-mail or a note.

9.7 Following a head injury the parents are informed, either a phone call or email depending on the severity of the injury and a head injury advice letter is sent home or by email or with the pupil.

9.8 If a wound requires formal 'closure', such as by adhesive strips (sometimes referred to as Steristrips or Butterfly stitches), this should normally only be undertaken by the School Nurse. If pupils attend an external visit, including overseas, and a wound requires formal closure, staff, and the person sustaining the injury, must seek face-to-face medical advice. King's School recognizes that many pharmacy and other health facilities, both in the UK, and particularly overseas, offer the option to purchase wound closure items. However, Staff and First Aiders must work within their competence/role and will be supported by the School in declining to undertake this task. Where necessary, they should attend an appropriate alternative medical facility at the earliest opportunity the same day.

10 Reporting and Record Keeping

10.1 Injuries to pupils;

All major injuries/incidents, including any incident relating to a pupil being taken to Hospital from the scene, must be notified to the School Head/Deputy at the earliest opportunity.

First aid treatments for Senior and Preparatory pupils undertaken outside of the Medical Centre should be reported via ISAMS (Wizard bar > Reward, Conduct & Concerns > First Aid Note, or via an Accident Book - see 10.2).

Staff should inform the Medical Centre about any pupil injury treatment as soon as practical. When reporting an injury via ISAMS, this will be seen by the Medical Centre during normal term time school days Monday-Friday 08.00-16.30. The Medical Centre will liaise with the staff member reporting this as necessary. Outside of these times, staff should also arrange appropriate contact with parents/guardians directly.

For pupil injuries treated at the Medical Centre, details will be entered into the Pupil's medical notes (for minor injuries), and additionally via the Accident Book (for major injuries).

EFYS-Y3 First Aid trained staff who treat their pupils for minor injuries record details via an online first aid/head bump form which alerts the Pre-Preparatory Office staff and populates a spreadsheet. The School Office staff will send parents and the Class Teacher a copy of the injury details.

A record in the form of an accident report should include:

- Date, time and place of incident
- Name of casualty
- Details of the injury/illness
- Treatment and/or advice given
- Destination of the casualty after treatment (e.g. sent home, back to class, taken to hospital, etc.)
- Name and signature of first aider or person dealing with the incident.
- How the injury was followed up by the school.

10.2 Injuries to Staff/Visitors;

All staff/visitor injuries and incidents must be notified to a member of the Senior School Leadership Team at the earliest opportunity.

Accident Report Forms for Staff/Visitors must be completed at either; the Medical Centre, Satis House Reception, or the Catering Department (at the Conference Centre) as soon as possible after the incident.

For all Staff injuries, the person's line manager, HR department (hrsupport@kings-rochester.co.uk) and Medical Centre (medicalcentre@kings-rochester.co.uk) must be notified as soon as possible. The completed accident report form must be securely delivered/sent to HR for storage.

For all Visitor injuries, the completed accident report form must be securely delivered/sent to Bursary. The Bursar (bursary@kings-rochester.co.uk) and Medical Centre must be notified as soon as possible.

For serious injuries, a phone call should be made to the Medical Centre, Bursary and/or HR team as per the internal phone directory.

10.3 A KSR Incident Report Form (online via Estates Portal) should be completed to report faulty equipment, buildings etc relating to any injuries. Staff should arrange to make safe the immediate area and contact a member of the Estates and/or Senior Leadership Team to discuss this as soon as practical.

10.4 Certain accidents must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - RIDDOR (2013). To comply with RIDDOR, injuries sustained at School leading to a person being incapacitated for more than 7 consecutive days will be reported within 15 days.

Other incidents which are to be reported without delay under RIDDOR include; accidents resulting in the death of any person, dangerous occurrences, non-fatal accidents requiring hospital treatment to

non-workers, accidents resulting in specified injuries to workers (reportable specified injuries, which include: fractures, other than to fingers, thumbs and toes; amputations; any injury likely to lead to permanent loss of sight or reduction in sight; any crush injury to the head or torso causing damage to the brain or internal organs; serious burns (including scalding), which cover more than 10% of the body; or cause significant damage to the eyes, respiratory system or other vital organs; any scalping requiring hospital treatment; any loss of consciousness caused by head injury or asphyxia; any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness; or requires resuscitation or admittance to hospital for more than 24 hours.

Full details and guidance, including reporting dangerous occurrences and occupational diseases is found at; <https://www.hse.gov.uk/riddor/>

A RIDDOR copy is to be filed at the Medical Centre in the pupil notes (for pupil injuries), at HR (for staff incidents), and at Bursary (for Visitors/Contractor incidents). This is the same process for the accident report form storage.

10.5 Accident reports will be kept for at least 3 years. All types of records for children and young people should be retained until the patient is 25 (or 26 if they are 17 when treatment ends) or 8 years after the death. If a child's illness or death could be relevant to an adult condition or have genetic implications for their family, records may be kept for longer.

10.6 Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in: the death of the person, and arose out of or in connection with a work activity; or an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Full guidance relating to Schools is found at; <https://www.hse.gov.uk/pubns/edis1.htm>

11 Information

11.1 It is essential that there is accurate, accessible information about how to obtain emergency aid.

11.2 All new staff should have a new staff induction by the Medical Centre staff and pupils should be provided with information about how to obtain first aid assistance. This should include:

- Location of the Medical Centre.
- Location of defibrillators.
- How to contact the School Nurse in an emergency.
- Procedure for dealing with an accident in the School Nurse's absence.
- Names of qualified first aiders.
- Locations of first aid kits.
- How to call an ambulance in an emergency.

11.3 First aid notices are posted in communal areas such as corridors and entrance halls and high-risk areas such as science, DT and games departments. Notices are easily recognisable, A4 size, green in colour with white and black writing and include information on the location of the nearest; first aiders, first aid box, defibrillator, the contact number for the Medical Centre, the building's address, postcode and What3Words location reference.

11.4 Rooms where first aid kits are located should be clearly marked with a sign on the entry door.

11.5 All first aid notices are checked during each academic year for accuracy and amended as necessary by the Medical Centre

12 Dealing with the spillage of body fluids

12.1 The aim of this procedure is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and when disposing of dressings or equipment.

Disinfection aims to reduce the number of microorganisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

12.2 The School has a duty to protect its pupils, staff and visitors from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine
- Wound Drainage
- Gastric Aspiration

12.3 All staff dealing with a biohazard spill must ensure that they:

- Wear a plastic disposable apron.
- Wear disposable gloves.
- Protect eyes and mouth with goggles and mask if splash or spray is anticipated.
- Wear protective footwear when dealing with extensive floor spillages.
- Use the biohazard spill kits provided by the school (not “just a cloth or mop”).

12.4 Spillage Kits can be found in the following locations:

SENIOR SCHOOL

- Maintenance Department - Main School Yard
- School Hall Entrance - First Aid/Defibrillator Point
- Satis House – Female toilet/adjacent to Reception
- Bob Doubles
- MacKean D4
- Swimming Pool Plant Room
- School House/kitchen
- School House Office
- St Margaret's Office

PREPARATORY-SCHOOL

- Room 16
- Deputy Head (Pastoral) Office
- St Nicholas House - School Office
- Medical Centre Office
- Conference centre (basement dining room cupboard)
- Conference Centre, 1st floor outside Catering Office
- Grounds Garage Rest Room (Paddock)

CHADLINGTON HOUSE

- Ground Floor Rooms 3 & 4
- First Floor Room 9
- Nursery
- Cleaning Cupboard

OTHER LOCATIONS

- Boat House
- Abdendschule kitchen
- Vines Hall (1st Floor Lobby)

Any PPE and contaminated waste should be disposed of in a sealed (yellow) disposable bag. Any yellow bags must be disposed of in the correct bins. Arrangements should be made with the Medical Centre, or the Cleaning Supervisor/Estates Team who can access secure clinical waste bins at times when Medical Centre staff may be dealing with a separate matter.

Following initial management of body fluid spillage (including with a spill kit), the Estates Team should be contacted by internal phone (before 4pm), and the evening cleaning supervisors by email or phone from 4pm onwards during School Days.

13 Monitoring and Review of the Policy

13.1 First aid arrangements are continually monitored by the School Nurse to ensure the provision is adequate and effective. Additional reviews by the Health & Safety Committee will take place following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or pupil numbers.

13.2 Any concerns regarding first aid should be reported without delay to the Chair of the Health & Safety Committee.

14 Illness in School - The Sick Child

14.1 King's Rochester supports young people with short and long term health care needs, and is committed to enabling pupils with health problems to maintain regular school attendance, and participate in all school activities when appropriate. In order to achieve this, the administration of medication may be required during the time that a pupil is in school, or during trips arranged by the school, within the Boarding House and within our Early Years section of the school at Chadlington House. Close co-operation between parents, the Medical Centre and boarding staff is needed to ensure that full information about any health care needs is shared, and medication is taken as necessary

14.2 The School recognises its responsibility to promote a learning environment that is safe for all. Please also refer to the policy "Supporting Pupils at School with Medical Conditions" (Gov.uk) which details the care of children with special educational or medical needs. In order to maintain a clean and healthy environment this policy provides guidance for staff and parents as to when children should or should not be in school if showing signs of sickness. The health and well-being of all children is of paramount importance to enable them to be successful learners and to be the best they can be. The purpose of this policy is:

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- To protect children and adults from preventable infection
- To enable staff and parents to be clear about the requirements and procedures when children are unwell
- Children should not be brought to school if they are displaying signs of illness. If parents do bring children to school and The School Nurse considers that they are unfit for school, parents/carers/emergency contacts will be contacted and asked to come and collect their child and requested not to return their child to school until symptom free. This may be for longer periods as per specific clinical condition advice.
- If a pupil feels unwell during the school day they may visit the Medical Centre, who will assess their condition and contact parents if it is considered the pupil is not well enough to be at school. If the pupil is in danger, the Staff/School Nurse will seek further medical advice immediately. The Medical Centre will inform the appropriate Office that the pupil will not be returning that day and

the pupil will remain under the care of The Medical Centre until collection. Staff will inform the parent/carer about any health concerns they have about the pupil. Parents are responsible for keeping the school informed about their child's health.

14.3 The school does not aim to exclude children unnecessarily. However, the decision of the school is final when requesting the exclusion of a pupil or member of staff for illness or infection. The school will seek guidance from the School Nurse and follow the advice from the local Health Protection Team (HPT) or via the UK Health Security Agency via GOV.UK. It is recommended that children and staff do not attend school while suffering from one of the communicable diseases, and that they should be excluded for the minimum periods recommended by their Doctor. Although exposure of children to a communicable disease in itself is not a sufficient reason to require their absence from school, any pupil who becomes a home contact of diphtheria, poliomyelitis, typhoid and paratyphoid fevers will be requested to remain absent from school for the recommended time.

14.4 Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example, a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.

14.5 Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean
- Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.
- Coughs and Colds do not normally require the pupil to be absent from school but this depends on the severity and how the pupil is able to cope with the school routine. Children and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.
- Parents will be contacted if their child has a high temperature and be asked to collect them and to return them when the pupil is well again. A pupil needs to be clear of a temperature (over 37.5 Celsius) for 24 hours before returning to school, without the use of any medication which may artificially lower the body's temperature (e.g. paracetamol or ibuprofen).
- A pupil who has sickness or diarrhoea whilst at school should be collected immediately and remain absent from school for 48 hours (or longer if advised by a clinician) following the last episode of sickness or diarrhoea. Diarrhoea is defined as, passing of stools that are looser, more frequent, or more watery than normal, and/or 3 or more liquid or semi-liquid stools in a 24-hour period.
- If a pupil has chicken pox they should be absent from school for a minimum of 5 days from the onset of the rash. After this time, if all spots have dried and scabbed over, the pupil can return to School. Parents/carers will also be contacted if their pupil develops a rash. This will need to be checked by a Doctor whose advice should be followed, unless positively identified by the School Nurse as an allergy rash.

- To prevent the spread of conjunctivitis, suspected cases will be reported immediately to parents, who will be requested to take their pupil from school to seek medical advice from a GP surgery or Pharmacy. When treatment commences (if indicated) the pupil may return to school.
- If impetigo is suspected the parents will be informed and asked immediately to take their child from school to seek medical advice and treatment from their GP surgery. The pupil must be excluded from school until the lesions are crusted or healed over or 48 hours after antibiotic treatment has commenced.
- In the case of infestations such as head lice, staff will inform all parents in that pupil's year group and advise them, by the means of a letter provided by the Medical Centre, explaining how to proceed. Children who are affected, must start to receive treatment before returning to School.

14.6 This document is consistent with the guidance set out in <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

15 First Aid arrangements for pupils, staff or visitors with medical needs

ANAPHYLAXIS

15.1 Anaphylaxis is an extreme, life-threatening allergic reaction requiring urgent medical treatment. There are many triggers such as peanuts, tree nuts, shellfish, eggs, milk, insect wasp or bee stings or bites, drugs, plants and vaccines. It can be treated with adrenaline intramuscular injection - autoinjectors (EpiPen, Anapen and Jext). Antihistamines are no longer used as first line treatments for anaphylaxis and should not normally be used for this in the school environment. The administration of antihistamines may be used for the treatment of mild/moderate allergy symptoms.

15.2 In addition to anaphylaxis information which is contained within first aid training content, the School Nurse provides updates on the safe administration of relevant autoinjectors. If a pupil is likely to suffer a severe allergic reaction, all staff should be aware of the condition and know who is responsible for administering the emergency treatment. Staff are advised as follows to:

- Recognise causes of anaphylaxis
- Assess severity of symptoms
- Treat anaphylactic shock

15.3 Parents of pupils who carry allergy/anaphylaxis medicines are sent a permission to administer medication form which should include emergency contact numbers. A copy of this form is kept in the Pupils medical notes at the Medical Centre.

Medication and Control

15.5 Autoinjectors are pre-loaded with the correct dose of adrenaline, they have a spring balance mechanism that automatically delivers a dose of adrenaline once safety caps are removed and the autoinjector is applied firmly on to the skin. The preferable site is to the thigh – the upper outer quadrant. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using an Autoinjector. In case of doubt as to whether someone is experiencing an allergy or anaphylactic

reaction, it is better to give the injection than to avoid this. Responsibility for giving the injection should be on a purely voluntary basis staff in school. Information disseminated in school throughout the year, includes links to manufacturers' approved videos which detail information on recognition and treatment of anaphylaxis.

15.6 Parents will often ask for the school to ensure that their child does not come into contact with the allergen. King's Rochester has a 'nut aware' approach. Nuts are not used in the preparation of food, or available from Bob Doubles. However, although parents are asked to not send food to school that contains nuts, the school should bear in mind the risk to such pupils at break and lunchtimes and in cookery and science classes, and seek to minimise the risk whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Protocol for use of Auto-Injectors, Epipen, Jextpen and Anapen

ALLERGIC AND ANAPHYLACTIC REACTIONS (see also section 7.11)

15.7 All pupils should have a specific Care Plan for their needs provided by their clinicians, however if the care is not known follow the guidelines below:

Consider the severity of symptoms (some are interchangeable, if in doubt, treat as anaphylaxis);

- MILD/MODERATE ALLERGY – headache, itching skin or rash, nausea, feeling generally unwell, hay fever (runny eyes, nose, sneezing), swelling of the face/around lips and eyes, (but not swelling of the tongue), nausea, stomach discomfort.
- SEVERE/ANAPHYLAXIS – Feeling faint/dizzy, rapid or weak pulse, cyanosis, stridor, choking, difficulty in breathing/feeling chest tightness, decreasing responsiveness, unconsciousness, wheezing/vomiting, collapse, confusion, pale/clammy skin, voice changes.
- ALWAYS take treatment to the child, never take the child to treatment.
- Stay with the child.
- Recognise causes of reaction
- Assess severity of symptoms
- CALL FOR HELP.
- MILD/MODERATE ALLERGY-For minor reaction give prescribed dose of anti-histamine.
- SEVERE, treat as anaphylactic shock.
- Lie person down, raise legs (allow to sit if too distressed when lying down).
- Administer the AUTOINJECTOR to the middle of the outer aspect of the thigh, can be given through clothing, try to avoid seams/zips. Instructions are included as a diagram on each device.
- Dial 999/112 – say ANAPHYLAXIS, then call the Medical Centre.
- Treat wheezing – blue inhaler if asthmatic and has one on prescription.
- Make a note of the time.
- Encourage person to remain lying down.
- Repeat injection in the opposite thigh after 5 minutes if no better, or worsening/repeat symptoms, a maximum of 2 injections should be used at school.
- Keep autoinjectors and give to emergency services when they arrive

- Call the parents to inform them of the situation.

Auto injectors should be stored at room temperature not in the refrigerator and should be kept with the person (or with a member of staff for EYFS) at all times.

ASTHMA

15.8 Children with asthma (see also section 7.12)

All pupils should attend school with 2 reliever inhalers. If actively used, preventer inhalers should only be supplied for overnight trips, or those activities likely to run into the times when a pupil would need to take a subsequent planned dose.

15.9 All pupils should have a specific Care Plan for their needs provided by their clinicians, however if the care is not known, in the event of an asthma attack or suspected attack* follow the guidelines below:

* an asthma attack may be defined as, symptoms are quickly getting worse (cough, breathlessness, wheezing or tight chest), a reliever inhaler does not seem to be helping as much as usual, or is needed more often, difficulty in walking or talking. Not all symptoms need to be present and some younger children may describe chest symptoms as ‘their stomach’.

- If necessary, help the pupil to use inhaler/spacer device as prescribed/shake between each use, help to loosen tight clothing around the neck or chest
- Encourage slow breaths
- Sit up straight - try to keep calm
- Take one puff of the reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs
- If feeling worse at any point OR not feeling better after 10 puffs, staff to call 999 for an ambulance.
- Contact the parents.
- If the ambulance has not arrived after 10 minutes and symptoms not improving, repeat one puff of the reliever inhaler every 30-60 seconds up to 10 puffs
- If symptoms are no better after this, and the ambulance has still not arrived, contact 999 again immediately.
- Follow advice from 999 call handler
- Member of staff to escort pupil if parents have not arrived.

(If a person uses a powder, or other different inhaler, call 999 initially in the event of normal/routine doses not fully relieving symptoms).

DIABETES

15.10 Children with diabetes need to ensure that their blood glucose levels remain stable and are able to and/or have support to check their levels as required. They will need to do this in school and pupils with diabetes generally carry their own supplies including forms of glucose/dextrose. All sharps involved in the treatment of children with diabetes should be disposed of safely in an appropriate clinical sharps container held in the medical room or the dining hall at the Conference Centre. All pupils will have a specific Care Plan for their needs from their external clinical team.

In the event of any concerns or symptoms;
CALL FOR HELP

If the Medical Team are dealing with a situation outside of the Medical Centre, the Junior School Office will know their location and contact details.

- In the event of a low blood sugar (Hypoglycemia, this is typically defined as any reading of 4mmol/l or less) the treatment must be immediate and staff should encourage the child to take their own GLUCOSE as per the individual care plan. If uncooperative and conscious, a Glucogel tube may be administered orally as per manufacturer's instructions.

- Symptoms and signs of hypoglycaemia can include:
 - feeling hungry
 - feeling dizzy
 - feeling anxious or irritable
 - sweating
 - shaking
 - tingling lips
 - heart palpitations
 - feeling tired or weak
 - changes in your vision such as blurred vision
 - feeling confused
 - in severe cases, fitting and/or unconsciousness
- Spare Dextrose tablets and Glucogel tubes are stored in the medicine cabinet at The Medical Centre. However, these should not be considered as a substitute for the pupil's own supplies.
- If there is rapid improvement, continue to follow the care plan, and parents to be contacted.
- In the event the child becomes unconscious, place them in the recovery position and call for an ambulance.
- In the event of a high blood sugar (Hyperglycaemia) refer to the pupil's care plan. If indicated, or if any concerns/pupil appears unwell, seek advice from the Medical Centre and/or the child's parents/carers. The definition of hyperglycaemia will vary from person to person and the pupil's external care plan will indicate any definitions and actions.
- Symptoms and signs of hyperglycaemia can include:
 - passing more urine than normal, especially at night
 - being very thirsty
 - tiredness and lethargy
 - thrush or other recurring bladder and skin infections
 - headaches.
 - blurred vision
 - weight loss
 - nausea

EPILEPSY

15.11 People with epilepsy tend to have recurrent, unprovoked seizures but signs, symptoms, patterns and types of epilepsy are individual. All pupils should have a specific Care Plan for their needs supplied from their clinical team, however if the care is not known follow the guidelines below::

- Note the time from when the seizure starts.
- An Ambulance is to be called for; a first seizure (unknown epilepsy), a seizure occurring off site, if a seizure follows an injury and/or subsequently significant injury occurs, if the seizure lasts longer than 5 minutes, if seizures recur, or if you are concerned at all.
- Do not move the pupil, unless in a dangerous position, but remove adjacent obstacles.
- Loosen tight clothing around the neck.
- Remove glasses.
- Place something soft such as a rolled-up jacket, cushion or a “cupped hand” under the person’s head to prevent injury if possible, but only where this does not affect breathing.
- Contact the Medical Centre (Junior School Office if no reply).
- If the pupil has emergency seizure medication, the process for this is pre-identified on an individual basis.
- Parents to be contacted.
- If Seizure is self-resolving within 5 minutes, place the pupil in the recovery position until fully awake and alert.
- Staff to remain with the pupil until recovered.
- Observe breathing and colour.
- Do not give the pupil anything to eat or drink until you are certain they have fully recovered. Do not walk the pupil out of the building or immediate area, unless in physical danger.
- Pupil to be collected by parent/guardian (if not conveyed to Hospital) but symptoms persist post recovery, or if staff have any concerns.

Appendix 1 - Nut Safe, Latex and Allergy Awareness Policy

The School has a duty of care to take all reasonable steps to keep pupils, staff and members of the wider School community safe at School. The School has a duty of care to take all reasonable steps to keep pupils, staff and members of the wider School community safe at School. Given the growing prevalence of individuals with chronic allergies in our School community, including pupils who have acute allergies to certain foods and other triggers (in particular NUTS and LATEX), we have decided to adopt a Nut Safe and Allergy Awareness Policy. This policy involves:

- Identifying the risks of anaphylaxis
- Minimising the risk of occurrence through management controls, ensuring all School meals do not include nuts within their recipes, or supply food and confectionery where nuts are within the ingredients and directing the purchasing of non-latex based products (for example, gloves, sports equipment)
- Planning for an effective response to emergencies

The success of this policy requires the co-operation of the entire School community.

1. Roles and Responsibilities of the Senior Management Team (SMT)

The role of the SMT is to work with the whole School community to identify and minimise the risks at School for pupils and members of staff diagnosed with anaphylaxis. The SMT is also responsible for ensuring that the School has emergency procedures, equipment and trained staff in place to respond to an episode of anaphylaxis. The SMT will:

- Ensure that School meals do not include nuts within their recipes and that bagged nuts and food and confectionery containing nuts are not sold in Bob Doubles. However, it is acknowledged that the School cannot guarantee that all products used will not contain traces of nuts due to the nature of warnings on packaging.
- Ensure that all external contractors, including those supplying catering, are made aware of the school's nut and latex aware approach.
- Ensure that potential staff invited for interview are made aware of the school's nut aware approach.
- Ensure pupils at risk of anaphylaxis are identified by parents/guardians/House Parent during the enrolment process or as soon as they are diagnosed.
- Ensure members of staff at risk of anaphylaxis are identified during their recruitment process.
- Establish a register of pupils who have diagnosed anaphylactic conditions, maintained by the Medical Centre.
- Identify staff members who have day to day responsibility for pupils with severe allergies and provide anaphylaxis management training for these staff members.
- Ensure that all teaching staff/House Parents are familiar with the signs and symptoms of anaphylaxis and the appropriate response procedures.
- Discuss with parents/guardians the pupil's allergy and specific individual needs to inform their Anaphylaxis Healthcare Plan. This will include each pupil's specific Anaphylaxis Emergency Response Plan.
- Request that parents/guardians approve the sharing of information regarding the pupil's health condition with staff and relevant School volunteers.

- Ensure that parents/guardians supply two fully equipped and medically prescribed Anaphylaxis Emergency Kits for each diagnosed pupil (to be carried at all times, see 7.11 above).
- Encourage members of staff with anaphylaxis and prescribed auto-injectors, to carry two devices at all times and share this information with their line manager and pertinent colleagues, including the catering team.
- Establish emergency procedures to be followed if an anaphylactic reaction occurs within the classroom, playground, and other areas of the School or at off-site School related activities.
- Ensure all staff members are aware of and recognise pupils who are at risk of anaphylaxis and are familiar with emergency procedures.

2. Role of Teachers / Houseparent with responsibility for the day to day care of any pupils with an anaphylactic condition

As the class teachers/Houseparent will have primary responsibility for the day to day care of any pupils with an anaphylactic condition it is important that they:

- Participate in the School meeting with the parents/guardians.
- Work with the School team and the parents/guardians to develop a written Anaphylaxis Healthcare Plan, including the specific Anaphylaxis Emergency Plan for the pupil.
- Attend anaphylaxis management training in order to be prepared to recognise and respond to the signs and symptoms of anaphylaxis and know what to do in an emergency.
- Be aware of allergic triggers that may cause a pupil to experience an anaphylactic reaction and minimise the risk for the pupil by reviewing class activities, supplies and materials to ensure that, so far as is reasonably practicable, they are allergen free.
- Treat the pupil with allergies the same as other students.
- Discourage pupils from sharing lunches or trading snacks.
- Reinforce hand washing before eating.
- Ensure that the pupil's Anaphylaxis Emergency Kit is readily accessible.
- Ensure the pupil's Anaphylaxis Emergency Kit and a mobile phone is taken on all outings and trips off the School premises.
- Maintain effective communication with parents/guardians, including informing them if their child has become unwell at School.
- Provide a supportive environment for the pupil to manage their allergy effectively and safely at School.

3. Responsibilities of the parents/guardians of a pupil with severe allergies

- Inform the School that their child has a severe allergy as soon as possible.
- Attend and participate in the School meeting to develop a written Anaphylaxis Healthcare Plan to meet their child's healthcare needs in school, a care plan should normally be supplied by the pupil's clinician.
- Provide accurate emergency contact details.
- Inform School staff of any changes in their child's health management needs, as soon as possible.

- Provide the child with two fully equipped and medically prescribed and labelled Anaphylaxis Emergency Kits, each containing two adrenaline auto injectors, the Anaphylaxis Emergency Plan and emergency contact numbers (where prescribed).

4. Responsibilities of pupils with food allergies

We ask each pupil with a food allergy to be proactive in the care and management of their food allergies and reactions, and in particular:

- Not to exchange food with others.
- Only eat food that is labelled with ingredients and to read the label or check the content of a product with the teacher before eating.
- Be aware of other people eating around them and always wash their hands before eating in case of contamination.
- To keep with them and know where their two Anaphylaxis Emergency Kits are at all times (in the case of young children – at the Nursery and Pre-Preparatory School, these will typically be carried by staff when outside of the classroom).
- To tell their friends of their allergies, so they know if an emergency should arise.
- If they have a Medic Alert talisman, to wear it at all times.
- Notify their teacher or an adult immediately if they eat something they believe may contain the food to which they are allergic.
- To notify their teacher or an adult immediately if they believe they are having a reaction, even if the cause is unknown.

5. Responsibilities of members of staff with food allergies

Members of staff with a food allergy should:

- Inform HR, their line manager, pertinent colleagues including the catering team, and the Medical Centre of their condition.
- Know where their two Anaphylaxis Emergency Kits are at all times, ensuring they remain within easy reach.
- If they have a Medic Alert talisman, to wear it at all times.
- Notify another member of staff immediately if they believe they are having a reaction, even if the cause is unknown.

6. Parents of non-allergic children

We have a number of children at School who have food allergies, but would remind all parents of the danger that even small amounts of an allergen pose to these children. Most severe allergic reactions are the result of ingestion but other reactions can be triggered by touching surfaces, such as computer keyboards, books or a piano, if these surfaces have previously been used by someone who has eaten nut products. Nuts and seeds are part of a healthy diet for those without chronic allergy, but we ask that pupils eat such snacks at home rather than bring them into School. Therefore, we would ask all parents not to provide pupils with School snacks which include nuts or products made from these.

7. Responsibilities of the Catering Department

The Catering Department is very conscious of individuals' dietary requirements, whether they arise from religious reasons or medical necessity. A great deal of thought goes into providing a varied diet along with a daily vegetarian dish and our catering team is always willing to assist with advice regarding other dietary needs. In accordance with our Nut Safe and Allergy Awareness Policy, we avoid using nuts or nut products in our cooking but acknowledge that there can be no absolute guarantee that cross contamination has not occurred somewhere in the food supply chain as ingredients frequently state 'may contain traces of nuts or produced in a factory with nuts'.

Within the catering facilities at the School, we have taken precautions to minimise the risk of anaphylaxis occurring. We do not knowingly use nuts and associated nut products in our kitchens. A list of Pupils with known food allergies (e.g. nuts, dairy, gluten, shellfish) are given to key members of the catering team, and those pupils are encouraged to seek guidance from catering staff, if necessary on what they can have for lunch.

Bob Doubles does not knowingly sell any product that contains nuts or seeds within the ingredients.