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Dunottar School

First Aid

Policy



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## Policy Statement

Dunottar 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.

Dunottar 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.

Dunottar 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 and Common Docs. It should be read in conjunction with the following documents:

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

First aid arrangements are continually monitored by the School Nurse, Carrie Allison. In addition, this document is reviewed annually, or as events or legislation require by John Weiner, Deputy Head (Pastoral). The next scheduled date for review is February 2027.

## 1. Procedures

### 1.1 Responsibilities under the Policy

#### *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
- There is provision of first aid services during School hours
- Appropriate first aid cover is available for out-of-hours and off-site activities



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### *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.
- Liaising with United Learning Head of Health and Safety with regard to monitoring that accident reporting and accident investigations are carried out under the Reporting of Injuries, Diseases, Dangerous Occurrences Regulations (RIDDOR).
- Monitor that accidents and other qualifying events are reported and investigated and uploaded to the Group's Accident Reporting and Management System (ARMS).
- 

### *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.

### *The School Nurse*

The School Nurse (Tel: extension 228) is based in the Health Centre.

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 site during normal School hours
- Organising provision and replenishment of first aid equipment
- Maintaining accurate records of first aid treatments given in the Health Centre
- Sending a termly overview of accident statistics to the Health and Safety Co-ordinator prior to that Term's Health and Safety Committee meeting, and attend a meeting with him to discuss the overview



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### *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

### *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

## 2. First Aid Risks

### 2.1 Assessment of School's First Aid needs

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

- Numbers of pupils, staff and visitors on site
- Age and maturity of pupils
- 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



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## 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 time 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.)

## 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 4-9. Individual procedures for such pupils are in the appendices to this policy and care plans for individual pupils are available on their iSAMS details.

## 2.4 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. A similarly certified member of staff accompanies all residential trips and visits. 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.

### 2.4.1 Emergency Access via Neighbouring Properties

In the event of an emergency requiring access to or from the Bottom Pitch of Dunottar's site, the neighbouring residents adjacent to the lower pitch have confirmed that their gates may be used to exit onto Dunottar Close.

These gates must only be used for **emergency access**. They provide a route through private residential gardens and therefore are **not permitted for routine or non-emergency use**.

An aerial map identifying the locations of these gates is provided below.



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## 2.5 Provision of First Aid personnel and equipment

### *2.5.1 The Health Centre*

The School has a well-equipped Health Centre, which meets the requirements of the Education (School Premises) Regulations 1999 and is staffed by a Registered Nurse. The Health Centre is open during term time from 8.30am-4.00pm Monday-Friday and is fully equipped to deal with everyday accidents and injuries. On the rare occasion that the School Nurse is off-site, staff will be informed, and a notice will be displayed on the door of the Health Centre giving details of how to obtain help. Details of the procedure to be followed in the Nurses' absence will be communicated by email to staff on each occasion.

### *2.5.2 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 receptions and staff room. This list also gives the dates when renewal of First Aid Training is due.

Due to teaching commitments, it may not be suitable for teaching staff to be nominated first aiders, however, teaching staff are more likely to be first aiders for educational visits and should be trained accordingly. Equally, all schools should ensure that the division of first-aid



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duties among staff is shared out in such a manner as to not adversely affect an individual's ability to perform their main role.

### *2.5.3 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:

**School:** Health Centre.

**PE Office:** 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 checked regularly and be restocked at least once a term. This is the responsibility of all Games staff. In addition to this there are first aid kits at Old Reigatian Rugby Football Club (ORRFC) sports grounds.

### *2.5.4 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.

### *2.5.5 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.

### *2.5.6 Minibuses*

All minibuses carry a first aid kit.

### *2.5.7 Stocking of first aid kits*

Each Sports Teacher has oversight of, and responsibility for, maintaining the PE kits. The School Nurse is responsible for checking other first aid facilities at least termly. The School Nurse must be notified when items have been used so they can be replaced without delay.

### *2.5.8 AED – Automated External Defibrillator*

An AED is available in the following locations:

- One is located in the foyer of the Sports Hall, outside their office.
- One is located outside the entrance to the Swimming Pool.

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.



Defibrillators are checked by the School Nurse on a half termly basis. The School Nurse keeps a record of these checks that have taken place.

#### *2.5.9 Emergency Allergy Response Kits*

Emergency Allergy Response Kits are available at the Health Centre. 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.

### 3. Information

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

#### *New Staff*

All new staff are provided, during induction, with information about how to obtain first aid assistance and how to report an accident.

### 4. 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 Health Centre.

Blended learning, i.e. that which is comprised of online and face to face training is an acceptable means of first aid training delivery, however further checks on providers will be required.

#### *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 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.

#### *First Aid training for Pupils*

Pupils are encouraged to learn first aid skills through schemes such as the Duke of Edinburgh Award and through PSHEE.



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## 5. Emergency Procedures

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 Health Centre. Pupils should be accompanied by a responsible classmate if appropriate.

In the event of severe illness or injury, an ambulance is called to attend without delay, and the School Nurse contacted immediately. Staff are asked for common sense to prevail when making their judgment as to whether an ambulance is called, preferably in consultation with at least one other member of staff.

In the rare case that neither School Nurse is not available, Reception should be informed and one of the first aiders will be 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 Staff and a responsible adult should accompany the casualty to hospital.

## 6. Reporting, recording and investigation of accidents and near misses<sup>i</sup>

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.

### 6.1 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.



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- 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. It is helpful to take photographs of the scene if possible.
- 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.

## 6.2 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 SLT must be informed 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.

## 6.3 Accidents or near misses involving pupils

- All accidents or near misses involving School pupils are recorded on the “ARMS” by the School Nurse or by those deputising for her.
- All significant accidents are reported to parents by 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.



## 6.4 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.

## 6.5 (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 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. 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. If Dunottar School, without reasonable excuse, fails to comply with this requirement, we commit an offence. Contact details for Ofsted are as follows: [www.ofsted.gov.uk](http://www.ofsted.gov.uk) or by telephone on 0300 123 4666.

## 6.6 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 four kinds:



Degree of Investigation	Examples of such Events	Likely Investigation Lead
<b>Basic</b>	Minor injury, Near miss	Line Manager
<b>Low</b>	Minor injury, lost-time event	Line Manager/H&S Coordinator
<b>Medium</b>	Specified Injury (RIDDOR)	H&S Coordinator
<b>High</b>	Fatality, multiple casualty event	Group H&S Manager

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

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

## 6.7 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:
  - 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.

## 6.8 Reviewing accident data

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

- The School Nurse and Health and Safety Co-ordinator 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 Health and Safety Co-ordinator, who are then responsible for implementing them.

## 6.9 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 Health and Safety Co-ordinator for all new staff.
- Implement actions arising from accident/near-miss reporting and investigation to prevent recurrence.
- Ensure that managers/ supervisors receive training in accident/near-miss investigation and completion of accident reports.

### *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 Health and Safety Co-ordinator.

### *Health and Safety Co-ordinator*

- Establish monitoring regimes for implementation of actions arising from accident reports and investigations.
  - Include information obtained from the accident/near-miss data in the annual review of health and safety performance.
- 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.



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*Health and Safety Committee*

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



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# Appendix 1

## First Aid Trained Staff:

In an emergency contact School Nurses on 228

Or ask reception team to locate a first aider

<b>First Aid at Work (3-day course)</b>	<b>Expiry Date:</b>	<b>Contact no's</b>
Carrie Allison	11.12.27	228
Tom Clark	07.07.27	233
<b>First Aid (1 Day course)</b>		
Gareth Abramson	02.09.28	209
Jo Alger	07.05.27	229
Elaine Bambridge	11.10.26	229
Nick Bier	17.10.27	229
Graham Brown	17.10.27	229
Laura Channell	02.09.28	233
Rachael Cleeve	02.11.26	209
Anna Coleman	11.10.26	243
Matt Everett	11.10.26	250
Annette French	02.04.27	237
Kirsty Glynn	02.09.28	229
Claire Gregory	02.09.28	235
Nicky Jackson	11.10.26	213
Helen Lewis	03.07.27	229
Lisa Longstaff	02.09.28	238
Rebecca Luke	07.05.27	209
Jen Marvin	02.09.28	236
Mark Pembridge	23.05.27	229
Alex Plumb	02.09.28	229
Jacob Rogers	23.05.27	252
Stef Simon	02.09.28	254
Brian Small	23.05.27	229
Ted Swan	23.05.27	251
Grant Taylor	11.10.26	217
Zach Thompson (music Peri)	02.09.28	N/A
Suzanne Thorne	11.10.26	254
Andy Tubb	17.10.27	229
Sarah Van- Duijvenvoorde	02.09.28	233
Daniel Walker- Cheetham	02.09.28	206
Benji Wroblewski	23.05.27	229
<b>Remote First Aid:</b>		



Carrie Allison	29.08.27	228
Robert Collins	07.09.27	209
Mark Huxley	07.09.27	230
Emily Pettett*	29.09.27	260
Claudio Rivas	07.09.27	225
Jacob Rogers	07.09.27	252
Lorna Scott	07.09.27	226
Lizzy Wray	29.08.27	209
<b>Mental Health First Aid:</b>		
Carrie Allison	13.06.27	228
Elaine Bambridge	13.06.27	229
Julie Boden	13.06.27	213
Nina Budgen	13.06.27	236
Lucy Anne Chessell	13.06.27	250
Joelle Cullender	13.06.27	224
Matt Everett	13.06.27	250
Harriet Ghamsari	13.06.27	222
Jan Gumm	13.06.27	228
Janine Hislop	13.06.27	219
Chloe Kendrick	13.06.27	246
Darron Kokott	13.06.27	250
Jen Marvin	13.06.27	250
Aleena Nawaz	13.06.27	254
Lorna Scott	13.06.27	226
Rhona Stringer	13.06.27	244
Grant Taylor	13.06.27	253
John Weiner	13.06.27	232
Nicola Wintle	13.06.27	241
Lynne Wootton	13.06.27	221

\*Maternity Leave



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## Check List for First Aid kits in school:

Room	Equipment	Date Checked	Notes
Health Centre	Various	Checked Nov 2025	
<b>Maintenance:</b>			
Maintenance Office	1 first aid kit	Checked Nov 2025	
Plant Room House X5	1 first Aid kit in each	Checked Nov 2025	(E. PV, Main Boiler HouseV PoolV & CastleV and Sports HallV)
Workshop	1 first aid kit	Checked Nov 2025	
<b>Classrooms:</b>			
Art Room (EP1)	1 first aid kit	Checked Dec 2025	
DT: Classroom & Prep Room	1 first aid kit	Checked Dec 2025	
Food Tech	Box Plasters and Burn Gel	Checked Nov 2025	
Ground Floor Science Prep	1 First Aid Box & Eye Wash	Checked Dec 2025	H&R lab have eye wash tubing in place.
1 <sup>st</sup> Floor Science Prep	1 First Aid Box & Eye Wash	Checked Dec 2025	B Lab has tubing in place. F, S & J have eye drench in place.
<b>Sports:</b>			
Minibuses x7	First Aid Kit in each	Nov 2025	
Sports Hall Office	Portable Blue bags	N/A	Sports staff responsibility
Swimming Pool	2 First Aid kits & 2x foil blankets	Checked Nov 2025	
Kitchen	1 first aid kit	Checked Nov 2025	
Castle Theatre Building	X3 kits	Checked 2025	No 1: Kitchen Nov 2025 No 2: C6 Drama room Dec 2025 No 3: C8 Classroom Dec 2025
Trips	9 Orange First Aid Kits	Checked April 2024	
Reception	1 small first aid kit	Checked Nov 2025	

## Appendix 2

### 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 Dunottar School to provide an effective method of treating bodily fluid spills with activity against a range of bacteria and viruses.

Dunottar 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, Health Centre, Caretakers

**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 or yellow bin in the Health Centre.
- 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 Science Department work within the “CLEAPSS” guidelines.



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## Appendix 3

### Procedure for managing food allergies and intolerances:

Dunottar 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 5 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 Dunottar 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 iSAMS – therefore available for all staff to see.
- A copy of medical details including allergies etc. can be printed from iSAMS and is taken on all trips and visits by the accompanying staff.
- Photo sheets of all such pupils are posted in all the staffrooms and kitchens.
- Dunottar 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.



## Appendix 4

### 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.

Dunottar School recognises that anaphylaxis (anaphylactic shock) is a relatively widespread, potentially serious, but largely manageable condition affecting a number of pupils in our School. Dunottar 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 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.
- Parents are asked to ensure that the School is provided with labelled spare medication which will be kept in the emergency boxes in the Health Centre, where they are easily accessible to all staff. All injector pens must be labelled with the pupil's name. 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 Dunottar 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 iSAMS, 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 care plan. This is updated at the start of each School year or at any other time should the pupil's health or treatment change.

#### **School Environment**



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- Dunottar School does all it can to ensure that the school environment is favourable to pupils with allergies and especially those at risk of anaphylaxis.
- Dunottar 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 our 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](http://www.anaphylaxis.org.uk)
- The School Health Centre, which is staffed by a Registered 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 Dunottar 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.

### **Anaphylactic Emergency**



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- All pupils at risk of anaphylaxis have a personalised care plan which is available to all staff on iSAMS. 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, spacers, instructions for use along with details (and signed parental consents for usage) of known asthmatic pupils. They are available at the following locations:
- Health Centre.



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# Appendix 5

## Procedure for pupils with Asthma

This procedure has been written with advice from the Department for Education and Asthma UK. Dunottar School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at our School. Dunottar 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.
- Parents are asked to ensure that School is provided with a labelled spare inhaler which will be kept in the emergency cupboard by the School Nurse. All inhalers must be labelled with the pupil's name. 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, spacers, instructions for use along with details (and signed parental consents for usage) of known asthmatic pupils. They are available at the following location:
- Health Centre.

### **Record Keeping**

- When a child joins Dunottar 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 iSAMS, thus making it possible for teachers and other School staff to have up to date health information on all pupils in their care.

### **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. Dunottar 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**

- Dunottar School does all that it can to ensure the School environment is favourable to pupils with asthma. The School 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 Health Centre if particular fumes trigger their asthma.
- The School Health Centre, which is staffed by a Registered 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.
- Dunottar School recognises that it is possible for pupils with asthma to have special education needs due to their condition.

### **Asthma Attacks/Emergencies**

- Any pupil with moderate to severe asthma will have a personalised care plan which is available to all staff on iSAMS. 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.



# Appendix 6

## Procedure for pupils with Diabetes

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

Dunottar School recognises that diabetes is a serious but controllable condition affecting some pupils at our School. Dunottar 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.
- Parents are asked to ensure that the School is provided with labelled spare medication which will be kept in the emergency box in the Health Centre. 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.
- Pupils with diabetes are able to keep their mobile phone on them at all times for the purposes of monitoring their blood sugars.

### **Record Keeping**

- When a pupil joins Dunottar 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 iSAMS, thus making it possible for teachers and other School staff to have up to date health information on all pupils in their care.
- A personalised care plan from the diabetes specialist nurse is obtained and updated every year.

### **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.

### **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. Dunottar 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**

- Dunottar School does all it can to ensure that the School environment is favourable to pupils with diabetes. There is private space in the Health Centre for diabetic pupils who wish to use it for injecting insulin or using their blood glucose monitors. There is also the facility of using the fridge in the Health Centre 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 Health 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.
- Dunottar 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 iSAMS. 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.



## Appendix 7

### 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, Dunottar 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 CAMHS/The Priory/ or another eating disorders clinic of their choice.
- They will also be encouraged at this point to confide in their parents. If by the date agreed – no more than one week later – their 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 Head of Year 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 unlikely to be Gillick competent (<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>), 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.



# Appendix 8

## 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.

Dunottar 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. Dunottar 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 cupboard in the Health Centre by the School Nurse. 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 Dunottar 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 iSAMS, 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 health care plan 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.



### **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 gym, 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 Dunottar 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**

- Dunottar 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 gym, science laboratories, DT workshops and art studios. The Health Centre, which is staffed by a Registered 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.
- Dunottar 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 iSAMS. 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.



# Appendix 9

## Procedure for Management of Head Injuries

The following has been developed in accordance with:

- NICE clinical guideline 56 - Head Injury
- World Rugby Concussion Guidelines
- RFU Guidelines for schools and colleges
- Child-SCAT3 – Sport Concussion Assessment Tool
- SBNS – Concussion Guidelines for the Education Sector

### Background

Injuries to the head can occur in many situations in the school environment, when a pupil's head comes into contact with a hard object such as the floor, a desk, or another pupil's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE.

Concussion is a disturbance of the normal working of the brain without causing any structural damage. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck.

It is important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head.

The risk of injury is dependent upon the velocity and the force of the impact, the part of the head involved in the impact and any pre-existing medical conditions.

Symptoms may not develop for several hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury.

Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head soon after a prior, unresolved concussion, can have serious consequences. The subsequent injury does not need to be severe to have permanently disabling or deadly effects.

A return to sporting activity before complete resolution of the concussion exposes the player to the risk of recurrent concussions which can occur with ever decreasing forces. There are concerns that repeated concussion could shorten a player's career, interfere with academic performance, and may have some potential to result in permanent neurological impairment.

Players must be encouraged to report any suspected injury and to be honest with themselves, parents, coaching and medical staff for their own protection.



## Measures to reduce risk of head injury/concussion

The Health & Safety team (HS&S) will ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Pupils should be healthy and fit for sport
- Pupils are taught safe playing techniques and expected to follow rules of play
- Pupils should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Pupils always wear the right equipment for each sport. These guidelines will be given to parents by the school.
- Staff are to ensure all pupils are wearing the right equipment before play starts.
- Equipment should be in good condition and worn correctly.
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or with suspected concussion.
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and are able to summon immediate medical assistance.
- All coaching staff are able to recognise signs and symptoms of concussion and are vigilant in monitoring players accordingly.
- Accident/Incident forms are completed promptly and with sufficient detail.
- Every head injury/concussion is taken seriously.
- If in doubt, sit them out.

## Symptoms of Concussion

Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slow to follow instructions or to answer questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech



- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Slurred speech
- Weakness or numbness in a part of the body
- Inappropriate emotions, such as irritability or crying

### Managing a head injury during sporting activity

- Remember Basic First Aid and check for possibility of a neck injury
- Players suspected of having a head injury/concussion must be removed from play immediately and not return
- Any pupil with a suspected head injury/concussion should be monitored and not be left alone
- Appropriately trained First Aiders are on site during all matches and training sessions. All coaches are to adhere to the guidelines as set out in this policy
- It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed.

### **IF IN DOUBT, SIT THEM OUT**

#### Criteria for referral to an emergency ambulance service

- Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).
- Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
- Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).
- Any seizure ('convulsion' or 'fit') since the injury.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high energy mechanism).



- The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).

## Protocol at Dunottar School

- Fully stocked first aid bags are provided for matches.
- To be seen by the school nurse or by a qualified first aider for injuries to be assessed and treated.
- Ensure a safe environment for treatment/assessment.
- Decision to be made regarding the need for an ambulance, further assessment or treatment.
- In the event of a pupil sustaining a head injury, the Parents/Guardians should be informed immediately.
- The Health Centre should be informed by phone or email and the incident/injury documented on iSAMS.
- The staff member on duty or witnessing the injury/incident should complete a description of events on an ARMS report.
- If required, the pupil should be seen by a medical professional to assess the extent of the injury, more symptoms may develop in time.
- Once we have a diagnosis and assessment the Concussion/RTP guidelines can commence. A pupil with a suspected Head Injury or Concussion will not be allowed back to play sports until they have completed the RTP guidelines and are free of symptoms.
- Pupils should have complete rest until symptom free. Once symptom free they should have a relative rest period for a minimum of 14 days from the injury.

**This applies to injuries sustained outside school, as well as during school hours.**

- All those having sustained a head injury but considered well enough to go home.
- Anyone sustaining a head injury will not be allowed to travel home unaccompanied by either school or public transport, and alternate arrangements must be made.
- All head injuries must be recorded on ARMS and RTP report for monitoring and review.
- It is recommended that any individual suffering a head injury or concussion should avoid the following initially and then gradually re-introduce them:
  - Reading
  - TV
  - Computer games/phone/handheld devices

It may be reasonable for a pupil to miss a day or two of academic studies but extended absence is uncommon.

Any pupil sustaining a concussion type injury may be excluded from all contact sports for a period of 23 days, with reassessment during that period. Return to play will not be permitted unless the GTP guidelines are followed.



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## Concussion and School Studies

Once symptom free at rest, pupils should undertake a graded return to academic studies. Consideration should be given to a managed return to full school days and gradual reintroduction of homework.

The child must be off all medication that may modify symptoms.

In a small number of cases, symptoms may be prolonged, and this may impact on the child's studies. In such cases, an early referral back to their GP is advised.

Form tutors should liaise with the parents to ensure support is put in place to aid learning and a full recovery.

## Return to play after concussion

Pupils are monitored and staff will liaise with parents to ensure a safe return to full academic and sporting activities.

**Follow the U19 and GRTP guidelines below as a guide. Each child's pathway must be arranged individually to ensure a safe recovery and graduated return to play.**

Children should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and extremely young players.

Children who struggle to return to their studies or persistently fail to progress through the GRTP because symptoms return, should be referred to their GP.

Children who sustain two or more concussions in a 12 month period should be referred to their doctor for a specialist opinion in case they have an underlying predisposition.

**The majority (80-90%) of concussions resolve in a short (7-10 days) period.**

**This may be longer in children and adolescents and a more conservative approach should be taken with them.**

During the recovery time the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered this may result in:

- Prolonged concussion symptoms.



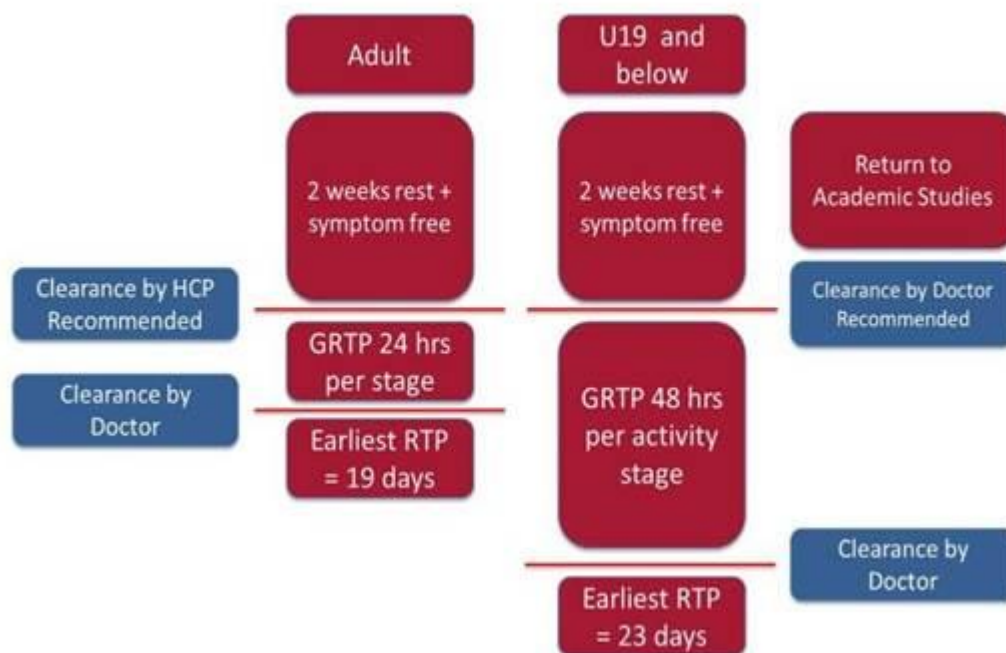
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- Increased risk of developing Post-Concussion Syndrome (PCS) with symptoms lasting over 3 months.
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders in later life.
- Further concussive event being FATAL, due to severe brain swelling – known as second impact syndrome.

### What should players do to return to play (RTP)?

The routine return to play pathway is shown in the diagram below:



A player's age is deemed to be their age as at 1<sup>st</sup> September.

This policy has been developed in accordance with:

- **NICE clinical guideline 56 - Head Injury: Triage, assessment, investigation and early management of head injury in infants, children and adults.**

<http://www.nice.org.uk/guidance/CG56/NICEGuidance>

- **World Rugby, Concussion Guidelines**

<https://playerwelfare.worldrugby.org/>



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- **Rugby Football Union, HEADCASE Concussion Awareness Programme**

<https://www.englandrugby.com/my-rugby/players/player-health/concussionheadcase/>

- **Society of British Neurological Surgeons, 'Concussion Guidelines for the Education Sector' can be downloaded at:**

<https://www.sbns.org.uk/index.php/policies-and-publications/protocol-andguidelines-2/>

- **Child SCAT 5: Sport Concussion Assessment Tool. Ages 5 to 12**

<https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017097492childscat5.full.pdf>



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# Appendix 10

## 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 Health Centre. 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 a 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.

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. 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 storage of any other emergency medication will be agreed with parents on an individual basis.

### **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 who become unwell in the course of the school day. Parents are asked to indicate consent in writing when their child joins Dunottar School that they may be given these medicines as required. Only the School Nurses or first aid trained members of staff are authorised to administer these medications.

### **Current Stock Items are:**

- Paracetamol tablets/suspension/syrup
- Ibuprofen tablets/ suspension
- Throat Lozenges
- Antihistamine tablets

All occasional medication given in School is recorded on ISAMS indicating the dose, strength and time of administration.

### **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 Health Centre. Medicines such as methylphenidate (Ritalin) must be stored in a double locked cupboard (in The Health Centre) in accordance with the Dangerous Drugs Act.

Emergency medications are stored in the Health Centre. However, some medication must be readily accessible 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 Head, School Nurse, parents and the pupil. Spare adrenaline injectors for the severely allergic pupils are kept in clearly marked boxes in the Health Centre 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**

All first aid trained members of staff are authorised to administer medication and adrenaline injectors if required.

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 Consent Form.)



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# Appendix 11

## 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.

Dunottar 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 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 Health 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.



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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.

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 Health Centre door is always open.



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## Document Information

Version Number	8
Reason for Version Change	Annual Review
Name of owner/author	John Weiner, Deputy Head, in conjunction with School Nurse
Name of individual/department responsible	Carrie Allison, School Nurse
Name of LGB member responsible	Ginevra Stoneley
Reviewed by LGB	March 2026
Target Audience	Public
Date issued	March 2026
Review Date	March 2027

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<sup>1</sup> These refer to near misses and undesired circumstances. Near miss = an event that, whilst 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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