

FIRST AID AND MEDICAL TREATMENT

Policy applies from EYFS to Sixth Form and to all Staff	
Date policy reviewed:	16.04.2024
Date of next review:	30.11.2024
Version:	09.24 v1
Author:	Mr Chris Collins

Version	Date	Paragraph	Material change	Approval
11.22 v1	30.11.2022	All 3 10 and Appendix G	General update of the policy, including the insertion of references to when Operoo is used. Paragraph re. Year 7 interviews deleted. Section dealing with concussion removed. Head injuries to now be dealt with under the Head Injury and Concussion policy.	Mr Luke Goodman
03.23 v1	01.03.2023	Appendix C	Updated.	Mr Luke Goodman
05.23 v1	15.05.2023	N/a	No material amendments.	Mr Luke Goodman
07.23 v1	05.07.2023	16.1	Paragraph updated re. the location of pupil's adrenaline auto injectors. Appendices D, E and F deleted.	Mr Luke Goodman
04.24 v1	16.04.2024	All	Policy re-drafted.	Mr Chris Collins
09.24 v1	11.09.2024	14.2 and 16 Appendix 2	Updated re. how the School communicates with parents. First Aid kit no longer kept at Coombe Dingle. Kit carried by staff and pupils instead.	Mr Chris Collins



Clifton High School is committed to child protection and safeguarding children and young people and expects all staff, visitors, and volunteers to share this commitment.

Related Policies

- Admissions
- Allergy
- All Child Protection and Safeguarding policies
- Data Protection
- Data Retention
- Educational Visits
- EYFS First Aid
- Head Injury and Concussion
- Mental Health

1. Introduction

Clifton High School takes its responsibility for the health and well-being of its pupils, staff, visitors, and volunteers very seriously. It is an inclusive community that aims to support and welcome all staff and pupils, including those with medical and health conditions and allergies.

This policy sets out the objectives and arrangements for first aid provision for on-site and off-site School activities in compliance with the Health and Safety (First Aid) Regulations 1981 (amended 2013). It also sets out the School's arrangements for giving medical treatment to pupils.

This policy and the School's first aid provision have been informed by a first aid risk assessment which is reviewed on an annual basis.

The School's first aid provision is available to all people on the School site, and therefore where this policy refers to "pupils" and such reference relates to first aid provision, it applies to any person on the School site, as far as is reasonably practicable.

2. Aims

The aims of this policy are to ensure that:

- First aid provision is available at all times on the School premises, at Coombe Dingle and at sports fixtures and educational visits.
- Appropriate medical provision is available on the School premises.
- First aid kits are suitably stocked and kept at appropriate locations on the School site, in minibuses and are taken to all off-site activities and educational visits.



- All staff understand their duty of care to pupils and are fully informed with regard to the School's first aid arrangements.
- Written records are maintained of all injuries (including reportable injuries), diseases and dangerous incidents which require a first aid response and data is analysed.

3. Review

The Deputy Head, Pastoral together with the Medical Team will review the School's first aid needs, its first aid risk assessment and this policy on an annual basis, or sooner, if new legislation is passed or DfE guidance is issued, to ensure that the School's provision is appropriate. The risk assessment will identify how many trained and qualified first aiders are required, what training they should receive, how many fixed and portable first aid kits are required and where they should be located. Where minimum numbers of qualified first aiders are set, these will be monitored by the Medical Team who have overall responsibility for managing training to ensure that the School's first aid requirements are being met.

4. The Medical Team

- At least one qualified member of the Medical Team is on duty during school hours. However, on occasion that person may not be available, in which case pupils will be directed to the School Office who will contact a qualified first aider.
- All members of the Medical Team are qualified first aiders and two members are registered nurses who are qualified to give paediatric and adult medical treatment.
- Out of School hours, the member of the Senior Leadership Team on duty is responsible for first aid.

5. Staff responsibilities

- Members of staff are not contractually required to give first aid, but the School invites members of staff volunteer to be first aiders. All staff are however have a duty of care to pupils and are expected to use their best endeavours at all times, particularly in emergencies, to ensure pupils' health and welfare.

6. First aid training

- A member of the Medical Team is responsible for ensuring that all relevant members of staffs' first aid training is kept up to date, and that the list of qualified first aiders is kept up to date on SIMS.
- Green Emergency First Aid posters list staff members who are first aid trained. These posters are displayed on noticeboards in each room and are updated by the Medical Team and the School Office annually.
- The School's EYFS setting is required to have at least one Paediatric First Aid trained member of staff in the setting (and on outings) and available at all times.



7. Information

- Parents are required to complete a paper medical form on their child's admission to the School, and to update the information the School holds when medical information changes, by completing a Pupil Medical Information Form on Operoo. A member of the Medical Team then inputs the information into SIMS.
- The Medical Team notifies class teachers/tutors and the Executive Chef by email of any pupils with serious medical conditions such as anaphylaxis and will provide staff with advice and information for dealing with specific medical conditions particular to the needs of the pupils in their care.
- If a pupil receives first aid or medical treatment at the School, their parents will be informed by email or telephone on the same day as the incident or medical treatment, or as soon as reasonably practicable after.
- If a pupil has suffered an injury outside of school (including a head injury) or has been given paracetamol, ibuprofen or any other medication that morning which the School has not previously been informed of, then their parents must notify the School prior to their child arriving at School by emailing medical@cliftonhigh.co.uk.

8. First Aid Kits

- First aid kits are placed at various locations across the site (Appendix A). The School also has first aid kits in the School minibuses, for sports (which are kept in the Sports Department), Adventure School (which are kept in the Gate House) and for educational visits (which are kept in the Medical Room). First aid kits are taken by a member of staff whenever pupils go off site.
- First aid boxes are supplied and equipped to HSE standards (Appendix B). First aid kits for all off-site activities contain sickness bags and body spills kits, and first aid kits for sports contain extra ice packs, plasters, an inhaler and stronger tape.
- First aid kits (with the exception of the sports first aid kits) are checked and restocked by the Medical team once a term. The sports first aid kits are maintained by the Sports Department and are checked by them once a term and re-stocked by the Medical Team.
- If staff members use items from these kits, they should notify the Medical Team in a timely manner so that stock can be replenished in between the termly checks.

9. Defibrillator

- There is an Automated External Defibrillator (AED) in the School Office and in the lobby area of the Sports Complex. The AED closest to the person in cardiac arrest should be collected and taken to them.

10. Illness at School - dealing with pupils who feel unwell

- Parents are encouraged not to send their children into School if they are unwell.
- If a pupil becomes unwell during the School day, the following procedure will be followed:



- Infant School children will be taken to the Medical Room by a supervising adult. Pupils in Year 3 to Sixth Form can make their own way there if they are well enough.
- Depending on the nature of the pupil's condition, the Medical Team will either care for the pupil in School, will contact the parents and arrange for the pupil to go home, or will arrange further medical attention.
- If a pupil needs further medical attention, the Medical Team will contact the pupil's parents as soon as possible. If a parent cannot be contacted or the parent will not be able to arrive at School quickly enough, the pupil will be accompanied by a member of staff who will act in 'loco parentis'.
- The School Office will be informed if a pupil is staying in the Medical Room for any length of time (unless accompanied by their teacher or teaching assistant) and when the pupil either returns to class, goes home or goes off-site for further medical attention.
- The Medical Team keeps a record of any visit to the Medical Room and logs each visit on SIMS.

11. Common infectious illnesses and diseases and public health

- Parents and staff should consult the exclusion table in Appendix C provided by the UK Health Security Agency (2022) for advice on exclusion from school for pupils with common infectious illnesses/diseases.
- Pupils and staff with diarrhoea or vomiting should be excluded from School until 48 hours after symptoms have stopped and they are well enough to return, or 48 hours after a full course of medication has been completed and symptoms have stopped.
- The Medical Team will report any case of infectious disease in a pupil or staff member to the local Health Protection Team (**HPT**) as soon as possible.
- The School will follow government guidelines for national or global illness, endemic, epidemic or pandemic.
- Further information relating to specific health issues will be communicated to parents via the Parents' Bulletin.

12. Statutory Vaccinations

- Standard childhood immunisations and vaccinations are given via pupil's General Practitioner (GP)/Primary Care Team in the community. However, the following immunisations are offered via the Department of Health within School:
 - all pupils in Year 8 are offered the HPV vaccination (2 vaccinations 6-24 months apart) against the human papillomavirus;
 - all pupils in Year 9 are offered a Meningitis ACWY and Diphtheria, Tetanus and Polio (DTP) immunisation; and



- the flu immunisation is offered annually for children in the Infant School, the Junior School and Years 7 to 9, although this may be subject to change according to the local Community Health Team.
- The Medical Team liaises with nurses in the local Community Health Team who come into School to administer the vaccinations, which are given as per the recommended guidelines. The Medical Team will host and co-ordinate these vaccinations.

13. Pupils with particular Medical Conditions

13.1 Information

- Parents of a child with a diagnosed medical condition should contact the Medical Team at the time of diagnosis or on admission to the School to arrange a meeting to discuss the child's specific needs. It is the parent's responsibility to inform the Medical Team using the Pupil Medical Information Form in Operoo should there be any change to the child's condition.
- Depending on the nature of the medical condition an individual health care plan (**IHP**) may be drawn up, in collaboration with the Medical Team, parents and class teacher/tutor.
- Teachers of pupils with medical conditions are briefed and IHP's are shared with them.
- Medical alert posters detailing pupils with a serious medical condition are displayed in both staff rooms, the Medical Room, the School Office, ASAC and the Dining Hall.
- Pupil's IHP's are reviewed and updated annually or earlier if the School is alerted to changes.

13.2 Management and Treatment

- The School's procedures relating to anaphylaxis, asthma, diabetes and epilepsy are set out in Appendix D.
- It is imperative that there is no delay in the administration of an Adrenaline Auto-Injector (**AAI**) if a member of staff notices any of symptoms of an anaphylactic reaction. If the pupil is unable to administer the AAI themselves, it may be administered without the presence of a member of the Medical Team, however the Medical Team should be called as soon as possible.
- The School is an allergen aware school and takes all allergens seriously. The School does not allow the following ingredients on the School site: nuts, peanuts, sesame seeds, sunflower seeds and pumpkin seeds. If a pupil has an anaphylactic allergy to another food product, the Medical Team will put in place similar measures to those for nut allergies.

13.3 Training

- If the Medical Team believe it is necessary, training will be given to teachers of pupils who have particular medical conditions.



- All teachers of pupils with anaphylaxis are offered an online training course on how to use the AAI's and training devices are available within the Medical Room for hands on training.
- A record of which members of staff have received first aid training is held on SharePoint and a record of staff who have received training for specific medical conditions is held on Operoo.

14. Administration, Storage and Disposal of Medication

14.1 Role of parents and consent

- If a pupil needs to take medication while at School (other than medication taken for specific medical conditions, the procedure for which is set out in Appendix D), parents should:
 - fill in and sign a:
 - Consent for the Administration of Medication Form on Operoo; or
 - Consent for the Administration of Medication Form on an Educational Visit on Operoo if their child requires medication while on an educational visit;
 - put the medication in its original packaging stating the pupil's name, and expiry date, and in the case of prescribed medication, the prescriber's instructions (dosage and frequency). Prescription medicines will not be administered unless they have been prescribed for the pupil; and
 - if their child is in:
 - the EYFS, Infant School or Year 3 or 4, give the medication to the member of staff on the gate in the infant playground;
 - Year 5 or 6, give the medication to the member of staff on the gate in the infant playground or to a member of staff in the School Office; or
 - the Senior School, instruct their child to give the medication to a member of staff in the School Office or to the Medical Team.
- Consent for the Medical Team to give paracetamol, ibuprofen, antihistamine, deep heat, bonjella, antacids, throat lozenges, cough linctus and emergency treatment if the need arises is obtained from all parents on the medical form completed on admission to the School.

14.2 Administering medication

- If a pupil is given medication, the Medical Team will record the medication both on the Medication Record Card and in the daybook. If the pupil is in the Hive to Year 11, an email will be sent to the pupil's parent or (if appropriate), a telephone call will be made. Students in the Sixth Form will be told what medication they have been given, the dosage and the time.



- Occasionally pupils may be allowed to self-medicate but parents must complete and sign the Consent for Self-Medication Form via Operoo.
- If it is necessary for a member of staff to administer medication to a pupil on an educational visit that has not been consented to by their parents in either the medical form (on admission) or in the Administration of Medication Form on an Educational Visit, the member of staff will contact the parents to obtain consent. If medication is administered during an educational visit, the member of staff will complete an Educational Visits Medication Record Card.
- If a pupil refuses to take medication provided by their parent, it will be recorded, and the parent informed as soon as possible.

14.3 Storage of medication

- All medication is held in lockable cupboards or in the fridge in the Medical Room (except for pupils' emergency medication which is always kept accessible).
- Out of date medication will be sent home at the end of each term.

15. Dealing with injuries

15.1 Minor injuries

- Anyone who suffers minor injuries should be given suitable first aid by a member of staff on the spot and if necessary (and if the incident happens on the School site), sent to the Medical Room as soon as possible for treatment.

15.2 More serious injuries

- If the injury is more serious, first aid should be commenced on the spot by a qualified first aider and the Medical Team should be called immediately (if the incident happens on the School site).
- If necessary, emergency services will be called by the Medical Team. The School Office will be informed so that a member of staff can be sent to direct the ambulance to the correct entrance and to the casualty. If the pupil is not on the School site, another member of staff will call emergency services and direct them to the casualty.
- Parents of the pupil will be informed as soon as reasonably practicable. Should a parent not be able to arrive before the ambulance leaves, then the pupil will be accompanied in the ambulance by a member of staff who will act in "loco parentis".
- If it is believed that an ill or injured pupil can travel to the Emergency Department more quickly than waiting for an ambulance or a parent, and it would be appropriate for the ill or injured pupil to do so, a member of the Medical Team or a member of staff, acting in loco parentis, accompanied by a second member of staff, can transport them using their own vehicle. The member of staff would be covered under the School's occasional use insurance provision. On the day the emergency occurs, the Finance Department should be notified.



- Support must be given to staff who have dealt with a serious injury.
- The Medical Team will report all serious injuries in the School's accident form, and will include witness accounts. Copies of the forms will be stored in the medical section of SharePoint and the Estates and Operations Director will be notified as soon as possible. If the incident involves a maintenance issue, then a copy is also sent to the Estates Department.
- If a pupil has gone to hospital as a result of an incident that has occurred at the School, a member of the Medical Team will contact the pupil's parent the next day for an update and will keep the pupil's Class Teacher/Tutor/Head of Year informed.

16. Head Injuries

- All children who suffer a head injury at the School should initially be seen by the Medical Team or a qualified first aider who should follow the Head Injury and Concussion policy.
- After any head injury, regardless of severity, the pupil's parents will be informed by email, with an attachment containing NHS guidance on concussion. When serious signs and symptoms are present and further medical attention is needed, the parents will be contacted as soon as possible. A member of the Medical Team will inform the pupil's teacher or tutor of the head injury, if deemed necessary to do so.
- If a member of the Medical Team believes that a pupil needs closer supervision, the pupil's parents will be contacted to collect the pupil from school and will be advised to seek medical advice.

17. Overdose and poisonings

- In the event of a suspected overdose or poisoning, the Medical Team should be called to the location of the pupil immediately.
- The Medical Team will establish what substance was taken, how much and when, by asking the casualty, and if the casualty is unable to answer, by asking friends or anyone present. They will then carry out an initial assessment to decide whether further medical treatment is required.
- The parents should be contacted as soon as practicable.
- In a non-emergency situation, the pupil should be escorted to the Medical Room, or a member of the Medical Team will come to the pupils' location with the first aid kit. An assessment of the pupil should be made and monitored for any deterioration of condition.
- An ambulance should be called if the pupil has collapsed and is unresponsive. There is an Automated External Defibrillator (**AED**) in the School Office and in the Sports Complex. The AED closest to the pupil should be collected and taken to them.
- All pupils who have taken an overdose or suffered a poisoning should be taken to the Emergency Department. The Medical Team will make an assessment as to whether an ambulance is required.



18. Alcohol and Drugs

- If a pupil is suspected of being under the influence of drugs or alcohol on the School site or at an off-site School activity, the School must act to safeguard the pupil and those around them.
- In all circumstances, the Medical Team should be contacted (or a member of the Senior Leadership Team if it is outside of school hours). If necessary, it should be dealt with as a medical emergency, administering first aid, and summoning appropriate support.
- Parents will be contacted and depending on the circumstances, the police may need to be contacted.
- If the pupil is felt to be at risk the Child Protection Safeguarding Policy will come into effect and social services may need to be contacted.

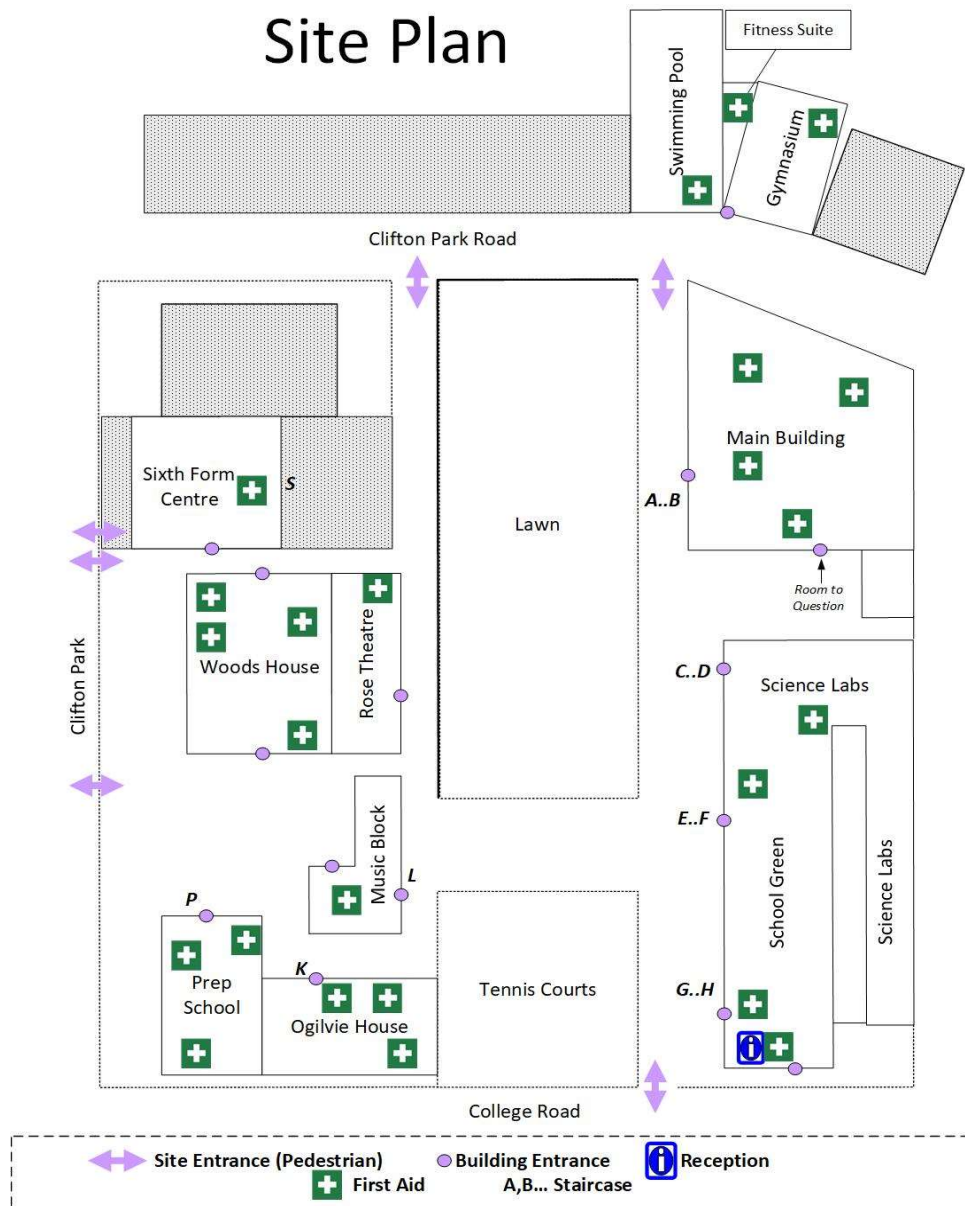
19. Body Spills

- All body fluid spillages (blood, vomit, urine, excrement, saliva, nasal, and eye discharge) and materials used in cleaning the area should be treated as “clinical waste” and disposed of appropriately.
- The janitor is trained in the cleaning of all body fluid spills and is on call throughout the School day, and is contactable on a School mobile phone, to carry out specific cleaning of a body fluid.
- Body spills kits are provided alongside first aid kits by the Medical Team to be taken on day and residential visits.

20. Records and analysing data

- The Medical Team keeps a record of any visit to the Medical Room and log each visit on SIMS. The Medical Team will analyse the data to see if there are any recurring patterns or trends and will report the findings to the Estates and Operations Director who will then present the findings to the termly Health, Safety and Wellbeing Committee meeting.

Appendix A
Map of location of first aid boxes



School Office 0117 973 0201
schooloffice@cliftonhigh.co.uk

College Road, Bristol, BS8 3JD
cliftonhigh.co.uk

Admissions 0117 933 9087
admissions@cliftonhigh.co.uk



Appendix B First Aid Box Contents

First aid kits
• Leaflet giving general advice on First Aid
• 20 assorted individually wrapped plasters
• 2 large and 2 medium individually wrapped sterile wound dressings
• 1 x adhesive tape
• 1 x individually wrapped triangular bandage
• Nonsterile gauze
• 8 x Sterile wipes
• 4 x Sterowash
• 2 x bandages (small and large)
• 1 x resuscitation face shield
• Accident record sheet
• Disposable gloves and yellow bag for waste
• Cold compress
• Tissues
• Sanitary Pads

Appendix C
Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended. Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken pox	At least five days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local health protection team (HPT)
Respiratory infections including COVID-19	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and pupils can return 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if many children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen



Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice.
Impetigo	Until lesions are crusted /healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.
Mumps*	Five days after onset of swelling.	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the

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		event of two or more suspected cases, please contact local health protection.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB). Exclusion not required for non-pulmonary or latent TB infection). Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

Appendix D
Guidance on specific medical conditions

Anaphylaxis	
Information to be provided by parents	Phone call with parents on admission to discuss the pupil's IHP. Parents to give Allergy Action Plan to the Medical Team. Parents must update the Medical Team if there are any changes.
Medication	2 AAIs (and antihistamines and a reliever inhaler if required) will be kept at School with the pupil.
Location of medication (and pupil's spare medication)	AAI's kept as set out in the table below " Location of medication at School and off-site ". Some pupils keep a named third AAI in the Medical Room.
Spare emergency medication	Spare AAIs are kept in the Medical Room, the medical bag, the School Office and the Dining Hall in accessible and clearly marked locations. The spare can only be used by pupils on the anaphylaxis register whose parents have consented to its use in their Allergy Action Plan.
Medical alert register and list, and catering arrangements	The Medical Team maintains an anaphylaxis register for pupils. A list with photographs of pupils who carry AAIs, the likely triggers, signs and symptoms and a course of action is displayed in the Medical Room, the School Office, Dining Hall, ASAC and in each staff room. The register and lists are maintained by the Medical Team.
Off-site activities	Visit leader/sports staff are responsible for checking SIMS and the medical alert list to see if any pupils are on the anaphylaxis register, and for ensuring that they/the pupil have 2 AAIs with them when they leave the school site. There is a reminder in the School minibuses.

Diabetes

Information to be provided by parents	<p>Phone call with parents on admission to discuss the pupil's IHP.</p> <p>Parents must update the Medical Team if there are any changes.</p>
Medication	<p>Pupils either have an insulin pump or use insulin pens. Hypo kits are provided by parents containing food to treat low blood sugar level.</p>
Location of medication (and pupil's spare medication)	<p>Hypo kits and insulin pens are kept as set out in the table below "Location of medication at School and off-site", with the exception of hypo kits, which are carried by Junior pupils and not their teacher.</p> <p>The Medical Room may be used for injecting insulin or testing blood sugar levels if required and for storage and disposal of insulin and sharps.</p>
Spare emergency medication	<p>The School is able to store spare insulin pens (provide by pupils) in the Medical Room.</p> <p>Spare hypo kits are kept in the Medical Room and spare snacks are kept in the Sports Department first aid kit which is taken to Coombe Dingle.</p>
Medical alert register and list, and catering arrangements	<p>The Medical Team maintains a diabetes register for pupils.</p> <p>A list of pupils with diabetes is displayed in the Medical Room, the School Office, Dining Hall, ASAC and in each staff room.</p> <p>Catering staff will be informed and will arrange any special dietary requirements in consultation with parents.</p>
Off-site activities	<p>Visit leader/sports staff are responsible for checking SIMS and the medical alert list to see if any pupils are on the diabetes register and for ensuring that they/the pupil have their insulin pens and hypo kits with them when they leave the school site. There is a reminder in the School minibuses.</p>

Asthma	
Information to be provided by parents	<p>Parents complete Operoo form detailing their child's asthma plan.</p> <p>Parents must update the Medical Team if there are any changes.</p>
Medication	Inhaler.
Location of medication (and pupil's spare medication)	Inhalers are kept as set out in the table below " Location of medication at School and off-site ".
Spare emergency medication	<p>A clearly marked spare salbutamol inhaler is kept in the Medical Room, the medical bag, the School Office, and in the Sports Department first aid kit which is taken to Coombe Dingle.</p> <p>The spare inhaler can be used by any pupil on the Asthma register.</p>
Medical alert register and list, and catering arrangements	<p>The Medical Team maintains an asthma register for pupils.</p> <p>A list of pupils with asthma is kept in each staff room, the Medical Room and the School Office. The pupil's Asthma Card is kept with this list in the Medical Room. A check list of 'How to recognise an asthma attack and what to do in the event of an asthma attack' is posted in each location beside the asthma register.</p> <p>The register and lists are maintained by the Medical Team.</p>
Off-site activities	<p>Visit leader/sports staff are responsible for checking SIMS and the medical alert list to see if any pupils are on the asthma register, and for ensuring that they/the pupil have their inhaler with them when they leave the school site. There is a reminder in the School minibuses.</p>

Epilepsy	
Information to be provided by parents	<p>Phone call with parents on admission to discuss IHP.</p> <p>Parents must update the Medical Team if there are any changes.</p>
Medication	To be discussed with parents.

Location of medication (and pupil's spare medication)	To be discussed and agreed with parents. Medication kept as set out in the table below "Location of medication at School and off-site".
Spare emergency medication	Not applicable.
Medical alert register and list, and catering arrangements	The Medical Team maintains an epilepsy register for pupils. A list of pupils with epilepsy is displayed in the Medical Room, the School Office, Dining Hall, ASAC and in each staff room.
Off-site activities	Visit leader/sports staff are responsible for checking SIMS and the medical alert list to see if any pupils are on the epilepsy register, and for ensuring that they/the pupil have their medication when they leave the school site. There is a reminder in the School minibuses.

Location of medication at School and off-site

Location	Infants	Juniors	Seniors
Classroom	Medicine kept on teacher's desk.	Medicine kept on teacher's desk. Children in Year 6 will be encouraged to carry their own medicine from the beginning of the Summer term, under the supervision of a member of staff.	Pupils to carry own medicine.
Other classrooms/ PE/ Swimming/ Dining Room	Teacher takes medicine with the child.	Teacher makes sure that child takes medication with them. The teacher supervising lunch should hold the medicine whilst the child is in the Dining Hall.	Pupils to carry own medicine, but should be reminded of this, especially when going to the Dining Room/PE/swimming.



Playground	Teacher places medicine in red emergency medication box in the playground during playtime.	Teacher makes sure that child takes medication with them to playtime. Child or member of staff places medicine in red emergency medication box in the playground during playtime.	Pupils may carry their medicine or place it in the red emergency medication box in the playground during breaktime/lunchtime.
Off-site	Teacher takes medicine off-site with the child.	Teacher takes medication off-site with the child.	Pupil takes medication off-site, but member of staff must remind pupil and check that they have medication before they leave the site.

Locations of red emergency medication box

- Infant playground: under the window.
- Junior and Senior playground: outside the Head of School's office



Additional support resources for Clifton High Pupils and Parents are linked below

CAMHS - www.camhs-resources.co.uk

This site was created for young people, pooling together lots of helpful resources that are available to help support their mental health and wellbeing.

OFF THE RECORD - <https://otrbristol.org.uk>

Off the Record (aimed at 11-17-year olds) is continuing to provide online support sessions to help young people navigate through the coronavirus outbreak.

YOUNG MINDS - <https://youngminds.org.uk>

Young Minds now have a section on their website dedicated to coronavirus and mental health support for young people and their families at this time. This includes blogs on coping with OCD during the pandemic, looking after mental health whilst self-isolating and talking to your child about the coronavirus.

KOOTH - <https://kooth.com>

An online counselling service for 11-19-year old's, with qualified counsellors available for 1:1 sessions.

GRIEF ENCOUNTER - <https://griefencounter.org.uk>

Supporting bereaved children & young people deals with ways of how to deal with young people if they have lost a family member, and how to say goodbye if attendance at a funeral is not possible.