



GOSDEN HOUSE SCHOOL ACCESSIBILITY PLAN

Gosden House School recognizes and values the contributions that parents, carers, governors, and other members of the community can make. We will endeavour to encourage the wider community to understand the aims and vision of the school and to involve them wherever possible.

Provision of information in other formats - *We will endeavour, wherever possible, to provide information in alternative formats when required or requested. Examples of this are by using email, royal mail, enlarged print versions, audio tapes, translations, and symbolled text. Adequate prior notice would be required through the school office.*

Accessibility to premises - *To continue to ensure that the school building and grounds are accessible to the extended school community, pupils, staff, governors, parents, and community members as far as reasonably possible.*

Gosden House School - Medical Policy

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Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) **Short-term**, affecting their participation in school activities in which they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

School Ethos

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the school is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Gosden House School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) might need.

The Children and Families Act 2014 places a duty on schools to arrange for children with medical conditions. ***Pupils with medical conditions have the same right to admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.*** However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals, and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimize disruption to the learning of the child and others who may be affected (for example, classmates).

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional to administer support or prescribed medication.

- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary.
- To respond sensitively, discreetly, and quickly to situations where a child with a medical condition requires support.
- To keep, monitor, and review appropriate records.

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers; ignore medical advice.
- Prevent children with medical conditions from accessing the full curriculum, unless specified in their Individual Healthcare plan.
- Penalise children for their attendance record where this is related to a medical condition.
- Prevent children from eating, drinking, or taking toilet breaks where this is part of the effective management of their condition.
- Require parents to administer medicine where this interrupts their working day.
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Entitlement

Gosden House School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognize that employees have rights concerning supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved;
- Receive appropriate training;
- Work to clear guidelines;
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions;

Expectations

It is expected that:

- Parents will inform the school of any medical condition, which affects their child.
- Parents will supply the school with appropriately prescribed medication, where the dosage information and regime are clearly printed by a pharmacy on the container.

- Parents will ensure that medicines to be given in school are in date and clearly labelled.
- Parents (and staff) will be aware of Surrey County Council policy concerning the incidence of sickness and/or diarrhoea – i.e. any incidence of either condition should be followed by 48 hours of absence from school from the last bout of sickness and/or diarrhoea.
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management, and implications for the school life of that individual.
- Staff will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and can access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler).
- School staff will liaise as necessary with Healthcare professionals and services to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil.
- Transitional arrangements between schools will be completed in such a way that Gosden House School will ensure full disclosure of relevant medical information, Healthcare plans, and support needed in good time for the child's receiving school to adequately prepare.
- Individual Healthcare plans will be written, monitored, and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals.
- It is the Medical Lead's responsibility to ensure that all medical information is shared with the class team and office-based, named first aiders.

Information

There is one medical board in the school located in the school office. Displayed on this board are photos and information about any children with serious medical conditions.

Health care plans of children on the Asthma register, Epilepsy register, ADHD register and Diabetes register are displayed on the board, alongside information on the children who take controlled drugs at school and have known allergies. The information is colour coded so it is easy and quick to access.

All medical conditions are shown on the children's SIMs records and this information is shared with the class teacher and office-based, named first aiders. The class teacher also has a copy of the individual care plans of the children in their class.

It is the class teacher's responsibility to ensure that the class team is aware of the medical needs of the class and that they know where a copy of the SIMs record sheet and any individual health care plans are stored.

It is the class teacher's responsibility to ensure that a copy of the SIMS record sheet and individual health care plans are stored in the class file and that this is easily accessible at all times.

We can refer to the British National Formulary for Children (BNFC) website should we require any key information on administration of medicines used for children. <https://bnfc.nice.org.uk>.

Asthma, Anaphylaxis, and Epilepsy training power points are stored on Staff Share 2025-2026/Medical Guidance/Training Powerpoints.

In an emergency

In a medical emergency, a named first aider should be called. Refer to Medical Emergency Procedure – Appendix 20.

If an ambulance is needed, the member of staff calling the ambulance will:

- Give an outline of the reason for the call and how, if it is an injury, it occurred
- Give details of the child's date of birth, address, parent's name,
- Share other medical information, including any medication details, shown on the class overview sheet and/or healthcare plan.

A member of staff can accompany the child to the hospital if this is deemed appropriate.

Parents will be called/notified, of a medical emergency; however, they do not need to be present for a child to be taken to the hospital.

Medication Journey

All medication should be handed to a member of SLT on arrival to school by the parent, escort, or driver.

The medication is then handed to a member of the class team, who will store it in the medical cabinet or medical fridge.

Each class has a 'being returned home' log-out/log-in form, which is kept in the medicine cabinet – refer to Appendix 16. A member of the class team will hand any medication being returned home to the parent, escort, or driver at the end of the school day. Medication being returned home will be logged out on this sheet.

Any medication **leaving** site **during the school day** will be recorded on the school log-out/ log-in sheet. This information will also be detailed on the 'off-site' visit sheet. The school log-out/ log in sheet is kept in the medical cabinet in the admin office.

Safe disposal of Medicines

Any medication that has expired will be returned to the parents.

If a child has left school or the school is unable to return the parents, then the medical lead will dispose of the medication at the local link pharmacy (Wonersh).

Any medication returned to parents will be recorded on CPOMS under the medical tab. The recorder will identify the name of the medication, the expiry date, and the amount or the number of tablets returned.

Any sharps or needles will be disposed of in the sharps bin kept in the medical cabinet in the main office.

Storage of medication

Every class has a lockable medical cabinet and secure key safe. The code for the key safe is stored in the main office hub and is known by the class team. The medical cabinet only stores medication for that class or tutor group.

It is the class teacher's responsibility to ensure that the names of the students that cannot have pain relief or antihistamine is clearly shown on the inside of the class's medicine cabinet.

Each medical cabinet has a thermometer to monitor check that the room temperature does not rise above 25 degrees Celsius 25 degree Celsius or below is the recommended temperature to store medication safely.

Medication that requires refrigeration will be stored in the medical fridge in the School Office. The temperature of the fridge holding the medication will be between 2–8 degree Celsius. The temperature of the fridge will be checked daily.

It is the person administering the medication's responsibility to check that the medication is in date. Any Medication that is out of date will be returned to the parents or local pharmacy.

All medicines, including controlled medication, pain relief, and antihistamines, will be stored safely in the class medicine cabinet. **Any controlled drugs will be stored on the top shelf of the cabinet. No other medication will be stored on this shelf.**

All medication must be in its original container and be clearly labelled. For prescription medication, the label must have been printed by the dispensing pharmacy with the medication's name, child's name and details, GP's name, date of issue, dosage and instructions, and expiry date. Any controlled drugs will have a POM and CD logo on the packet.

Access to the controlled medication is restricted to the class team or members of the Senior Leadership Team.

Administration of Medication including Controlled Drugs

Parents must complete a permission slip before medication can be administered at school. If medication is sent into school without the permission form signed, a member of staff will call the parent/ carer to seek verbal consent. That member of staff will complete the information required on the permission slip and agree with the parent, that on this occasion only, the medication will be administered at school. The permission slip will be sent home that evening for the parent/ carer to sign and return the next day.

For prescription medication, the label must have been printed by the dispensing pharmacy with the medication's name, child's name and details, GP's name, date of issue, dosage and instructions, and expiry date.

Other medications must be in their original container and date.

The opening date for medications with a shorter life span, such as eye drops, creams, and some liquids must be shown on the medication-recording sheet.

Medication will be administered on Educational Visits, subject to the conditions above, and be included in the risk assessment. Staff supervising the visit will be responsible for safe storage and administering the medication during the visit.

Before administering any medication, the two members of staff will use the six R's checklist, recommended by Nice. They will check that the medication is for the **right person**, it is the **right medicine**, it is being administered via the **right route**, and they are giving the **right dose**, at the **right time**, whilst remembering that the child has a right to **refuse**.

Only school-trained staff will administer the medication, any member of staff can witness the medicine being given unless it is **classified as a controlled drug, in which case, both the administrator and the witness, must have completed the Medicine Awareness Course(MAC). In the event that there are not two MAC trained members of staff available, the person administering the medication will be MAC trained and the witness must have received in-house medicine awareness training.**

The staff trained by the hospital/nurse team are able to administer liquids via a Peg. This does not require two staff members to be present during administration of the Peg feeding.

All controlled drugs will have a POM and CD logo on the packet.

Immediately after giving the medication, the staff administering the medication will return it to the top shelf of the medication cabinet and put the key back in the key safe.

Parents will be notified of any ill effects that the child may have after taking the medication. Any side effects observed will also be recorded on the MAR.

Refer to Appendix 15 for a list of staff that have completed the Medicines Awareness Course for Schools and Early Years (Foundation Level) or school equivalent.

Forms

We use a standardised Medical Administration Record form (MAR) to record any medication given at school – refer to Appendix 1. The two staff members administering the medication must countersign this form. At the end of each term, the MARs will be scanned and uploaded onto CPOMS.

The staff signature log is kept in the medicine cabinet. The staff signature log is a list of all staff, their signature, and initials, who can administer or witness medication being given.

Staff will use both initials when signing against a MAR.

For 'short term' medications such as antibiotics, a photocopy of the MAR will be returned with the medication, to the parent/ carer each day and the class 'Being Returned Home log-out and log-in' sheet will be completed. Refer Appendix 16.

Any child refusing to take the medication in school will not be made to do so, parents will be informed about the dose being missed, and it will be recorded on the medication-recording sheet as refused.

If medicine given is spat out, parents will be informed and it will be recorded on the MAR as spat out. Another dose will not be given. If the medicine is in tablet form, the tablet will be put in a named envelope, stored in the locked medicine cabinet, and returned to the parent in person, or via the escort or driver at the end of the school day.

The school will not administer any medication covertly unless they are in the young person's best interest and a lack of capacity has been assessed by Gillick competence.

Parents are required to complete a Pupil Medication Request form for any medication to be administered at school – refer to Appendix 2.

Parents are required to complete a parent permission sheet for us to administer non-prescribed medication – refer to Appendix 3. Staff will keep a record of any non-

prescribed medication given on the Non-prescribed Medication Record sheet – see Appendix 4.

Epilepsy

Children with epilepsy are identified on the medical boards and each has an individual health care plan. This information is shared with the class teacher and office-based, named first aiders.

It is the class teacher's responsibility to ensure that this information has been shared with the class team and that the individual health care plan is stored in the class file.

See Appendix 6 for a list of staff that has received the Epilepsy Buccal Midazolam training and can administer this drug.

In the event of a seizure, guidance shown on the individual health care plans will be followed.

For those students with a generic plan, the SIMS data sheet is attached.

Asthma:

All children that have been diagnosed with Asthma will have an individual asthma plan in place.

The asthma plan will be shared with the class team, office-based, named first aiders, and copies will be available on the main office medical board and main kitchen board.

Emergency salbutamol inhalers and spacers are stored in the medical cabinet in the main office and the first aid bags in the mini-buses.

Children, for whom written parental consent has been given, or directed by emergency services, will only use the emergency salbutamol inhalers and spacers. If an emergency salbutamol inhaler has been used, the parents will be informed.

Guidance on what to do in the event of an asthma attack and how to recognize an asthma attack is displayed on the medical boards and in each class's medical cabinet – refer to Appendices 9 & 10.

The office-based, named first aiders or staff members that have received Asthma training, can be called to assist and administer an emergency inhaler, as well collecting the emergency inhaler and spacers from the medical cabinet. Before administering, they will check that parental consent is in place – refer to Appendix 8.

Children diagnosed with asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack.

Children that can self-administer their inhalers themselves will be encouraged to do so. The class teacher is responsible for checking that the inhaler is named and accessible to that child at all times.

All children with an inhaler must take them out to PE and on any educational visits, however short the duration.

Usage of the inhalers will be recorded on the MAR. Staff will notify parents, and record on CPOMS, any changes that **are different to** symptoms/ dosage advised on the asthma plan.

The class team is responsible for notifying parents if the expiry date has been reached. Asthma inhalers that are out of date or empty will be returned to parents, or our local, link chemist – Womersley Surgery.

In the event of a child having an asthma attack, guidance shown on their asthma plan will be followed.

See Appendix 7 for the members of staff who have received Asthma and anaphylactic shock training.

Allergies and anaphylactic shock:

Pupils with allergies are identified on the medical boards, information is shared with the class teacher, and office-based named first aiders.

Any child with a prescribed auto-injector will have an individual health care plan.

The individual health care plan will be shared with the class teacher, office-based, named first aiders, and displayed on the medical boards.

Guidance on how to administer an auto-injector has been shared with all classes and is displayed on the medical boards and next to class medical cabinets refer to Appendix 11

It is the class team's responsibility to ensure that the auto-injectors are easily accessible at all times, including outside or other areas of the school. The auto-injectors must be carried in a bag by the accompanying adult.

Auto-injectors are **not to be stored in locked cupboards**. At Gosden House School, unless the medicine cabinet is in direct sunlight, the auto-injector will be stored on

top of the class medical cabinet, always out of reach of the pupils and never in the fridge.

The emergency auto-injectors are stored in the medical cabinet in the main admin office and in a holder on the Medical Office board in the School Office. These can only be administered to the pupils that we have parental consent for or if medical staff following a 111 or 999 call have advised us.

Any member of staff can administer an auto-injector in an emergency to a child with a prescribed auto-injector or advised by the medical staff 111 or 999.

It is the medical lead's responsibility to check that the emergency auto-injector date has not expired.

In the event of a child showing symptoms of an allergy or anaphylactic shock or an auto-injector is given, an ambulance will be called immediately. The child should be encouraged to sit down, stay sitting, and not stand up. Parents should be contacted **after** the ambulance has been called.

Arranging education for children who cannot attend school due to health needs

Providing Medical Evidence

To help identify any adjustments required to be able to make provision for children and young people with medical needs we will request medical evidence from parents about the child or young person's medical needs

All medical evidence will be used to better understand the needs of the child and identify the most suitable provision.

The Statutory guidance published by the DfE, states that the medical evidence determining whether the child or young person is unable to attend school should be provided by a health practitioner such as a consultant, GP or other registered health care professionals e.g. clinical psychologist, specialist nurse.

Where specific medical evidence, such as that provided by a medical practitioner, is not readily available, we will liaise with other medical professionals such as child's GP and consider other evidence to ensure suitable provision can be arranged as soon as possible. We will keep in contact with the child and maintain connection and relationship via arranged home visits or phone calls, letters or Team calls.

Request for Involvement

In the event that the child or young person's school can no longer independently support their health needs and provide a suitable education, the school will contact the Local Authority to consider about putting interim provision in place.

We will make a request for interim provision by completing the Request for Involvement form.

Schools will be informed of the outcome of the Panel within 5 working days of the Panel meeting.

Making Provision

Once the Panel has agreed that support should be provided for a child, a partnership meeting will be arranged by the school

The meeting will include the school, the appropriate council officer, health partners, the parents and the child or young person as appropriate.

At the meeting, a Medical - Student Support Plan detailing the support arrangements required by the child or young person will be agreed.

The plan will outline the amount of education and health provision that will be made that is consistent with the child's needs and any additional support that the family and child or young person will need. Dates of review meetings and how progress will be reviewed will be agreed at this partnership meeting.

Ensuring children in Surrey with medical needs have a good education, where support is agreed, Access 2 Education (A2E) teachers will oversee the provision for pupils in alternative suitable venues, or, where appropriate, in the pupil's home.

Before it is agreed that support can take place in the home, it will be necessary to conduct appropriate risk assessments. This would typically be completed by the Surrey County Council's Access to Education (A2E) service.

Roles of respective parties in supporting children who have long-term medical needs

We will:

- Work with health professionals to maintain a child's attendance and participation at school.

- Maintain an up-to-date Medical Student Support Plan or Individual Healthcare Plan with health professionals that identifies any reasonable adjustments that can be made to maintain attendance and participation at school.
- Where necessary request up to date medical advice from the parent/carer when it is clear a child or young person's health condition is preventing them from attending and participating in school regularly.
- When it is clear a child or young person's health condition is preventing them from attending and participating in school, complete a request for involvement form and providing supporting evidence for the Local Authority to consider making Alternative Provision, host and chair regular review meetings (normally every six weeks); produce action plans and distribute notes of these meetings.
- Provide materials for an appropriate programme of work and work plans.
- Maintain a Medical Student Support Plan or Individual Healthcare Plan (IHP), which records progress made towards a supported return to school.
- To agree and make reasonable adjustments to support maintaining a child's attendance at school.
- Ensure all staff are kept informed of any reasonable adjustments made.
- Ensure the parents/carer are kept informed and included in all decision making around support and provision.
- Ensure the child is kept informed and supported to be involved in all decision making of plans and future planning, in a way that is accessible for their age, ability, aptitude, any special educational needs they may have.
- ensure appropriate arrangements, including entry and invigilation for all examinations are made.
- Provide the child's academic attainment levels including entry and invigilation for all examinations are made.
- Make arrangements with the child for SATs or examinations
- Assess coursework with the child
- Provide a named teacher with whom each party can liaise
- Provide a suitable, appropriate and inclusive working area within the school, where appropriate/necessary
- To request the Local Authority, provide alternative provision where it is clear that the support provided by the school has not secured regular attendance or participation at school. Be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration back into school.
- Ensure that children who are unable to attend school, stay in touch with school via digital learning platforms, school newsletters, school social

media about school social events and are given opportunities to participate, for example, in homework clubs, study support

- Encourage and facilitate liaison with peers, for example, through visits and videos.

Where able the child or young person's role is to:

- fully engage with support provided
- help school and professionals understand the help they might require to attend school
- be prepared to communicate their views
- attend necessary meetings if appropriate
- prepare to participate in learning at the earliest opportunity.

The parents/carers' role to:

- engage with a plan of reintegration back to education and learning at the earliest opportunity
- access and share medical evidence or advice from Health Professionals with the school regarding the child or young person's medical condition.
- be willing to work together with all professionals involved in the child's care.
- provide early communication if a problem arises or support is needed
- maintain communication at school.

The Local Authority role is to:

- Keep a record of all CYP's with long term medical needs that have been notified to the council.
- Ensure that children or young person's needs are channelled through the appropriate professional support pathways to, for example, Area SEN Teams and Early Help Services
- Ensure that an appropriate professional is assigned to each child or young person, to act as the case co-ordinator.
- To consider referrals from school for children or young people who are medically unfit to attend school.
- To make education provision for children or young people who are medically unfit to attend school.
- To support reintegration back into an educational placement.

The health professional's role is to:

- Outline the support required being provided to the child to meet their medical needs – information will detail any diagnoses, treatment plan, detail of all health professionals working with the child or young person,

detail of further referrals to Specialist Health Services to support the child or young person, named professional overseeing child or young person's care.

- Contribute to development of child or young person's Individual Health Plan.
- Contribute to the decision making around the support required to support children or young people into interim alternative provision.
- Contribute to and provide updated evidence to support the review of child or young person's provision.
- Provide training to school staff in a timely manner / sign off competencies, where appropriate.

Other agencies role:

Any services working with the child or young person and family would be expected to contribute to the support planning. Services will do this by:

- Attending review meetings if possible
- Providing written reports where necessary
- Give appropriate advice and support

The Designated Clinical Office (DCO) Team support schools and parents in coordinating with appropriate health providers to facilitate the development of individual healthcare plans and Student Support Plans.

Pupils with Chronic Conditions

For pupils with conditions such as Myalgic Encephalopathy (ME)/chronic fatigue syndrome, (CFS) Juvenile Arthritis, Sickle Cell, Crohn's Disease (please note that this is not an exhaustive list), or pupils diagnosed with similar conditions, the provision put in place will be guided by the medical advice provided by relevant professionals.

This may include, for example, periods of school attendance, periods of rest, periods of 1:1 tuition at home or on-line learning.

Pupils with Mental Health Concerns

We will discuss with the family and child or young person any considerations or adaptations that would help enable them to access learning. We will adopt a flexible approach to reintegrate pupils back into school and to work closely with services, for example children and young people's mental health service, Mindworks and Education Psychology Service to build individual packages of support for a child or young person's engagement in school.

Emotionally Based School Non-Attendance (EBSNA)

In Surrey, EBSNA is a term used to describe the difficulty children and young people experience in attending school due to emotional reasons, such as stress, anxiety and / or feeling overwhelmed. This can result in prolonged periods of absence from school.

At the earliest opportunity, we will work with the child and parents or carers to identify any adjustments that could be made to support maintaining regular attendance at school.

We will consult with our linked Primary Mental Health Worker in the first instance, as well as their School Nurse, for advice and support to guide us on what we can do to help and support the child and/or family.

Homely Remedies (non-prescribed medication)

Only staff that have participated and passed the Medicines Awareness Course for Schools and Early Years (Foundation Level) will administer non-prescriptive medication, and only when they have written consent from the pupil's parent or carer.

All non-prescribed medication will be recorded on a Non-Prescribed Medication Class Record (refer to appendix 4) details will be uploaded onto CPOMS, and parents will be informed via the home/school book, email or a telephone call.

Examples of non-prescribed, over-the-counter medicines are acetaminophen (pain relief), aspirin, antacids, decongestants, antihistamines, and laxatives.

Pain relief will not be administered before noon, without seeking consent from the parent/ carer first.

It is the parents/ carer's responsibility to ensure that any non-prescribed medication sent to school, does not influence or affect other medication the child may be taking.

It is the parent's/ carers duty to inform the school if a child suffers any adverse effect from any medication given.

Aspirin will not be given to any child under 16 years old.

Automated External Defibrillators (AEDs)

We have two defibrillators on site. These are open for community use and are registered through Circuit. One is stored in the entrance to the school via the main playground. The other is stored in the labelled cupboard in the kitchen of the KS4 (Junior House) building.

The battery of the Defibrillator is checked regularly and the pads are in date.

We have a Defibrillator protocol in place which has been shared with staff shown in Appendix 18.

Cardiac arrest

A cardiac arrest is a life-threatening emergency where a person's heart has suddenly stopped pumping blood around the body. The person will be unconscious, unresponsive and will not be breathing normally or not breathing at all. It is essential to call 999 immediately for an ambulance.

Heart attack

A heart attack happens when a blood clot blocks an artery around the heart...[the person does] not usually lose consciousness and continue breathing. It is vital that you call an ambulance immediately as this is a life-threatening situation. If the person is still conscious, this means their heart is still beating and CPR and/or the use of a defibrillator is not appropriate.

A defibrillator is only appropriate when the heart has stopped beating. If the heart attack deteriorates to a cardiac arrest, then it is appropriate to start CPR and use a defibrillator.

Recording an Injury

Staff will record all injuries on CPOMS.

Injuries will be recorded under the category First Aid, and illness or medical information will be recorded under the category Medical.

Each class has an Accident, Incident, and Illness Register. Staff will record first aid incidents on the report slips and share them with parents. The member of staff administering the first aid will ensure that the counterfoil is completed showing who witnessed the incident and the name of who completed the slip. Each report slip has a number, which will be included in the CPOMS report. It is the responsibility of the person completing the form to ensure that all sections of the form are completed.

Medical absences

The school will inform the Local Authority and discuss arrangements for education in an alternative setting (for example hospital or at home) if a child is likely to be absent for medical reasons for 15 days or more.

Training

First Aid and Medical Training are part of the CPD offered to all staff at Gosden House School and a record of attendance is shown in Appendix 15 & 17.

It is the responsibility of the Medical Lead to ensure that all medical training is relevant to the cohort and the needs of the pupils.

Where possible, Asthma and Epilepsy training will take place annually. There is an expectation that all staff will attend, including supply staff.

Medical Errors and 'near misses'

To reduce the risk of medical errors happening, we have a robust medical training programme in place.

Medical information and health care plans are reviewed annually, and before if there is a change of advice or update.

Children's medical information and health care plans are shared with the Class Teachers, Office based First Aid Trainers and the Medical Team.

The Medical Policy (Supporting Pupils with Medical Conditions) is accessible on the school website and staff share. A paper copy is kept in the medical cabinet alongside the signatures of staff that has read it. The new staff are signposted to this document as part of their essential induction reading.

The Senior Leadership Team regularly reviews any injury, illness, and medical information recorded on CPOMS.

The school has clear protocols, procedures, and relevant risk assessments in place.

The Medical procedures, practices, and protocols were audited by Opus in November 2022. Recommendations following this audit have been acknowledged.

The current Medical Lead has completed both the Foundation and Advanced courses for Competency Assessment, Auditing, and Management of Medicines, Incidents in Schools, and Children's Services.

In the event of an error, the staff knows they should:

- Stay calm.
- Check all the information again to be clear on what the error is.
- Ask the first aider to come and check the pupil.
- Report the error to a member of SLT.
- Contact the pupil's parent/ carer to inform them of the error and agree on the next steps.
- Arrange for advice to be sought from the pupil's GP or emergency services.
- Document the error on the Medication Administration Record (MAR).
- Complete a medical incident report – refer to appendix 11.
- If at any point after the medication has been administered the pupil starts to show signs of being unwell, staff should call 111 for immediate advice and support.
- If the pupil loses consciousness, experiences difficulties breathing or shows any other signs of serious illness staff should call 999

After an error or near-miss incident, to prevent similar mistakes from happening again, we would reflect on the outcome, and use this information to inform future actions and changes.

Complaints

Should parents be unhappy with any aspect of their child's care at Gosden House School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem or allay concerns, parents are encouraged to contact the Medical Lead, who will, where necessary, bring the concerns to the attention of the Head teacher. In the unlikely event of this not resolving the issue, the parents will be signposted to the Gosden House School Complaints Procedure on how to make a formal complaint.

The Medical Team

Emily Mainwaring – Medical Lead. Responsible for sharing medical information with staff, reviewing and updating the medical policy, arranging relevant first aid or medical training, and liaising with other health professionals and parents.

Imogen Wort – Medical administration. Responsible for updating and displaying medical information on the assigned boards, and ordering and storing first aid and any medical supplies needed. Keep a record of staff training, date of training completion, and staff signatures.

Andrea Pearce – Medical administration. Responsible for collating medical information from SIMS and other sources, to then share with the medical lead.

Emily Mainwaring, Lucy Ellis, Imogen Wort – office-based, named first aiders. Responsible for administering first aid where needed.

Ciaran Timblich, Naomi Hughes, Nicola Hall, Tahla Thomson, Mel Rainbird – class-based, named first aiders.

Clive Bond – Site Assistant named first aider.

For an outline of the medical team's role and responsibility, 'Who Does What' refer to Appendix 13.

For a full list of relevant contacts and outside agencies – refer to Appendix 14.

Trained First Aiders

Office-based, named first aiders are

- Lucy Ellis
- Emily Mainwaring
- Imogen Wort

Office-based, named first aiders have permission to carry their phone to any first aid callouts. They will also have a copy of class medical overviews and individual health care plans in their first aid bags.

Paediatrics first aiders are:

- Naomi Hughes
- Nicola Hall
- Ciaran Timblich
- Clive Bond
- Tahla Thomson
- Mel Rainbird

**Andre Denton booked for 24th November 2025 – Paediatric First Aid*

**Emily Sweeney booked for 3rd-5th December 2025 – First Aid at Work*

**Catherine Kneller booked 8th – 9th December 2025 – First Aid at Work*

Appendix 1



Medication Administration Record (MAR)

- Medication must be locked away in the classroom medical cabinet.
- Two members of staff must administer the medication and complete the form below.
- *Photocopy the form and return with medication to the Parent/Carer each day when appropriate. ~~50~~ Antibiotics.*
- Record on CPOMS.
- Ensure that this form is kept with the medication at all times. When the form is completed upload onto CPOMS.
- If the medication is taken off site during the school day, please record on the log in/log out sheet in the admin office and ensure details are shown on the offsite form.

Child's name:		Class:	D.O.B:
---------------	--	--------	--------

Name of medicine	Dose	Frequency/times	Expiry date	Storage	Number of tablets received	Completion date of course if known

Date	Time given	Dose	A - Administered R - Refused E - Error	Medication count	Given by: (2 signatures)	Any reaction/side effects	Number left in the small box
					1. 2.		
					1. 2.		
					1. 2.		
					1. 2.		

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/Admin/2025-2026/Medical/FORM5/MAR form.docx>
14/10/2025

Appendix 2

Pupil Medication Request- Adhoc / Anti-biotics



PUPIL MEDICATION REQUEST

For ADHOC / Anti-biotics administration during school hours

Medication must be in the containers that they were originally supplied in, clearly labelled with the child's name, medication name, dosage, expiry date and storage instructions.

Child's name:		Class:	D.O.B:
Home Address:			
Medication for:			
Parent's number:			
GP Name and number:			

☐ I agree to members of staff administering medicines/providing treatment to my child as directed below.

Name of medicine	Expiry date	Dose & Method	Frequency times	Any side effects that we should know about	Storage required	Completion date of course if known

PARENTAL AGREEMENT

- I will ensure that the medicine held by the school has not exceeded its expiry date.
- I understand that the medicine must be handed to a member of SLT on arrival to school by myself or escort/driver, and will be returned to myself or escort/driver at the end of the day if needed.
- This medication needs to be returned home daily yes /no Please highlight

Parent/Carer

Signature: _____ **Date:** _____

Print name: _____

Appendix 3

Pupil Medication Request



PUPIL MEDICATION REQUEST

For everyday / regular administration during school hours

Medication must be in the containers that they were originally supplied in, clearly labelled with the child's name, medication name, dosage, expiry date and storage instructions.

Child's name:		Class:	D.O.B:
Home Address:			
Medication for:			
Parent's number:			
GP Name and number:			

☐ I agree to members of staff administering medicines/providing treatment to my child as directed below.

Name of medicine	Expiry date	Dose & Method	Frequency times	Any side effects that we should know about	Storage required	Completion date of course if known

PARENTAL AGREEMENT

- I will ensure that the medicine held by the school has not exceeded its expiry date.
- I understand that the medicine must be handed to a member of SLT on arrival to school by myself or escort/driver and will be returned to myself or escort/driver at the end of the day if needed.
- This medication needs to be returned home daily yes /no Please highlight

Parent/Carer

Signature: _____ **Date:** _____

Print name: _____

[https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/Admin/2025-2026/Medical/FORMS/Pupil Medication Request Regular \(parental agreement\).docx](https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/Admin/2025-2026/Medical/FORMS/Pupil Medication Request Regular (parental agreement).docx)

Appendix 4



PARENT PERMISSION SHEET FOR NON-PRESCRIBED MEDICATION & HOME MEDICATION INFORMATION

Child's name:	Class:	D.O.B:
Parents surname (if different):		
Home address:	Emergency name and contact number:	
GP name, address & telephone number:		
Medical condition/illness/allergies:		

Please tick yes or no	Yes	No
I agree that Paracetamol or Calpol can be administered at school for pain relief or high temperature	<input type="checkbox"/>	<input type="checkbox"/>
I agree that an antihistamine can be administered to my child to relieve hay fever symptoms	<input type="checkbox"/>	<input type="checkbox"/>
I understand that it is my responsibility to notify the school of any known reactions to the above medicine		
I understand that it is my responsibility to notify the school of any changes to the above		

Prescribed medication taken at home				
Name of medication	Reason for Medication	Dosage	Time & Frequency	Known reactions

Parent/Carer (Print name):

Signature:

Date:

[https://goodenoughschool.sharpoint.com/sites/StaffShare/Shared Documents/General/2025-2026 StaffShare/Admin/2025-2026/Medical/FORMS/Medical information collection sheet and permission sheet \(new students and yearly\).docx](https://goodenoughschool.sharpoint.com/sites/StaffShare/Shared%20Documents/General/2025-2026%20StaffShare/Admin/2025-2026/Medical/FORMS/Medical%20information%20collection%20sheet%20and%20permission%20sheet%20(new%20students%20and%20yearly).docx)

Appendix 5



Non Prescribed Medication **Class Record**

- Medication must be locked away in the classroom medical cabinet.
- Two members of staff must administer the medication and complete the form below.
- Check parental permission has been given.
- Record on CPOMS
- Inform parents

Date	Child's name	Time	Dosage given	Type of Medication given	Reason medication given	Administered by: (2 signatures)	Method that parents were informed T – telephone. E – email. HSB – Home school book SD – school diary	Any reaction/side effects
						1. 2.		
						1. 2.		
						1. 2.		
						1. 2.		
						1. 2.		
						1. 2.		

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/Admin/2025-2026/Medical/FORMS/Non prescribed medication class record.docx>

Appendix 6

Staff trained in administering Buccal Midazolam (10.9.2025)

Training provider: On-line training provided by Royal Surrey Hospital

Agnes Franchot	Harmony Driver	Naomi Hughes
Andre Denton	Hayley Butcher	Neave Van't Riet
Andrea Pearce	Helen Wellman	Nicola Hall
Ayten Turgut	Holly Hayward	Nina Jardim
Beth Penfold	Jane Cowles	Ruby Matthews
Beth Sutton	Janila Smith	Sarah Williams
Bridget Workman	Jo McGee	Shelly Boyce
Catherine Kneller	Juliette Tate	Sophia Phillips
Charlotte Almond	Kate Relph	Sue Parker
Ciaran Timblich	Karina Hennessy	Tahla Thomson
Claire Etherington	Kate Thomas	Vicky Heal
Emily Sweeney	Lucy Ellis	
Emma Barnes	Maria Moon	
Elise Carman	Matthew Zirps	
Germana Baldini	Mel Rainbird	

Supply: Oliver B, Charley W, Tamara P, Grace L, Jemma L, Issy G, Lucy B, Karen H, Vanessa V, Luella L, Theresa R, Paul M

Trained in Advanced Epilepsy for Schools – online with Epilepsy Action – Sept 2024

Agnes	Franchot	Juliette	Tate
Amanda	Attwell	Kieran	Wilson
Anna	Windebank	Lucy	Ellis
Annette	Swindley	Maria	Moon
Beth	Penfold	Marion	Dunn
Ciaran	Timblich	Nicola	Hall
Cindy	Murtagh	Sandra	Tidbury
Claire	Etherington	Shelly	Boyce
Germana	Baldini	Sophia	Phillips
Grace	Lambert	Theresa	Reeves
Harmony	Driver		
Imogen	Wort		
Jo	McGee		
Jo	Southon		

Note: National College run a course online

Appendix 7

Staff trained Asthma & Anaphylactic Shock

6/11/2024 Training provider: 0-19 Team Waverley, Children and Family Health Surrey (leavers removed 14.10.2025)

Further training will be on Wednesday 10th December 2025, Surrey Child & Family Health-BookingGroup on TEAMS

Agnes Franchot	Kate Relph
Beth Penfold	Katie-Lea Flatters
Bethan Sutton	Kieran Wilson
Bridget Workman	Lucy Ellis
Ciaran Timblich	Mandy Attwell
Claire Etherington	Marion Dunn
Eleanor Shaikh	Nicola Hall
Elise Carman	Penny Gibbs (S)
Emily Mainwaring	Shelly Boyce
Emma Barnes	Sophia Phillips
Harmony Driver	Tahla Thomson
Hayley Butcher	Theresa Reeves
Helen Wellman	Trudy Valentino
Holly Hayward	Vicki Heal
Imogen Wort	
Issy Gomme (S)	
Jane Cowles	
Janila Smith	
Jo McGee	
Julie Clarke	
Juliette Tate	

Appendix 8

Training provider: 0-19 Team Waverley, Children
and Family Health Surrey

Consent for Emergency Salbutamol Inhaler Use



CONSENT FOR EMERGENCY SALBUTAMOL INHALER USE

I can confirm that my child has been diagnosed with asthma and has been prescribed a reliever inhaler (usually salbutamol)

My child has a working, in-date inhaler, clearly labelled with their name, which they have with them in school.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held at school for such emergencies.

Parents/carers signature:

Date:

Child's name:

Date of birth:

Appendix 9



WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler (**check for permission**)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is **no immediate improvement**, continue to give **two puffs at a time every two minutes, up to a maximum of 10 puffs**
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or **you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
- If an **ambulance does not arrive in 10 minutes** given another 10 puffs in the same way.

Appendix 10



HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences, some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- **Appears exhausted**
- **Has a blue/white tinge around lips**
- **Is going blue**
- **Has collapsed**

Appendix 11

Example of how to administer an auto-injector



HOW TO ADMINISTER AN AUTO-INJECTOR

- The pen (cap off) should be pushed against the child's thigh, through clothing if necessary.
- The pen should be held for a count of 10 seconds before being withdrawn.
- The area rubbed for the count of 10.
- Cetirizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. (This is a liquid medicine stored with the auto-injector.)
- If symptoms are more severe, the auto-injector should be given immediately.
- An ambulance must be called immediately if an auto-injector is given or if a child is showing symptoms of an allergy or anaphylactic shock.

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/MEDICAL/Medical guidance/What to and How to/How to administer an auto injector.docx>

Appendix 12

Medication Incident Record



Medication Incident Record

Child's name:		Class:	
---------------	--	--------	--

Date of incident	Time of incident	Reported by (name and title)	Reported to (name and title)

Type of incident (tick if applicable)

<input type="checkbox"/> Given to incorrect student <input type="checkbox"/> Given at incorrect time <input type="checkbox"/> Incorrect dose given <input type="checkbox"/> Taken incorrectly	Other:
Description of what happened:	

Contacted (please show time of contact)

<input type="checkbox"/> Parent <input type="checkbox"/> GP <input type="checkbox"/> 111 <input type="checkbox"/> 999	
Advice received:	

Student outcome

<input type="checkbox"/> Returned to class <input type="checkbox"/> Sent home <input type="checkbox"/> Parents advised to take to A&E <input type="checkbox"/> Ambulance called
--

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/Admin/2025-2026/Medical/FORMS/Medication Incident Report.docx>

Appendix 13

Medical team responsibilities – who does what.



Medical TEAM Responsibilities / Protocols

Team: Emily Mainwaring – Medical Lead

Office-based, named first aiders: Emily Mainwaring, Lucy Ellis, Imogen Wort

Class based: Mel Rainbird, Ciaran Timblich, Naomi Hughes, Tahla Thomson, Nicola Hall

Admin team: Imogen Wort, Andrea Pearce

(Who does What)

- Andrea shares any medical updates from SIMs or Medical forms with Emily
- Imogen holds a record of all those who have had Medical and First Aid training, including the dates when training expires
- Imogen / Emily ~~arrange~~ medical training including defib
- Immunisations: Andrea sends out ~~parentmail~~ paperwork, and consent, and Emily manages the 'on the day' arrangements
- Defib checked monthly – Imogen
- Medicines, generic auto-injectors, and asthma inhalers ordered (Wonerth Chemist) – Imogen
- First Aid boxes and medication stored at school, checked termly – Teachers
- Teachers to notify Imogen when medical supplies are running low.
- Max circulates health care plans to Imogen, office-based named first aiders and class team
- Lucy stores medication information on A-Z
- Imogen updates the medical board in the office with photographs of relevant students with medical needs including allergy information
- Generic auto-injectors and asthma inhalers stored in the main office - Imogen
- Medical information is to be shared with the class team, medical team, and kitchen, and paper copies are to be stored in the main office - Emily
- Medical information database to be stored in the main office - Imogen
- Termly medical and first aid meetings – Lucy or Emily to lead

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/MEDICAL/Medical guidance/Medical team - who does what!.docx>

Appendix 14

Contact List

Name and contact details of outside agency support:


csh.waverlysn@nhs.net

Tel: 01483 362631




School Nurses
0-19 Team Waverley
Children and Family Health Surrey


Epilepsy Nurse: Steph Lawrence

Children's Epilepsy Nurse Specialist
Phone: 01483 571122 Ext: 4207
Mobile: 07811 723713
Patient related email: rsch.childrensepilepsynurses@nhs.net
Non-patient related email: nataliebaines@nhs.net
Working Days: Monday 0830-1630; Tuesday 0830-1600; Wednesday 0830-1245


Royal Surrey
NHS Foundation Trust

Egerton Road, Guildford, Surrey GU2 7XX
Switchboard: Tel: 01483 571122
Website: www.royalsurrey.nhs.uk

   Search royalsurrey

 **WORLD CLASS CARE
FOR OUR COMMUNITY**

Incontinence Nurse:

Danielle Brennan
Children's Continence Nurse

Children and Family Health Surrey

Children's Continence Service
Leatherhead Hospital
Office: 07713094697
Email: csh.childrenscontinence@nhs.net
Mobile 07738 752871
Hours of work: 8-4 pm Tuesday-Friday
danielle.brennan1@nhs.net
Address: Leatherhead Hospital, Poplar Road, Leatherhead, Surrey, KT22 8SD
For further information visit www.childrenshealthsurrey.nhs.uk

Immunisation Team: Emma Zamboni and Val Whiteway

Emma Zamboni
Immunisation Administrator
Immunisation Team
CSH Surrey
Tel: 01483 362566
emmazamboni@nhs.net

Link chemist: Diana.
Wonersh@paydens.com
Wonersh Surgery
The Street
Wonersh
Surrey GU5 0PE

Appendix 15
Staff trained in
Medicines Awareness Course for Schools and Early Years
(Foundation Level)

Training provider: Opus 8/11/2023

Agnes Franchot
Claire Etherington
Emma Barnes
Germana Baldini
Maria Moon
Marion Dunn
Melanie Rainbird
Nicola Hall
Sarah Williams

Training provider: Opus 16/11/22

Bridget Workman
Catherine Kneller
Charlotte Almond
Ciaran Timblich
Hayley Butcher
Jo McGee
Jo Southon
Juliette Tate
Kieran Wilson
Naomi Hughes
Sophia Philips
Stephanie Wiedemann
Vicky Brooks

Note: leavers removed Sept 2025

Appendix 16

‘Being returned home’ Log Sheet



‘Being returned home’ Medication Log in / Out Form

Child's name	Name of Medication	A copy of the child's MAR form is with this medication	Number of tablets being returned <u>home(if applicable)</u>	Handed to:	Date sent home	Date returned	Signature
		Yes / No	3	escort	2/12/22		<i>miu</i>

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/Admin/2025-2026/Medical/FORMS/'Being returned home' Log out and in form.docx>

Appendix 17

Staff trained in St. John's First Aid at Work (one day) 19/11/22 (leavers deleted 14.10.2025)

Agnes Franchot
Anna Windebank
Claire Etherington
Emma Barnes
Germana Baldini
Jane Cowles
Mandy Attwell
Maria Moon
Marion Dunn
Sarah Williams

Appendix 18



Resuscitation Action Plan – Automated External Defibrillator

The defibrillator is to be used ~~in the event that~~ a person is in cardiac arrest i.e. when the heart suddenly stops pumping blood around the body.

~~In the event that~~ there is only one person on the scene, they should immediately call the emergency services and start CPR immediately afterward.

If there are two people on the scene, one should call the emergency services whilst the other starts CPR. The person administering CPR should not leave the casualty unless ~~absolutely essential~~. Where possible the defibrillator should be brought to the scene by someone already close to its location, rather than sending somebody to fetch it.

- Member of staff witnessing cardiac arrest to begin CPR, if there is a member of staff close by, that person is to notify the office that an ambulance, first aider and a member of SLT are required, specifying the location.
- First aider to go to the location and support / take over from the member of staff carrying out CPR.
- Office to call Emergency Services and wait for the ambulance to arrive, directing them to the casualty.
- The First Aider to call out on channel 4 (via walk talkie) for defibrillator to be brought to the scene by a member of Foxes Class, or, if quicker:
 - The 2nd person walks to gets the defibrillator

Other members of staff to ensure that the scene is kept clear of children

Cardiac arrest

A cardiac arrest is a life-threatening emergency where a person's heart has suddenly stopped pumping blood around the body. The person will be unconscious, unresponsive and will not be breathing normally or not breathing at all. It is essential to call 999 immediately for an ambulance.

Heart attack

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/MEDICAL/Medical guidance/Defibrillator Action Plan January 23.docx>

Appendix 19

En-Plug Training regarding S. Street

Trainer Rebecca Murphy 03456 051746

AWAITING FOR UPDATED REGISTER FROM NUTRICIA

Training 3.9.2024 leavers removed 14.10.2025

Andre Denton
Bridget Workman
Helen Wellman
Juliette Tate
Nicola Hall
Penny Gibbs (S)
Sarah Williams
Tahla Thomson

Appendix 20

Medical Emergency Procedure



MEDICAL EMERGENCY PROCEDURE updated Nov 2025

- Call for a First Aider (**Band 4**) saying that **assistance is urgently needed - stating the child's name and location.**
- The office will notify SLT there has been a call out.
- The First Aider or member of SLT will notify the School Office to call 999
- A member of the School Office will use their mobile to call 999 and bring the mobile phone to the First Aider at the scene of the incident
- A member of SLT will notify the Parents/Carers
- The First Aider or member of SLT will direct a member of staff to get any Medical Plans and the SIMS data sheet from the class file ready to share/give to the ambulance team.
- A member of SLT or School Office staff will wait outside to open the gate and direct the ambulance to the incident

The person calling the ambulance will:

Give an outline of the reason for the call and how, if it is an injury, it occurred
Give details of the child's date of birth, address, parent's name,
Share other medical information, including any medication details, shown on the child's SIMS data sheet and/or healthcare plan.

**Gosden House School, Horsham Road, Bramley, Guildford,
Surrey GU5 0AH. Main Office 01483 892008**

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026/Staffshare/MEDICAL/Medical emergency procedure Nov 2025.doc>