



## **MEDICAL AND FIRST AID POLICY**

**This policy applies across the College at all age ranges including Early Years, Prep and Senior Schools. It should be read in conjunction with the Early Years Foundation Stage, Staff Code of Safe Conduct and Trips policies.**

St. Columba's College is conducted in the educational tradition of the Brothers of the Sacred Heart. As such it nurtures a holistic environment which includes a commitment to academic excellence, religious values, friendly discipline, and personal attention.

Policy owner:	Deputy Head / College Nurse Manager
Date reviewed:	February 2024
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Ratify by governors:	ESP and Board

<b>Section 1</b>	<b>Introduction</b>
<b>Section 2</b>	<b>Staff and Training</b>
<b>Section 3</b>	<b>Access and Availability</b>
<b>Section 4</b>	<b>Records and Information</b>
<b>Section 5</b>	<b>Parental Responsibility</b>
<b>Section 6</b>	<b>Medication</b>
<b>Section 7</b>	<b>Cleaning body fluid spillages</b>
<b>Section 8</b>	<b>Routine Screening and Immunisations</b>
<b>Section 9</b>	<b>Games and Physical Education</b>
<b>Section 10</b>	<b>Educational Visits</b>
<b>Section 11</b>	<b>Emergency Response</b>
<b>Section 12</b>	<b>Anaphylaxis</b>
<b>Section 13</b>	<b>Asthma</b>
<b>Section 14</b>	<b>Head/Neck Injury</b>
<b>Appendix 1</b>	<b>Staff First Aiders and Training Dates</b>
<b>Appendix 2</b>	<b>Location of Medical Kits, Eye Irrigation and Defibrillators</b>
<b>Appendix 3</b>	<b>Medication Consent Form</b>

## **Section 1                    Introduction**

The College seeks to educate its students in a safe, secure and orderly environment. As such the physical and emotional well-being of the students is a central concern. To ensure that each student can access the curriculum and extra-curricular opportunities available, the College has a medical team to address or refer minor and more serious medical matters as assessed. They are also the experts who support staff and students by responding to their health needs and providing training in health-related issues pertinent to the daily operation of the school. The medical staff therefore have a central role in advising parents, students and staff on all health matters.

## **Section 2                    Staff and Training**

The College has two professional nurses: College Nurse Manager and a second nurse. They can be reached on 01727 892022 (Direct Line).

### First Aiders

Several staff members are qualified First Aiders and may be called in an emergency. They are listed on the notice boards in each staff room and in their relevant reception office. Refresher courses are undertaken as required every three years.

Paediatric First Aiders in the Early Years are on site between 7.30am and 5.30pm Monday to Friday and accompany trips. Science Laboratory Technicians are trained to deal with emergencies, as are PE staff who carry a First Aid Touchline bag.

First Aid Kits and Eye Wash Stations are provided in key locations and regularly checked and maintained by the Nurse. All College minibuses are equipped with a First Aid Kit.

### Training

Staff members in both schools are trained, to deal with emergencies. All new students and staff are given information on where to go for help in the event of an accident or illness as part of their induction into school.

The College Nurse runs annual training sessions on dealing with medical emergencies in school for all new staff and regular updates/renewal of skills courses for current staff. The session cover using an Epipen and other relevant medical issues, various procedures for getting help, and calling an ambulance for these conditions and other emergencies.

Students with serious medical conditions are notified at a staff meeting at the start of the academic year. A list of all students with medical problems is available for staff to identify those they teach.

### Counsellor

As part of student welfare provision, counselling is undertaken by a professionally trained counsellor for both Senior and Prep students. Students may be referred by the nurse, pastoral or teaching staff, and Senior students may also self-refer. Weekly or fortnightly sessions are available at a regular time. The period of attendance varies according to each circumstance. Prep parents and key pastoral staff are notified that counselling is taking place with the student's consent, but the content of sessions remains confidential. Parents are not routinely informed if students in the Senior school use the counselling service. The counsellor will explain to students that Child Protection concerns cannot remain confidential. Counselling matters are wide ranging and may relate to school or outside school issues.

### **Section 3 Access and Availability**

All students have access to the Medical Room throughout the day from 8am until 5.30pm. Senior School students may drop into the room before the day begins and during breaks. At all other times students must first gain a staff member's permission before going to the Medical Room. Students are encouraged to visit the Nurse during breaks instead of during class time. If a student needs to leave lessons due to illness or injury, they are accompanied by another student or member of staff. In an emergency or in their absence from the Medical Room the Nurse can be contacted by telephone.

When Prep pupils need to access the nurses' office they firstly report to the Prep office. The Prep office will check the nurse availability and supervise movement from the Prep building to the nurses' room as required.

The College Senior PE team is trained with specific sports pitch-side first aid and they attend the Senior Rugby fixtures and other extended curriculum sports as appropriate. During weekdays, if necessary, they would call the College Nurse for support. The College Nurses attend Sports Days across both schools and are also present at Open Days and New Parent Evenings and other major events. Weekend fixture cover is provided by an external agency.

Staff are welcome to seek advice from the College Nurses if unwell or needing over the counter medicines, e.g. paracetamol. Staff members are responsible for determining if any medications they are taking, e.g. strong painkillers, will impact on their ability to work safely.

### **Section 4 Records and Information**

On entry to the College, parents and guardians complete a Student Information/Medical Form with the student's medical history, current medical issues, immunisations and permission for paracetamol and other over the counter remedies, including ibuprofen if appropriate, to be administered at school if necessary. Consent for treatment with simple remedies in a first aid or emergency situation is also obtained and parents must write to withhold permission.

Where medical conditions demand, Individual Health Care Plans are formulated and acted upon. These must operate if a student suffers from severe asthma/epilepsy/diabetes/allergies, or any condition not covered by the standard questions on the medical form. This information is stored on the computer system and sent to parents annually for updates, with a response required (including nil returns). All information is held and used in accordance with the Data Protection Act.

The Individual Health Care Plans are kept for each child on Teams.. Access to this is limited to the College Nurses, First Aid at Work trained staff members, the Head and the Deputy Head in the Senior School and the Prep Leadership Team.

All visits to the Medical Room for treatment or referral are logged online in an Attendance Register. This records the date, time and nature of the condition, accident or injury as well as any treatment resulting. This may be in terms of medication administered or referral made to outside agencies.

New conditions, illnesses or medical problems which may affect a student's ability to access the curriculum are communicated to all staff via the daily Staff Bulletin/briefing in the Senior School and via the Bulletin Board in the Prep.

The College Nurse reports any of the following to the Health and Safety Officer who will in turn notify RIDDOR to minimise the likelihood of recurrence:

- a. death
- b. major injuries
- c. injuries sustained on the College site resulting in an employee or student being away from the College or unable to perform their normal duties for more than three consecutive days
- d. injuries to the public or people not at work where they are taken from the scene of an accident to hospital
- e. some work-related diseases
- f. dangerous occurrences where something happens that does not result in an injury but could have done.

## **Section 5                      Parental Responsibility**

Parents have primary responsibility for their children's welfare and health and as such must understand and accept their part in responding to medical issues. A student is not to be sent to school if he/she is infectious or has been suffering from diarrhoea or vomiting in the previous 48 hours or is unable to attend all lessons. If the student has an episode of vomiting at the school, he/she will be assessed by the College Nurse who will evaluate on an individual basis regarding other symptoms and possible causes. A decision as to whether or not the student will go home, will be made after this assessment.

Parents are encouraged to contact the College Nurse to update medical records via email, letter or telephone. Otherwise, all illnesses/injuries are assessed and communicated home if the Nurse feels it is appropriate.

If a student falls ill or sustains injury whilst at school and is either unable to return to formal lessons or treatment is beyond the remit of the Nurse, parents are informed and required to take them home or onward for further treatment. The obvious exception is in an emergency needing hospitalisation and transport by ambulance.

Permission to leave the site as a result of illness or injury is only given after a student has been assessed by a College Nurse. Parents are then contacted. A student may not make independent arrangements. If a parent is contacted independently of the College Nurse regarding illness or the desire to be picked up, parents must contact the College Nurse. In the absence of the College Nurse, permission can be granted by nominated First Aiders or any member of the College Leadership Team.

Parents are required to collect students from the College when the diagnosis indicates that they are not fit to travel independently, regardless of the means of transport they would ordinarily take home.

## **Section 6                      Medication**

Parents and students must hand medication to be taken during the course of the school day to a College Nurse on arrival. This must be accompanied by the online signed consent form (available from the website or <https://forms.office.com/e/KEPmL3snJG>), or a paper consent form (available on the end of this policy) signed by the parent or

guardian. The communication must state the name of the medicine, why the student is taking it, dose required, method of administration, time(s) it should be taken and any possible side effects.

Medication must be provided in its original container. Students must not carry medication on their person (with the exception of asthma pumps, diabetes related medication and EpiPens). Medication is stored in a locked cupboard or fridge as necessary. Sharps boxes are provided by parents for students who require them. When necessary, they are returned to parents for safe disposal.

Parents must ensure that any medicines provided for use at school are in date and replacements provided prior to their expiry. Expired medication cannot be administered and will be returned to parents for disposal.

All medicines with the exception of EpiPen/jexts must be collected by parents at the end of the academic year in July. Any medicines not collected by the last day of the Trinity Term will be returned to parents at the earliest opportunity.

Medicines are not given without written consent by letter or the Medical Consent Form or annually returned parental information form. In addition, every effort is made to contact Lower Prep (including Early Years) parents before administering paracetamol/Calpol for illness or headache. Parents and guardians are informed of medication given during the school day by writing. A paper slip is given to students that have medication given by the College nurse, stating the name of the medication, time and reason for its administration.

If a student refuses to take medication, this is noted on his/her records and parents are informed on the same day.

Staff who are taking medication which may affect their ability to care for children, should talk to a member of the leadership team and seek medical advice from the nurse manager. The leadership teams are responsible for ensuring that staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff are aware that medication on the premises must be securely stored, and out of reach of children at all times.

### Controlled Drugs

Controlled drugs e.g. Methylphenidate, must be handed to the Nurse by parents or students on arrival at school. Controlled drugs are stored in a lockable non-portable metal drug cupboard in the Medical Room. A paper record is kept for audit and safety purposes. Medication administered is also recorded in the usual way. When no longer required, controlled drugs are returned to parents or guardians for safe disposal. It is strictly prohibited for a student to pass a controlled drug to another student.

### EpiPen/jexts

It is encouraged for Senior students to carry their own Individual EpiPen/jexts, so as to be easily accessible if required in an emergency. An extra can be provided to be stored securely in the Senior Reception Office. All Prep students' individual EpiPen/jexts will be securely stored in the Prep Reception Office, but they are also encouraged to carry it if age appropriate. Parents must complete a consent form and care plan annually giving permission to administer the EpiPen/jext in an emergency. EpiPen/jexts remain in the College at all times, except on school trips, and must be replaced before their expiry date.

If the student fails to supply an EpiPen/Jext after being requested to provide one, and we must use the school EpiPen in emergency circumstances, the parent will be billed for it.

### **Section 7                      Cleaning body fluid spillages**

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up as soon as possible wearing protective clothing and the College Nurse or Receptionist informed immediately so that the cleaners can be alerted to attend. Staff must wear protective clothing when handling soiled linen. Students' soiled clothing should be bagged to go home and never rinsed by hand.

### **Section 8                      Routine Screening and Immunisations**

Parents are advised that routine testing by an optician is recommended throughout their son/daughter's time at the College. If there is any cause for concern regarding vision and hearing identified by the respective teachers, parents are contacted on an individual basis.

Diphtheria, Tetanus and Polio and MenACWY immunisations take place in Form 3.  
Flu Vaccination take place in Reception to Form 5.  
HPV immunisations take place in Form 2.

These immunizations are organized co-operatively with Vaccinations UK/Immunizations team NHS. Parents will receive an online consent form a minimum of two weeks before the planned date.

### **Section 9                      Games and Physical Education**

PE and Games staff assume students are fit to participate if they are in school, unless incapacitated by physical injury or have a signed doctor/parent note which prohibits taking part. Colds, coughs, and minor ailments are not accepted as reasons to withdraw from such lessons. If a parent regards their child as unfit to participate in Games because of such conditions, the child must remain at home until recovered.

### **Section 10      Educational Visits**

Staff supervising trips are always aware of students' specific medical needs and a copy of the Individual Care Plan is taken, if appropriate. Arrangements are made for taking any necessary medicines, along with a log of medication administered.

### **Section 11      Emergency Response**

Before calling an ambulance, the college nurse/first aider will assess the casualty by following the [Primary Survey](#) (DRS. ABC: Danger, Response, Shout, Airway, Breathing, Circulation) to see if they have any life-threatening or other serious conditions. If the area isn't safe for you to make this assessment, then call an ambulance straight away. If someone's condition is life-threatening or you feel they need IMMEDIATE medical help, for example, if you think they are not breathing, have had a [heart attack](#), have a [spinal injury](#) or if they're [bleeding severely](#) then call 999 or 112 for an ambulance.

### **Section 12      Anaphylaxis**

Anaphylaxis is a severe and life-threatening allergic reaction. It may be triggered by allergens, or allergy provoking proteins, which commonly include foods such as eggs, cow's milk, shellfish and nuts, particularly peanuts. Anyone may react in such a way for the first time at any age.

Symptoms usually occur immediately after exposure to the offending allergen although they can occur after a few hours. They may vary in severity in individual children and in response to different allergens.

Symptoms may include the following:

- a feeling of being unwell
- urticarial rash (nettle rash/hives)
- sweating, nausea, vomiting diarrhoea
- a feeling of itchiness, particularly around the mouth and tongue – “funny” metallic taste in mouth
- swelling of the face, eyelids, and lips
- sneezing

Severity increases with progression to:

- a rapid weak pulse
- wheezing, noisy breathing and shortness of breath
- difficulty swallowing
- feeling faint or floppy
- a hoarse voice and or feeling a lump in the throat

Anaphylactic shock: loss of consciousness, obstruction of airways and possible cardiac arrest

Prevention is the first and foremost important step. The College:

- a. alerts all staff who may come into contact with such students to the fact that they have a serious life-threatening allergy.
- b. encourages the family to obtain a Medicalert bracelet for their son or daughter with details of action to be taken.
- c. educates the student at an age-appropriate level on the risks of eating foods and coming into contact with an allergen which is dangerous to them, including that the allergen is not always visible and may be present as part of a food mixture. Students are counselled not to accept treats from friends and make alternative treats available.
- d. via the College caterers, accommodates students with allergy problems, where possible, excluding offending foods. If required, individually prepared meals are provided. Parents may prefer to provide a packed lunch.
- e. responds to questions from peers in the form of a clear health education talk to help dispel any feelings of isolation the students may feel.

**If the College Nurse is unavailable in an emergency:**

1. Call for help.
2. Maintain a comfortable position while conscious.
3. If unconscious, place the student in the recovery position, loosen clothing and do not over crowd.
4. One member of staff should stay with the student at all times to monitor signs.

**Never leave the casualty unattended.**

5. One member of staff should call the emergency services (999), stating the student is having an anaphylactic reaction to convey the urgency of the need for help.
6. Parents should be contacted.
7. Depending on the student's signs, specific actions may need to be taken according to his/her own Care Plan. This should be referred to if possible. This may include giving oral medication or an injection via the EpiPen/jext
8. Make a record of signs and action taken (to be later transferred to Anaphylactic

Reaction Record sheet) and hand a copy to the paramedics.

9. The College Nurse will liaise with parents/guardians to ensure replacement of any used medication on the student's return to school and will work with appropriate health professionals for support following the incident.

### **Section 13 Asthma**

Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs. During an asthma attack the muscles around the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and begins to swell, making it difficult to breathe and leading to symptoms. Sometimes there is a recognised trigger for an attack, such as an allergy, a cold, a particular drug or cigarette smoke. At other times there is no obvious trigger.

#### Inhalers

Students with asthma usually deal with their own attacks using a reliever inhaler at the first sign of an attack. Very young children may need help and guidance. Most reliever inhalers are blue or have a blue cap. A plastic diffuser or "spacer" may be fitted (particularly for very young children) to an inhaler to help the student breathe in the medication more effectively. These medications relax the muscles surrounding the narrowed airways and help the airways open wider, making it easier to breathe.

Upper Prep pupils who need an inhaler are encouraged to carry this with him/her at all times although support is offered depending on the age/maturity of the pupil. . Students in Lower Prep, including EYFS, who need an inhaler have this appropriately stored in their classroom. The class teacher ensures that the inhaler is brought to all other activities and events. All pupils are permitted to use inhalers when necessary

Each inhaler must be clearly marked with the child's name and form. A spare, named, inhaler must be left in the Medical Room as a back-up and for emergencies. Inhalers must always be available during PE and Games lessons

"Preventer" inhalers are used regularly at home to help prevent attacks and will not normally be in school. They usually have a brown or white cap. "Preventer" inhalers are not an effective treatment for asthma attacks and should not be used in this situation.

Symptoms of asthma may include the following:

- coughing
- wheezing or a whistling noise in the chest
- shortness of breath
- tightness in the chest

#### Asthma attacks

It is important if a student has asthma symptoms that they receive treatment as soon as possible. Using a reliever inhaler may be all that is needed to relieve the symptoms.

1. administer 2 puffs (blue) reliever inhaler immediately and call the College Nurse
2. sit the student down and ensure any tight clothing is loosened. Do NOT lie him/her down
3. if there is no immediate improvement continue to administer **2** puffs of the reliever inhaler every 2 minutes to a maximum of **10** puffs
4. if the student does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 for an ambulance
5. if the ambulance does not arrive in 10 minutes, continue to give **10** puffs in the same

way continue to administer one puff of your reliever every minute until help arrives.

## **Section 14 Head/Neck Injury**

Head injuries can occur anywhere and in any activity. All staff, including part-time assistants, must be aware of the procedure to follow in the event of a head or neck injury, on or off site.

The College seeks to provide a safe return to all activities for all students after injury, particularly after concussion. To manage head injuries effectively and consistently, these procedures help to ensure that students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to school activity.

Any head or neck injury is treated as serious until professional medical diagnosis is obtained.

Symptoms of head injuries are usually mild and short lived, but this diagnosis is to be made by the College Nurse or a medical professional and not by the staff member supervising at the time of the injury. Symptoms may include:

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision
- unconsciousness – either brief (concussion) or for a longer period of time
- fits or seizures – when the body suddenly moves uncontrollably
- difficulty speaking or staying awake
- problems with the senses – such as loss of hearing or double vision
- repeated vomiting
- blood or clear fluid coming from the ears or nose
- memory loss (amnesia)
- child reports feeling sluggish or foggy

### Procedure

A student who sustains a head or neck injury, however minor, must be escorted to the College Nurse immediately and never left alone. If the nurse is not available, the staff member(s) on duty should call for medical assistance (999/111). Under no circumstance should a student with a head injury be sent home unsupervised without the permission of the College Nurse.

Students on sports teams or taking part in events with the risk of head or neck injury are given instructions about what to do if they witness a head/neck injury when no staff are immediately present. Such training for students is part of the orientation each year at the start of Michaelmas term.

If the student has lost consciousness at all, he/she should be sent to A&E by the College Nurse, or in the absence of the Nurse or designated person, by a supervising staff member. The College Nurse or lead First Aider informs the student's parents/guardian as soon as possible of the injury and need for a visit to A&E. A school accident form is completed and a staff member (usually the one that witnessed the event) reports the accident. All incidents of head or neck injury must be reported to the College Nurse for record keeping purposes.

If the injury is minor, a neuro assessment is carried out in the Medical Room and, if the student is feeling well, he/she will return to lessons. Prep students wear a head injury sticker for the rest of the day and return with a letter for their class teacher to give to their parents/guardians at the end of the day with a verbal explanation. Senior School students are given a note to show their teachers and a letter to take home.

If the injury is more significant, the College Nurse decides whether or not the student remains in school. If he/she stays, the nurse informs home by telephone as well as following the above procedure.

### Recuperation

Students with a diagnosed head injury will not be able to play any contact sport at school for three weeks from the date of the accident, but they may take part in some light physical exercise with the written permission of a medical professional or the student's GP.

Refer to the Rugby & Contact Sport Head Injury Policy Supplement for the procedure to be followed for Graduated Return to Play (G RTP).

<https://www.rugby-league.com/governance/medical/concussion> The Rugby Football Union section in the Graduated Return to Play provides guidelines for players aged U19 to return to play. The individual must have a minimum 2 weeks of rest and be symptom free before the six stages (each of 48 hours) of the G RTP come into action. **Once the G RTP has been followed the College requests that parents gain full clearance from a doctor before the student plays rugby again (training/games/match).** Therefore, the earliest return to play is 23 days.

### First Aid for Neck Injuries

Any suspected neck injury is to be reported to the College Nurse. If the injury is not life threatening, a student or staff member should in the first instance contact the College Nurse or call 999 and ask the casualty to remain still until assistance arrives. If it is obvious the injury is serious, then follow the guidelines below.

First aid for neck injuries can significantly prevent an individual suffering further damage.

### Emergency Treatment:

- a. Dial 999 immediately and then contact the College nurse.
- b. DO NOT move casualty unless absolutely necessary to save life.
- c. DO NOT bend or twist victim's neck or body. Careful handling is extremely important.
- d. Check casualty's breathing. If breathing stops, open airway.
- e. Maintain position in which casualty was found, even if neck or back is bent, and immobilize head, neck, shoulders and torso.
- f. Roll up towels, blankets, or clothing and place around head, neck, shoulders and torso to stabilise the neck without moving it.

## Appendix 1 Staff First Aiders and Training Dates

All staff listed have undertaken Emergency First Aid at work. Further training is listed in the right-hand column.

Prep School First Aiders 2024/2025		
Name	Position	First Aid
BALDWIN, Paula	TA + After school care	April 24 - 27 (Paediatric 6h)
BATTEN, Charlotte	Lower Prep Lead	April 24 - 27 (Paediatric 6h)
BATTEN, Nick	Teacher	June 23-26 (Paediatric 6h)
BOLAND, Kevin	Deputy Head	June 23-26 (Pitch-side first aid)
CANCELLIERE, Lili	Secretary	July 22-25 (EFAW)
EDUN, Sarah	TA	April 24 - 27 (Paediatric 6h)
FREEDMAN, Elizabeth	Teacher	April 24 - 27 (Paediatric 6h)
HOLLAND, Vanessa	Learning support assistant	June 23-26 (Paediatric 6h)
JEFFREY, Adele	Teacher	April 24 - 27 (Paediatric 6h)
KEATING, Heidi	Teacher	April 24 - 27 (Paediatric 12h)
LEWIS, Gill	Teacher	July 22-25 (EFAW)
LORMAN, Hannah	Teacher	April 24 - 27 (Paediatric 6h)
MATON, Charlotte	Deputy Head	April 24 - 27 (Paediatric 6h)
MCCANN, Richard	Head of Prep	June 23-26 (Paediatric 6h)
MCCONACHIE, Ellie	PA of Head of Prep	June 23-26 (Paediatric 6h)
McLOED, Liza	Teacher	July 22-25 (EFAW)
MUNCER, Geraldine	Teacher	April 24 - 27 (Paediatric 12h)
MURRU, Nicole	TA	April 24 - 27 (Paediatric 6h)
NOONE, Lillian	TA + After school care	April 24 - 27 (Paediatric 6h)
STOTT, Heather	Teacher	Jul 24-27 (Paediatric 6h)
TURPIN, Mark	Upper Prep Lead & PE Lead	August 24-27 (Pitch-side first aid)
WALSH, Laura	EYFS Lead	June 23-26 (Paediatric 6h)

Senior School First Aiders 2024/2025		
Name	Position	First Aid
BLACKMAN, Melanie	Secretary	July 24-27 (Paediatric 6h)
BREWER, Gemma	School Nurse	Aug 24-27 (Paediatric 12h)
BROWN, Emily	Subject Lead - Geography	Sept 23-26 (Paediatric 6h)
Charlotte Dobbyn	Science Technician	July 24-27 (Paediatric 6h)
CHILDS, Ross	Subject lead - French	June 23-26 (Paediatric 6h)
DE SOUZA, Eduardo	Exam Officer & CCF officer	April 24-27 (FAW)
DE VOS, Ilze	Head of Stanilaus, Teacher Mathematics	July 22-25 (EFAW)

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Name	Position	First Aid
DEVEREUX, Jack	Teacher of Maths	Nov 22-25 (EFAW)
DIXON, Christopher	CCF - officer	April 24-27 (FAW)
FINN, Matthew	Physical Education	June 23-26 (Pitch-side first aid)
FINN, Ruth	History	July 24-27 (Paediatric 6h)
FOXWELL, Juliet	Sixth Form & Music Co-Ordinator	July 24-27 (Paediatric 6h)
GAVAGHAN, Shauna	Catering Supervisor	July 24-27 (Paediatric 6h)
GRAVES, Stephen	Latin Teacher	July 22-25 (EFAW)
HARTNUP, Sharon	Senior Secretary (SLT)	July 24-27 (Paediatric 6h)
HAWKINS, Jonathan	DT Technician	July 22-25 (EFAW)
HEWETT, John	CCF Officer	March 24-27 (FAW)
JACKSON, Peter	CCF - SSI	Dec 23-26 (FAW)
JAMES, Mary	Teacher of Hist & Deputy Head McClancy	July 24-27 (Paediatric 6h)
LIVESEY, Mark	Assistant Head	June 23-26 (Pitch-side first aid)
LOWLES, Adam	Head of Martin House, Director of Basketball	June 23-26 (Pitch-side first aid)
MESTER, Adrian	Computer Science Teacher	July 24-27 (Paediatric 6h)
MESTER, Moira	Head of Science	June 23-26 (Paediatric 6h)
MORAIS, Diana	School Nurse	Sept 22-25 (Paediatric 12h)
MUNCER, Ralph	RAF/CCF officer	April 24-27 (FAW)
MURPHY, Stephen	Head of Charles House	June 23-26 (Pitch-side first aid)
O'SULLIVAN, Barry	RE	July 24-27 (Paediatric 6h)
ORMONDROYD, Nicola	PA Head	Nov 21-24 (Paediatric 6h)
OVERTON, Alice	Spanish Teacher	June 23-26 (Paediatric 6h)
PINTO, Sandrick	Head of McClancy	July 24-27 (Paediatric 6h)
PISANI, Deborah	Library	June 23-26 (Paediatric 6h)
POOLE, Kirsty	PE Teacher	June 23-26 (Pitch-side first aid)
RESTON, Katy	School Nurse	Sept 22-25 (Paediatric 12h)
ROWE, Anna	Deputy Head of Guertin	June 23-26 (Pitch-side first aid)
ROWLAND, Craig	Science Teacher	July 24-27 (Paediatric 6h)
SEAGRAVE, Kellie	Art Teacher	July 22-25 (EFAW)
SHIELS, Chris	Deputy Head of 6 <sup>th</sup> Form	July 22-25 (EFAW)
STOTT, Heather	TA prep and Teacher of girls in PE Senior	July 24-27 (Paediatric 6h)
TAIT, Angela	Catering Manager	June 23-26 (Paediatric 6h)
TATHAM, Joe	Assistant Head	June 23-26 (Paediatric 6h)

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## Appendix 2 Locations of Medical Kits, Eye Irrigation and Defibrillators

Prep	
Ground floor	Prep Office
	PE Hall – 3 kits
	Prep Playground door
1 <sup>st</sup> Floor	Art ADT. With eye irrigation
	Staff room
	Library
	Science. With eye irrigation

Senior	
Main building	Reception office
	Main Kitchen
Iona	Iona Kitchen
Science Block	Science and Eye irrigation (techs room/known as Prep)
	Labs 1,4,5
	DT 1 and 2 and eye irrigation (tech 1 and 2)
6 <sup>th</sup> form	Sixth form office
6 <sup>th</sup> form 1 <sup>st</sup> floor	X3 music room
Tower 1 <sup>st</sup> floor	English office
Tower 2 <sup>nd</sup> floor	Art and Eye irrigation
Vehicles	Minibuses 6
PE	PE Sports 7 large, 1 mini
Nurses Office	Nurses' office- general.

Students Personal Epipens & asthma pumps	
Student Spare Epipens & Asthma pumps	Prep office
	Senior Reception
	Nurses' office
School Emergency Epipens	Prep Office (back wall ORANGE BOX)
	Senior office (under front desk)
Defibrillators (3)	Senior reception
	Science block staff room
	Senior PE office



## MEDICATION CONSENT FORM

To: College Nurses

### A: PERSONAL DETAILS

Student's Surname	First Name	Year	House

### B: MEDICATION

Name of Medication	Time of Dose	Amount	Start Date	End Date

### C: CONDITION

The medication listed above has been presented by:

☐ family doctor    ☐ hospital consultant    ☐ myself as over the counter medicine  
for treatment of the following condition

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(please continue overleaf if necessary)

### D: CONSENT

I give permission for the medication to be administered as detailed above.

Name (in BLOCKS)	Signature	Date

- Parents must inform the College Nurse of any change in long-term use of medication.
- All prescribed medication must be presented in original chemist containers.