


Inspire Partnership Academy Trust
First Aid and Medicines Policy (Policy Template)

Approval Date:	December 2023
Approved by:	Trust Board
Policy Owner:	Alan Williams
Review date:	December 2024
Trust Chair Signature	

1. Statement of Intent

The Governors and Headteacher of Rockliffe Manor Primary School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, a staff member will accompany the pupil to the school office/medical room. In order to manage their medical condition effectively, the School will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and staff should be aware of.

The policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and/or Health and Safety Representatives).

Name: _____ Signature: _____

(Chair of Trustees)

Name: _____ Nancy Cook _____ Signature: _____  _____

(Headteacher)

Date: _____

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Board of Trustees for acceptance.

Amendments

The Policy Document has been amended in light of updated guidance on supporting pupils with medical conditions, drafted by the Department of Education for maintained schools and proprietors of academies in England. It is the responsibility of the Head Teacher to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

Distribution of copies

Copies of the approved policy will be shared to relevant staff including the Headteacher, first aiders and the premises team as well as board members and displayed on the school website.

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2. Roles and Responsibilities

2.1 The Trust Board

- 2.1.1 The Trust Board has ultimate responsibility for health and safety matters in the school
- 2.1.2 The Trust Board delegates operational matters and day-to-day tasks to the Head of School and staff members.

2.2 The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- 2.2.1 Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times and that their names are prominently displayed throughout the school.
- 2.2.2 Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.3 Ensuring all staff are aware of first aid procedures.
- 2.2.4 Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- 2.2.5 Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- 2.2.6 Ensuring that adequate space is available for catering to the medical needs of pupils.
- 2.2.7 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 The School Nurse/ Healthcare Professional

- 2.3.1 The School will be allocated a school nurse or other suitably qualified healthcare professional; this person will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in schools, including supporting staff on implementing a pupil's Healthcare Plan.
- 2.3.2 The School healthcare professional will work with the Headteacher to determine the training needs of school staff.
- 2.3.3 Suitable cover will be provided in the absence of the school nurse/healthcare professional.

2.4 Appointed person(s) and first aiders

- 2.4.1 The school's appointed persons are responsible for:
 - ☑ Taking charge when someone is injured or becomes ill
 - ☑ Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
 - ☑ Ensuring that an ambulance or other professional medical help is summoned, when appropriate
- 2.4.2 First aiders are trained and qualified to carry out the role and are responsible for:
 - ☑ Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.

- ☒ Sending pupils home to recover, where necessary
- ☒ Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- ☒ Keeping their contact details up to date.

2.5 Staff Trained to Administer Medicines

2.5.1 Members of staff in the school who have been trained to administer medicines must ensure that:

- ☒ Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- ☒ Wherever possible, the pupil will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.
- ☒ If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- ☒ Records are kept of any medication given.

2.6 Other Staff

School staff are responsible for:

- 2.6.1 Ensuring they follow first aid procedures.
- 2.6.2 Ensuring they know who the first aiders in school are and contact them straight away.
- 2.6.3 Completing accident reports for all incidents they attend to where a first aider is not called.
- 2.6.4 Informing the Headteacher or their manager of any specific health conditions or first aid needs.

3. Arrangements

3.1 First Aid Boxes

3.1.1 The first aid posts are located in:

- ☐ The Medical Room
- ☐ The staffroom

3.2 Medication

3.2.1 Pupils' medication is stored in:

- ☐ the Medical Room

3.3 First Aid

3.3.1 In the case of a pupil accident, the procedures are as follows:

- ☐ The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- ☐ The first aider administers first aid and records details in the treatment book.
- ☐ If the child has had a bump on the head this must be recorded and relevant staff advised to monitor behaviour throughout the day. See NHS guidance in Appendix 11.
- ☐ Full details of the accident are recorded in the accident book and/or other recording system
- ☐ If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Executive team
- ☐ If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then the accident is also reported to the Executive team

3.4 School's Insurance Arrangements

3.4.1 The school is insured via membership of the Department for Education's Risk Protection Agreement (RPA)

3.5 School Visits

3.5.1 In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.5.2 In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

3.6 Administering Medicines in School

3.6.1 **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

- 3.6.2. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- 3.6.3. In all cases, the school must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.
- 3.6.4. Staff will ensure that records are kept of any medication given.
- 3.6.5. Non-prescribed medicines may not be taken in school.

3.7 Storage/Disposal of Medicines

- 3.7.1. Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the School office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.
- 3.7.2. Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

3.8 Accidents/Illnesses requiring Hospital Treatment

- 3.8.1. If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.
- 3.8.2. Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.9 Defibrillators

- 3.9.1. Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.
- 3.9.2. The local NHS ambulance service have been notified of its location.

3.10 Pupils with Special Medical Needs – Individual Healthcare Plans

- 3.10.1. Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be:
 - ☐ Epileptic
 - ☐ Asthmatic
 - ☐ Have severe allergies, which may result in anaphylactic shock
 - ☐ Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

- 3.10.2. The School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.
- 3.10.3. The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.
- 3.10.4. An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.
- 3.10.5. Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The school nurse may also provide additional background information and practical training for school staff.
- 3.10.6. The procedure that will be followed when the School is first notified of a pupil's medical condition:
The office informs Carrie Sillince. The information is recorded on Arbor and the pupil's medical condition is added onto the medical alert book. If deemed necessary a health care plan will be devised by the school, parents and if required a healthcare professional. Classteachers, first raiders and SLT will be informed.

This will be in place in time for the start of the relevant school term for a new pupil starting at the School or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the School mid-term.

3.11 Accident Recording and Reporting

3.11.1 First aid and accident record book

- ☒ An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be communicated to parents.
- ☒ As much detail as possible should be supplied when completing the accident form.
- ☒ A copy of the accident report form will also be added to the pupil's educational record by the relevant member of staff.
- ☒ Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3.11.2 Reporting to the HSE

- ☒ The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- ☒ The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
 - o Death
 - o Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight

- Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
 - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- o Where a work related accident leads to a member of the public being taken to hospital
 - o Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - The accidental release of a biological agent likely to cause severe human illness.
 - The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - An electrical short circuit or overload causing a fire or explosion.

☒ Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE

<http://www.hse.gov.uk/riddor/report.htm>

3.11.3 Notifying parents

☒ The first aider who has administered the first aid check will inform parents of any accident or injury sustained by the pupil, and any first aid treatment given, on the same day.

3.11.4 Reporting to Ofsted and child protection agencies

☒ The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

☒ The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

☒

4. Conclusions

- 4.1 This First Aid and Medicine policy reflects the school's serious intent to accept its responsibilities in all matters relating to management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

Appendix 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

2. Give your location as follows (*insert school address*)

3. State that the postcode is:

4. Give exact location in the school (*insert brief description*)

5. Give your name:
6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Appendix 2

Health Care Plan

School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	
GP Name Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	

Transport Arrangements <i>If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from School.
If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles

Appendix 3

Parental agreement for Rockliffe Manor to administer medicine (one form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine
(as described on the container) _____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the
School should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

I understand that I must deliver the medicine safely to school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Print Name _____

Date _____

Appendix 4

Record of regular medicine administered to an individual child

Name of school _____

Name of child _____

Date of medicine provided by parent ____/____/____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given _____

Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____

Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Appendix 5

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Appendix 6

SEIZURE MEDICATION CHART

Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

Appendix 7

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

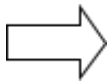
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

.....

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

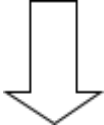
- Generalised itching
 - Mild swelling of lips or face
 - Feeling unwell/Nausea
 - Vomiting
- 

ACTION

Give _____
(Antihistamine)
immediately

Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
 - Severe swelling of lips/eyes/face
 - Pale/floppy
 - Collapsed/unconscious
- 

If symptoms worsen see
— **SEVERE REACTION**

ACTIONS

1. Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an
'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers**Mother:** _____**Father:** _____**Other:** _____

Signed Head teacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Pediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

Appendix 8

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____


ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

.....

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
 - Mild swelling of lips or face
 - Feeling unwell/Nausea
 - Vomiting
- 

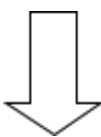
ACTION

Give _____ (Antihistamine) immediately

Monitor child until you are happy he/she has returned to normal.

If symptoms worsen see

SEVERE REACTION

- Difficulty breathing/choking/coughing
 - Severe swelling of lips/eyes/face
 - Pale/floppy
 - Collapsed/unconscious
- 

— **SEVERE REACTION**

ACTIONS

1. Get _____ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an
'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 9

Medication given in School (note to parent/carers)

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 10**STAFF TRAINING RECORD – Administration of Medicines****SCHOOL** _____

Name	Job Title	Training	Date Undertaken	Date Refresher Required	Date Refresher Undertaken

Appendix 11

Guidance on Head Injuries

Go to A&E if:	Call 999 if:
<p>You or your child have had a head injury and have:</p> <ul style="list-style-type: none"> ● been knocked out but have now woken up ● vomited (been sick) since the injury ● a headache that does not go away with painkillers ● a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5) ● been crying more than usual (especially in babies and young children) ● problems with memory ● been drinking alcohol or taking drugs just before the injury ● a blood clotting disorder (like haemophilia) or you take medicine to thin your blood ● had brain surgery in the past <p>You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks</p>	<p>Someone has hit their head and has:</p> <ul style="list-style-type: none"> ● been knocked out and has not woken up ● difficulty staying awake or keeping their eyes open ● a fit (seizure) ● fallen from a height more than 1 metre or 5 stairs ● problems with their vision or hearing ● a black eye without direct injury to the eye ● clear fluid coming from their ears or nose ● bleeding from their ears or bruising behind their ears ● numbness or weakness in part of their body ● problems with walking, balance, understanding, speaking or writing ● hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident ● a head wound with something inside it or a dent to the head <p>Also call 999 if you cannot get someone to A&E safely</p>

For further guidance see the NHS advice: <https://www.nhs.uk/conditions/head-injury-and-concussion/>

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The following are some examples. The H&S lead in the school will keep under review to ensure links are current.

- HSE
<https://www.hse.gov.uk/>
- Department for Education and Skills
www.dfes.gov.uk
- Department of Health
www.dh.gov.uk
- Disability Rights Commission (DRC)
www.drc.org.uk
- Health Education Trust
<https://healtheducationtrust.org.uk/>
- Council for Disabled Children
www.ncb.org.uk/cdc
- Contact a Family
www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/information-and-advice/for-schools>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- Cystic Fibrosis Trust
www.cftrust.org.uk
- Diabetes UK
www.diabetes.org.uk
- Epilepsy Action
www.epilepsy.org.uk
- National Society for Epilepsy
www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
www.hacsq.org.uk
- MENCAP
www.mencap.org.uk

and

- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/