



First Aid Policy

(Including Administering Medicines to Children and Young People)

Date Reviewed: 12.12.2019

Date of next Review: 12.12.2022

1: First Aid Policy

This policy outlines Wymondham High Academy's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors, and the procedures in place to meet that responsibility.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the paramedic service arrives, or the casualty can be given over to the care of a responsible adult who is entrusted with taking further medical advice where necessary.

Wymondham High Academy will provide First Aid such that all students attending our school have full access to learning, including those with medical needs. The school will endeavour to keep every student safe and comfortable whilst at school. If a student requires First Aid the school will inform parents as appropriate. (See Section 9.2).

2: Aims & Objectives

2.1 Aims

- To identify the First Aid needs in line with, and comply with the Management of Health and Safety at Work Regulations (1992 and 1999), Control of Substances Hazardous to Health regulations (2002), The Equality Act (2010), The School Premises Regulations (England) (2012), The Children and families Act (2014), Managing medicines on School Premises (2014), Guidance on First Aid in Schools (2014), and DFE guidance on Supporting pupils with Medical Conditions (2014).
- To make First Aid provision based on the school's internal risk assessment processes.
- To ensure that First Aid provision is available at all times while students and staff are on school premises, and also off the school premises whilst on school trips and extra-curricular activities.

2.2 Objectives

- To appoint the appropriate number of suitably trained people as Appointed Person and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of the training needs of staff.
- To provide sufficient and appropriate resources and facilities.
- To make the School's First Aid and administering medicines arrangements available for staff and parents via the school website and Metro Central.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

3: Responsibilities

3.1 The Governors are responsible for the health and safety of their employees and anyone else on the premises. This includes the Principal and teaching staff, non-teaching staff, pupils and visitors (including contractors).

The Governors must ensure that a risk assessment of the School is undertaken and that the appropriate training and resources for First Aid arrangements are appropriate and in place.

They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

Any complaints regarding First Aid or administering medications should be made by following the procedure for complaints as set out in the school's complaint's policy, which can be found on the website.

3.2 The Assistant Principal: Inclusion is responsible for putting the policy into practice and for developing detailed procedures in Line Management of the Appointed Person.

3.3 Teachers and other staff are expected to do all they can to secure the welfare and safety of the students, this will be secured by reading and understanding Individual Health Care Plans and Education Health Care Plans for SEND students as identified by the Assistant Director of Learning Support, of the students they teach and take out of school on trips and extra curricula activities; by reading and understanding this policy; by referring any concerns they might have about the health of a student to the school's safeguarding team; and by enabling any child or young person who reports as feeling unwell to be assessed by a First Aider.

3.4 It is the **parent/ carer's responsibility** to send their child to school, and to make the decision as to whether their child is fit enough to attend school or not. They must also inform the Appointed Person, of any changes in relation to their child's medical condition if and when changes occur.

Parent/carers are asked to complete a 'medical form' on induction, including medical needs and contact numbers. Any changes to this information must be notified to the school immediately. (Appendix 1).

Where medication is supplied via the parent to the school for distribution at school, parent/carers have responsibility to note expiry dates and to ensure that all medication kept in school is within date. They must deal with the correct disposal and replenishment as necessary.

3.5 It is **individual student's responsibility** that where possible, each person will manage their own indicators of health, ensuring that they report to an adult in the school if they feel unwell and that where agreed, they manage their own medication; for example, reporting as appropriate to the First Aid room to measure bloods and take prescribed medication in the case of diabetes.

It is also the individual student's responsibility to report to parent/carers if they have felt, or become unwell or suffered minor injuries in the course of the school day, unless otherwise indicated on the policy.

3.6 The First Aider will notify parent/carers if their child is so unwell that they require immediate collection from school. Students are not permitted to make this decision - they must not phone or text parent/carers and request to be collected. If a student is unwell, they must attend the First Aid room, located in Reception, where they will be assessed and appropriate action taken.

First Aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a child or young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent/ carer's responsibility to take over immediate care of the student.

The appointed person will be known as the First Aid Officer, and will have undertaken emergency first aid training. S/he will:

- Assess children and young people who present as feeling unwell and take appropriate action, which shall be recorded on SIMs for tracking of such occasions.
- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment e.g. re-stocking the first aid boxes.

The First Aider must have completed and keep up-dated a training course approved by the HSE. S/he will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

Casualties with suspected fractures to back or neck injuries must not be moved unless the nurse or ambulance personnel are present.

- When necessary, ensure that an ambulance or other professional medical help is called.
- Normal duties. A first aider must be able to leave to go immediately to an emergency.

Other trained personnel will be available on occasion should an emergency arise.

All First Aiders hold a valid certificate of competence, issued by an organisation approved by HSE. Other named staff hold a 1 day first aid certificate especially designed for schools call First Aid at Work. A list of named staff can be found on the door of the First Aid room.

3.7 In selecting first aiders, the **Principal**, should consider the person's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.

4: Procedures

4.1 Risk Assessment

Reviews are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the Governors or the Senior Leadership Team.

4.2 Re-assessment of First Aid provision

As part of the School's monitoring and evaluation procedures:

- The **Assistant Principal - Inclusion**, shall ensure review the School's First Aid needs following any changes to staff, building/site, and activities, off-site facilitate, etc.
- The **CPD Coordinator** monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- The **CPD Coordinator** also monitors the emergency first-aid training received by other staff and organises appropriate training.
- The **First Aid Officer** checks the contents of the first-aid boxes monthly.

4.3 Risk assessment

The school is low-risk environment, but SLT will consider the needs of specific times, places and activities in deciding on First Aid provision.

In particular they should consider:

- Off-site PE
- School trips
- Science/Technology/Art rooms/the swimming pool/Sixth Form
- Adequate provision in case of absence, (including trips)
- Out-of-hours provision (e.g. clubs/events)

Arrangements should be made to ensure that the required level of cover of first aiders is available at all times when people are on school premises.

4.4 First Aid equipment

The First Aid Officer must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.

All First Aid containers must be marked with a white cross on a green background.
The school minibus must carry a First Aid container.

First Aid containers must accompany PE teachers and any staff leading school related activities offsite.

A defibrillator is situated on site, in reception, and staff have been appropriately trained in the use of this item.

Spare stock should be kept in school.

Yellow SHARPS boxes are kept, clearly labelled, for individual students for safe disposal of needles and other sharps.

Responsibility for checking and re-stocking the first aid containers is that of the First Aid Officer.

5: Medication - Supervision and Administration

5.1 Arrangements for Administering Medicines

Students are not encouraged to take medication at school. In the main, the need to do so will be recorded on specific Individual Health Care Plans, which are updated regularly by parent/carers, the health services and school. In this way, the school will supervise the administration of medication for students who have long term medical needs. This includes children and young people with asthma, epilepsy, diabetes, those taking medication for ADHD, severe allergies and other such conditions that have been diagnosed and are monitored by health professionals.

If students have short term medical conditions where medication is required to be taken during the school day, the parent/carer must complete a request for medicine to be administered form (Appendix 6) available from reception or on the school website, and hand the form into school marked 'for the attention of the First Aid Officer'.

If the school receives information on the medical emergency form, which indicates that administering medication is required, and this is agreed, then the school will send an email to request receipt of the medication and to explain how and when it will be administered. (Appendix 3)

Medication will not be administered until this is completed and the appropriate information is entered onto SIMS. It is the parent/carer's responsibility to ensure that the medication arrives at school, is within the required expiry date and is sufficient to cover the short-term period as noted on the form. All medication brought into school must be clearly labelled with the student's name, dosage and frequency of administration, date of dispensing, cautionary advice and expiry date. In the event that medication is found to be nearing or out of date, and email will be sent to parent/carers reminding them to update the medication. (Appendix 4)

If the medication is not collected by the end date, it will be disposed of by the school.

All medication will be kept in a locked cabinet in the First Aid office and will be filed in the correct place for easy and swift access. The only medication that a student (aged under 16) is permitted to have with them are asthma inhalers, and EpiPen as prescribed on their Individual Health Care Plans.

Records of all medications kept in this way will be entered onto SIMs. In the case of daily medicine administration being required for a period of time, a paper copy of the record will be kept, until the requirement has ceased and then will be attached to Sims via linked documents (Appendix 10)

5.2 Administering paracetamol

The Academy does not administer paracetamol.

5.3 Sun Protection

We recommend that parent/carer's supply their children with sun screen of an appropriate factor for the weather on any particular day.

Water fountains are located around the school and drinks are available for purchase from the above areas at break and lunchtime.

The First Aid room should not be used as an area where water bottles can be filled.

6: Accommodation

The First Aid room is used for assessment of students who are injured or who report that they feel unwell, and contains a bed and a sink.

7: Hygiene / Infection Control

Basic hygiene procedures must be followed by First Aiders. Single issue disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

There are special yellow boxes for the disposal of needles, for students with disorders such as diabetes who self-administer medicines under the supervision of the First Aider.

8: Accidents/ injuries and illnesses

8.1 Reporting Accidents

Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents (Annex A).

The following accidents must be reported to the HSE:-

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than three days.

Involving pupils and visitors:

- Accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work.
- Any school activity, both on or off the premise.
- Equipment, machinery or substances
- The design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508.

If the incident is related to premises or the environment, the Premises Manager is responsible for investigating and ensuring that the RIDDOR Form is completed; but if it is related to people causing the incident, then the investigation of the incident and the completion of the forms is the responsibility of the Vice Principal. The form must be emailed / faxed. It can also be completed on-line. The email address is riddor@hatbrit.com. To report an incident over the telephone call 0845 300 99 23 (Monday to Friday 8.30am to 5.00pm).

The Governors must ensure that the school keeps a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

8.2 Identification and Treatment of pupils with particular medical conditions

Parents complete a medical form when registering their child, (Appendix 2). The original is kept in the pupil's file. A copy of medical forms is taken on all off site visits and every class teacher has access to the medical conditions form with all the relevant / important details.

Any regular medicines are named and kept with the First Aid Officer. They are stored in a locked First Aid cupboard with the exception of liquid antibiotics, which are stored in the fridge. Insulin is kept in the fridge. Details of medicines dispensed are kept in a separate book.

Currently the specific medical conditions, for which medication might be administered in school, are asthma, diabetes and anaphylactic shock. It is important that prescribed inhalers for asthmatics are kept in the pockets of the student to whom they have prescribed so that they can be self-administered. Spare inhalers are kept in a first aid bag in the school office. This is also true of prescribed epipens, which must be checked regularly to ensure they are up to date.

8.3 Record Keeping

Statutory accident records: The Governors must ensure that the school keeps readily accessible accident records, written or electronic, are kept for a minimum of three years.

The **Assistant Principal – Inclusion**, must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This record should be completed by any First Aider

administering treatment or support to children and young people in the school's care. This should include:

- The date, time and place of accident / incident
- The name (and class) of the injured or ill person
- Details of their injury / illness and what first aid was given
- What happened to the person immediately afterwards
- Name and signature of the first aider or person dealing with the incident.
- Whether or not and to whom the incident has been referred.

The Governors must ensure that the school has in place procedures for ensuring that parents are informed of significant incidents.

8.4 Monitoring

Accident records can be used to help the **Assistant Principal – Inclusion** identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

The **Assistant Principal – Inclusion** should establish a regular review and analysis of accident records.

9: Medical Conditions

9.1 In the case of having a **long-term medical condition** such as 9.3 - 9.6, detailed below, each student must have an Individual Health Care Plan, and where indicated, carry their own medication, with spares given into the care of the First Aid Officer. All medication that is located in the First Aid room will be a lockable cupboard along with a copy of their Individual Health Care Plan, in clearly labelled trays for each named student.

For students with an Individual Health Care Plan, who attend a planned trip out of school, their medication will be placed inside a plastic wallet along with a copy of their care plan. The wallet will be issued to the designated First Aider for that trip, and they will be in charge of this medication at all times. They will also be responsible for returning the wallet to the First Aid Officer once the trip is over, together with the details noted when administering the medication or any other comments relating to the child's condition as detailed by the care plan.

9.2 informing parents/carers

9.2a Parent/ carers will not be informed if the student has a minor complaint:

- Cuts and grazes that does not require professional attention.
- A sprain/ strain to ligaments muscles where the student confirms that that initially reported pain has stopped and physical movement is not visibly hampered.
- A headache that goes away.

Students in our school are expected to take responsibility for their health and are therefore expected to inform parent/carer of any minor injury/ illness that has occurred during the school day.

9.2b Parent/carers will always be contacted, or the secondary contacts supplied on SIMs will be contacted, and every effort made to speak with them personally should a student:

- Need to attend hospital.
- If an ambulance is called.
- Has a suspected contagious rash
- Has been stung/ bitten by an insect or animal.
- Has an injury to the head of any kind.
- Appear to be unfit to continue their day at school
- Who has an existing health care plan in place and is feeling unwell
- If the injury is deemed not accidental.

Actual Conditions:

9.3 ASTHMA

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthmatic attack is the sudden narrowing of bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, deodorant, paint and fumes for science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

Students are asked to have their inhalers with them at all times and especially when they are doing PE, in Science or Technology, and when they are on trips out of school. A spare inhaler clearly labelled with the student's name, dosage/ frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents to be kept in the First Aid room in case of additional need.

Parents are responsible for ensuring that the inhaler medication is renewed well before the expiry date.

WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

1. Keep calm – it is treatable
2. Let the child sit down: do not make him lie down.
3. Let the child take his usual treatment – normally a blue inhaler
4. Call First Aid

If the child has forgotten his inhaler, and there is not a spare one in the office summon a parent or guardian to bring one in from home.

5. Wait 5 to 10 minutes
6. If the symptoms disappear, the child can go back to what he was doing.
7. If the symptoms have improved but not completely disappeared, summon a parent or guardian and give another dose of the inhaler while waiting for them to arrive.
8. If the normal medication has no effect, follow the guidelines for 'severe asthma attack'.

SEVERE ASTHMA ATTACK

A severe asthma attack is:

When normal medication does not work at all.

The child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance
2. The Appointed Person or a member of the office or teaching staff will inform a parent/carer
3. Keep trying with the usual reliever inhaler, and do not worry about possible over dosing
4. Fill in an accident form

IF IN DOUBT TREAT AS A SEVERE ATTACK

9.4 EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits)

There are many different types of seizures; however, a person's first seizure is not always diagnostic of epilepsy.

WHAT TO DO IF A CHILD HAS A SEIZURE

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course
3. Do not try to restrain convulsive movements
4. Do not put anything in the child's mouth, especially your fingers
5. Do not give anything to eat or drink
6. Loosen tight clothing especially round the neck
7. Do not leave the child alone
8. Removal all students from the area and send a responsible pupil to the school office for assistance
9. If the child is not a known epileptic, an ambulance should be called
10. If the child requires medication to given whilst having the seizure, then the Appointed Person or a member of staff trained to give the medication must do it
11. As soon as possible put the child in the recovery position

Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

12. The person caring for the child during the seizure should inform the parent/carer as they may need to go home, and if not a known epileptic they must be advised to seek medical advice.

9.5 ANAPHYLACTIC SHOCK

Anaphylaxis

Anaphylaxis is an acute; severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets).

In its most severe form the condition is life threatening.

Students should have their own Epipen with them at all times, and a spare. Epipens should be made available by the parents to the First Aid room.

All First Aiders are given annual training from the school nurse on how to administer the Epipen. All staff are also required to attend such training as a whole school event when it is organised by SLT.

Symptoms

Itching or strange metallic taste in the mouth
Hives / skin rash anywhere on the body, causing intense itching
Angioedema – swelling of lips/eyes/face
Swelling of throat and tongue – causing breathing difficulties / coughing / choking
Abdominal cramps and vomiting
Low blood pressure – child will become pale / floppy
Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

First Aid treatment

Oral Antihistamines
Injectable Adrenalin (Epipen)

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. DO NOT PANIC
2. Stay with the child at all times and send someone to the school office / First Aid Room.
3. Treat the child according to their own protocol which will be found with their allergy kit.
IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG.
4. Contact the parent or guardian

5. If you have summoned an ambulance fill in the allergic reaction report and in the First Aid Log and get it to the ambulance crew with the used Epipen.

9.6 DIABETES MELLITUS

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK (LOW BLOOD SUGAR LEVELS)

1. DO NOT PANIC
2. Notify First Aid
3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
4. Offer clear fluids to help dilute the sugar.
5. Get the child to First Aid to test the blood sugar level
6. Notify the parent or guardian
7. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately

HYPERGLYCAEMIA (TOO MUCH SUGAR IN THE BLOOD STREAM)

This condition takes a while to build up and you are less likely to see it in the emergency situation at school.

9.7 Emergency injury or illness

An Ambulance will be called after any accident / incident if the First Aider in charge, deems it necessary to have immediate medical intervention.

In the event this is deemed necessary the parent/carer will be contacted after the ambulance has been called.

A member of staff will always travel in the ambulance to the accident and emergency department if the parent/carer is unavailable at the time of departure. In this event the member of staff should take a 'Student Details' sheet printed out from SIMs so that relevant and up to date information can be given at the hospital. They should also ensure that a second member of staff knows that they have gone and arrangements for returning to school or home have been made.

EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE

1. Dial 999
2. Ambulance required at:

Wymondham High Academy
Folly Road
Wymondham
NR18 9JJ

3. Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment that has or is being administered
4. Inform them that there is a car park and direct them as required.
5. Notify the nearest SLT member immediately
6. Ensure that a person is available to meet the ambulance and take the personnel to the place where the person for who the ambulance has been called is situated.

9.8 Cuts and grazes

All First Aiders will use latex free surgical gloves when treating any or potential open wound. Wounds will be cleaned with water and/ alcohol free surgical wipes.

If plasters, adhesive dressings or gauze bandages are used, students who are judged competent to answer will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer this question, parent/carers will be contacted before the plaster or such item is administered, and if necessary the parents/carer will be advised to attend the school immediately to administer it.

9.9 Head injury

Any student who reports a blow to the head will be asked the following set questions:

- How did it happen?
- When did it happen?
- Where did it happen?
- How do you feel?

The student will be monitored in the First Aid room for 20 minutes minimum for any signs of concussion. However, for any head injury involving the neck, the student should not be moved.

If the injury is minor the student will return to normal lessons with a 'head injury note' (appendix 5) advising that the student is returned to the first aid room if any of the following signs or symptoms are reported by the student or observed by the member of staff. Students themselves are told to come back to the First Aid room if they start to feel faint, dizzy or feel sick.

Parent/carers will be informed a head injury is suspected. If there are further concerns in school, parent/carers will be contacted to come and collect their child immediately. At this point advice will be given to the parent/carer to seek further professional medical advice.

9.10 Nausea/vomiting /diarrhoea

Students who report nausea or vomiting or diarrhoea will be assessed in the First Aid room for a minimum of 20 minutes. If no further symptoms occur, they will be returned to normal lessons and told to come back if they feel unwell again during the school day. If symptoms persist then parent /carer will be asked to come and collect their child and seek further professional medical advice.

It is the school policy that when a child has either been physically sick or has had a temperature, he or she must be kept at home for 48 hours following either the end of the sickness or the return to a normal temperature.

Appendix 1– Medical Emergency form – also to be used for updates.

DATE:

STRICTLY PRIVATE & CONFIDENTIAL
Please do not leave this form anywhere with pupil access

MEDICAL EMERGENCY FORM

(SPECIAL INSTRUCTIONS TO TEACHING STAFF WHICH SHOULD **BE KEPT AVAILABLE FOR REFERENCE IN THE CLASSROOM**)

PUPIL NAME:	D.O.B:
INFORMATION GIVEN BY:	DATE:
PRINT NAME:	SIGNED:
MEDICAL CONDITION:	
TRIGGER FACTORS:	
POSSIBLE SYMPTOMS:	
TREATMENT: {Please add instructions/protocol you would like staff to follow – Inc. protocol for PE/School Trips}	
EMERGENCY ACTION:	
MEDICATION:	
PREVIOUS HISTORY OF PROBLEMS:	

Any queries about the above information: Please see First Aid Room

For School Use Only

Agreed on behalf of Wymondham High Academy

Print Name:
.....

Signed:
.....

Date:

Appendix 2

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Student's Full Name:..... Form:

Address:

Condition / Illness:

Name / Type of Medication:

For how long will student be required to take medication?

Date dispensed:

Dose:

Frequency of Dosage:.....

Timing:

Additional instructions / information: (e.g. before / after food, interaction with other medicines, possible side effects, storage instructions):

.....

.....

I understand that I must deliver the medicine personally, or send it with my child to the First Aider, replace any medication used and collect any remaining medication when the course is completed.

I accept that the School has a right to refuse to administer medication and that it is my responsibility to ensure that all medication is within the expiry date and to inform the School of any drug changes.

Name (Please print):

Relationship to student:

Signed

Date:

N.B. Drugs / Medicines sent to school MUST be in current pharmacy-labeled containers please.

School use: Remaining medication returned to parent on (insert date):

or disposed of on (insert date) _____

Appendix 3

{REMEMBER TO ATTACH RELEVANT FORMS}

Further to receiving the medical update form for the above student, you have stated that they are using medication.

- {Insert medication}

Please can you provide the First Aid Room with this medication so that it can be stored within the school in case of emergency usage? Attached you will find a Medicine Administer Request Form which needs to be completed and sent in with the medicine – which must have been dispensed and have a pharmaceutical label on it.

Please can you also complete the Medical Emergency Form, which is the protocol/instructions that are to be followed by staff? As everyone's triggers, symptoms and treatment is different, please can you make any changes that you feel is necessary to the form and return it along with MAR form and medication to the First Aid Room.

Please be assured that all medical information held about a student is kept private and confidential.

If you have any questions at all, please contact me on 01953 602078.

Kind regards

Appendix 4

On checking, the medication that we hold in school for {ADD NAME} is out of date – {ADD MEDICATION AND EXPIRY}

Please can you supply us with new in date medication at your earliest convenience so that should it be needed in an emergency we have the correct medication within school for {HIM/HER} – a new Request For School to Administer Medication Letter is attached to be completed, this needs to be sent in with the new medicine (a separate letter is required for each medicine).

If the medication is no longer needed please can you confirm this in writing by completing a new medical form which is attached and return it to the First Aid Office at the school - unfortunately an email is not sufficient.

The out of date medication will be disposed of within 2 weeks of this e-mail unless you inform me otherwise.

PLEASE NOTE – IT IS THE PARENTS RESPONSIBILITY TO REPLACE ANY OUT OF DATE MEDICATION THAT IS NEEDED FOR THEIR CHILD WITHIN SCHOOL– THIS E-MAIL IS JUST A COURTESY REMINDER.

Appendix 5

Head Injury Leaflet (under 16's)

Following your child's head injury, please read the following advice and guidance. When they get home, it is very unlikely that they will have any further problems. But, if any of the following symptoms do return, we suggest you take your child to the nearest hospital emergency department as soon as possible:

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open)
- drowsiness (feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake
- difficulty waking your child up
- problems understanding or speaking
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with their eyesight
- painful headache that won't go away
- vomiting (being sick)
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose
- bleeding from one or both ears.

Things you shouldn't worry about

They may feel some other symptoms over the next few days which should disappear in the next 2 weeks. These include a mild headache, feeling sick (without vomiting), dizziness, irritability or bad temper, problems concentrating or problems with their memory, tiredness, lack of appetite or problems sleeping. If you feel very concerned about any of these symptoms in the first few days, you should take them to see their doctor. **If these problems do not go away after 2 weeks, you should take your child to see their doctor.**

Things that will help your child get better

If your child follows this advice it should help them get better more quickly, and it may help any symptoms they have to go away:

- DO have plenty of rest and avoid stressful situations.
- DO NOT take sleeping pills, sedatives or tranquilisers unless they are given by a doctor.
- DO NOT play any contact sport (for example, rugby or football) for at least 3 weeks without talking to your doctor first.

Long-term problems

Most patients recover quickly from their accident and experience no long-term problems. However, some patients only develop problems after a few weeks or months. If you start to feel that things are not quite right for your child (for example, memory problems, not feeling themselves), then please contact their doctor as soon as possible so they can check they are recovering properly.

You can find further support and information from the Child Brain Injury Trust:

<http://childbraininjurytrust.org.uk/>

Appendix 6

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Student's Full Name: Form:

Address:

Condition / Illness:

Name / Type of Medication:

For how long will student be required to take medication?

Date dispensed: _____ Dose:

Frequency of Dosage: Timing:

Additional instructions / information: (e.g. before / after food, interaction with other medicines, possible side effects, storage instructions).

.....
.....

I understand that I must deliver the medicine personally or send it with my child to the First Aider, replace any medication used and collect any remaining medication when the course is completed.

I accept that the School has a right to refuse to administer medication and that it is my responsibility to ensure that all medication is within the expiry date and to inform the School of any drug changes.

Name (Please print): Relationship to student:.....

Signed: Date:

N.B. Drugs / Medicines sent to school MUST be in current pharmacy-labelled containers please.

School use: Remaining medication returned to parent on (insert date)

or disposed of on (insert date)

Appendix 7

Name:

Date of Birth:

Allergies:

Date	Name of person who brought it in	Authorisation letter received	Name of medication	Amount supplied	Form supplied (liquid/tablets)	Expiry date	Dosage regime

Register of Medication Administered

Date	Medication	Amount given	Amount left	Time	Administered by	Comments / Action Side effects

