

**First Aid and Medical Needs Policy**

Created:

Review: July 2016

**STATEMENT OF INTENT**

The Policy Document has been amended in light of updated guidance on supporting students with medical conditions, drafted by the Department of Education for proprietors of academies in England and effective from **1st September 2014.**

The Academy believes that ensuring the health and welfare of staff, students and visitors is essential to its success:

We are committed to:

* Providing adequate provision for first aid for students, staff and visitors.
* Ensuring that students with medical needs are fully supported at school.
* Ensuring that no student is excluded unreasonably from any school activity because of his/her medical needs.
* Providing specialist training for staff.

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.

Students and staff with medical needs, where taking medication, eating, drinking or taking breaks is required, will be able to do so whenever required, in order to manage their medical condition effectively.

Procedures for supporting students with medical needs and providing first aid are in place and are reviewed regularly.

Signed: ………………………………………………………… Chair of Governors

Name:

Date:

**ARRANGEMENTS FOR IMPLEMENTATION OF POLICY**

**The Nominated Person**

There is a nominated person to have the lead role in ensuring students with medical conditions are identified and properly supported in the academy, and to support staff who are implementing a student’s Health Care Plan.

**FIRST AID**

**The First Aid Team**

The school will, where necessary provide training for, sufficient qualified first aiders to comply with the statutory minimum. Additional first aiders should be appointed and trained where possible.

The Headteacher will appoint a first aid coordinator who is responsible for:

* maintaining the list of qualified first aiders
* ensuring that any shortfall in the required number is rectified
* keeping records of qualifications held and expiry dates
* arranging training for new first aiders
* arranging refresher training for existing first aiders
* ensuring that lists of first aiders are kept up to date and displayed
* keeping a record of all treatment provided to students
* keeping the academy accident book
* ensuring that the academy has adequate first aid boxes
* ensuring that first aid boxes are kept fully stocked

Lists of first aiders and their contact details must be kept and displayed in office, in the staff room and by the receptionist. Copies of the list should be displayed in other areas around the school.

**First Aid Boxes**

The school must provide and keep fully stocked the minimum number of first aid boxes required by statute and regulation.

A list of the location of first aid boxes must be attached to every copy of the list of first aiders as required in the First Aid Team section above. *See Form 9*.

**Administration of First Aid in the Academy**

In the case of a student accident or medical emergency, the following procedures must be followed at all academies:

* If the student can walk, the staff member on duty must take him/her to a designated first aid post or medical room and call for a first aider.
* If the student is unable to walk the member of staff on duty must call for a first aider to attend the student’s location;
* The first aider will assess the situation and administer any first aid required
* The first aider must record the incident and any treatment administered in the academy treatment book.
* If the student has had a bump on the head, they must be given a “bump on the head” note to take home to their parents/carers. Depending on the injury, parents should be called and emergency procedures followed.
* If the administration of medication is needed (e.g. paracetomol), parents’ permission must be obtained first or given on the advice of emergency services.
* If the first aider has been called because the student has been injured in an accident, full details must be reported to the academy nominated Health & Safety Competent Person who must record them in the academy accident book
* If the student requires hospital treatment the incident must be reported to a member of the academy senior leadership team.
* The academies nominated Health & Safety Competent Person must decide if the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), and if so report the incident in accordance with HSE requirements.

The first aid coordinator is responsible for ensuring that all first aiders are aware of these procedures and for checking that they are complied with.

**First Aid risk assessment:**

A first aid risk assessment is undertaken annually to assess what is in place and any changes that may need to be made due to changing circumstances, environment and/or children’s needs. The assessment includes evaluating the risks and hazards of infection or safety that may occur due to illness and accidents.

**Infection control:**

**See the Academy *Control of Infections* Policy**

**Administration of First Aid on Academy Visits**

All trips must be accompanied by a trained first aider carrying a complete first aid kit.

If a student with medical needs requires specialist support a trained first aider able to deal with the students condition will accompany the trip and will take with them a copy of the student’s Individual Health Plan (IHP) and any medication or equipment that the student might require during the trip.

**Residential Visits**

If first aid is required at the residential centre/accommodation the resident first aider will administer first aid and complete reports in accordance with relevant legal requirements for the residential centre/accommodation.

If first aid is required away from the residential centre, first aid will be administered by the first aider accompanying the trip.

Wherever the first aid was required, the trip co-ordinator must record details of the incident and ensure that the academy treatment book and accident book are updated on return. If the student has suffered a bump on the head a bump on the head note must be given to the student to take to their parents/carers on return.

**Day Visits**

If first aid is required on a day trip, first aid will be administered by the first aider accompanying the trip. The trip co-ordinator must record details of the incident and ensure that the academy treatment book and accident book are updated on return to the academy. If the student has suffered a bump on the head a bump on the head note must be given to the student to take to their parents/carers on return.

This Policy applies to all off-site visits and must be **appended to the Educational Visits Policy**.

**Academy Insurance Arrangements**

All academies are covered by public liability insurance policies which will indemnify staff against any claims against them arising from the administration of first aid or medicine in accordance with this policy.

**ADMINISTRATION OF MEDICINES AND TREATMENT**

**Medication**

The school has a designated safe, lockable place to store students’ medication and a nominated person to control access to the place.

**Prescribed Medicines**

Where the student’s doctor or other clinician has prescribed any form of medication or other treatment that the student requires, or may require during school days, the school will ensure that the student is able to access their medication or treatment in the most safe, efficient and stress-free manner for the individual student.

The way in which medication or treatment will be made available or administered will be agreed in advance with the student’s parents/carers.

In the event of a long term medical condition the administration of medication and treatment will be agreed and recorded in the Individual Health Care Plan (IHP).

Where medication or treatment is not part of a long term medical condition but is only required for a finite period, for example the completion of a course of anti-biotics. The student’s parents/carers will be required to sign a Parental Consent for the Administration of medication or treatment form. This applies to medicine prescribed to be taken 4 times a day only. (*Medication requiring intake 3 times a day must be given by the parent e.g. before school, at home time and at bedtime*).

The procedure followed for the administration of medicine or treatment may be:

* The medicine will be held by the academy in the office and a member of staff will give it to the student and be in attendance whilst the student administers the treatment. This method is suitable for use when a parent/carer is concerned that the student may forget to take the medication. In these situations the school will maintain a diary showing which students are due to take medication and when and if necessary will remind the student that medication is due.
* The medicine will be held by the academy in the medical room and a trained member of staff will administer the treatment to the student. This method is suitable for use with younger students. In these situations the academy will maintain a diary showing which students are due to take medication and when and if necessary will remind the student to report for medication.

In instances where the academy is involved in administering medicine or supervising the student’s own administration the record of regular medicine administered to an individual student form must be completed and kept with the students Individual Health Plan or the Parental Consent for the Administration of medication or treatment form whichever is appropriate.

If a student refuses to take their medication, staff will accept their decision and inform the parents immediately.

**Students with Special Medical Needs – Individual Healthcare Plans**

Some students have medical conditions that, if not properly managed, could limit their access to education.

Conditions include but are not limited to:

* Epilepsy;
* Asthma;
* Severe allergies, which may result in anaphylactic shock;
* Diabetes;

Such students are regarded as having special medical needs. Most students with special medical needs are able to attend the academy regularly and, academies will provide support to enable them to take part in all activities, unless evidence from a clinician/GP states that this is not possible.

The school will consider what reasonable adjustments it might make to enable students with special medical needs to participate fully and safely on visits. The risk assessment for each trip will take account of any additional steps needed to ensure that students with special medical conditions are fully included.

The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of academy life; however, academy staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

The Academy appreciates that students with the same medical condition do not necessarily require the same treatment. In order that the treatment that is best suited to the individual student is provided an Individual Health Care Plan will be prepared for every student with special medical needs to help identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk.

Parents/carers have prime responsibility for their child’s health and should provide the school with information about their child’s medical condition. Parents/carers and medical professionals should give details about the condition and its treatment, about the impact of the condition on the student and any additional background information and identify any practical training requirements for academy staff.

When an academy is first notified of a students’ medical condition the Principal and the nominated person responsible for first aid and the administration of treatment in the academy will invite the student’s parents/carers to meet with them to complete and agree the Individual Health Care Plan and to discuss any other arrangements that the academy can make to help the student to fit in as normally as possible with academy life.

At this meeting the academy will ask the parents/carers to confirm whether they want the student’s condition kept confidential and if so to agree on who must be informed and what additional arrangements will be required to help maintain the student’s privacy.

The plan must be agreed in time for the start of the relevant academy term for a new student starting at an academy or no longer than two weeks after a new diagnosis or in the case of a new student moving to the academy mid-term.

**Non-prescribed Medicines**

Non prescribed medicines must not be taken into the academy with the exception of pain relieving medication**.**

Non-prescription painkilling medication will be stored centrally and securely for administration by trained academy staff.

**Storage/Disposal of Medicines**

Wherever possible, students will be able to access their medicines in the office, supervised by a responsible adult. On academy trips the first aider accompanying the trip must carry any medication that would normally be available in the office.

Asthma inhalers will be held by the academy for emergency use, as per the Department of Health’s protocol.

It is the responsibility of the parents to collect unused medicines from the academy and dispose of them accordingly. The academy’s nominated person for the supervision of first aid and medication must check all medical stores at the end of the academic year to ensure that all medicines have been collected. In the event that a student’s parents/carers fail to remove the medication after two reminders the nominated person must arrange for the medicines to be taken to a dispensing chemist or pharmacy for safe disposal.

**HOSPITAL TREATMENT**

If a student has an accident or becomes ill, and requires immediate hospital treatment, the academy is responsible for either:

* calling an ambulance in order for the student to receive treatment; or
* taking the student to an Accident and Emergency Department
* and in either event immediately notifying the student’s parent/carer

When an ambulance has been called, a first aider will stay with the student until the parent arrives, or accompany the student to hospital by ambulance if required.

Where it is decided that a student should be taken to an Accident and Emergency Department a first aider must either accompany them or remain with them until the parent/carer arrives.

Where a student has to be taken to hospital by a member of staff they should be taken in a taxi.

**Adult First Aid**

In the event of an adult accident the procedure is as follows:

* If able to walk, the adult is taken to the medical or other appropriate area. A first aider will be called to attend to the adult if moving them may cause distress or further injury.
* If an accident occurs during class time the nearest first aider will attend. This is usually the Teaching Assistant with the class or adjoining class. If they are not near the class the nearest Teaching Assistant First aider will be called.
* First aid is given appropriate to the injury.
* All accidents are recorded in the staff accident book. All accidents that involve a higher level of first aid are reported to next of kin by a phone call.
* In the event a serious injury or if there is any uncertainty about the level of the severity of the injury an ambulance will be called immediately and the next of kin informed.
* If the emergency services are needed the procedure is as follows: while first aider is in attendance another responsible adult will call the emergency services.
* The Headteacher or other available senior staff are to be informed as soon as it is safe and appropriate to do so
* The academies Health & Safety Competent Person must decide if the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), and if so report the incident in accordance with HSE requirements.

**APPENDIX A**

**FORMS**

**Record Keeping**

It is essential that accurate records are kept of any medicines administered. The following forms will assist with this:

|  |  |
| --- | --- |
| **Form 1:**  | **Contacting Emergency Services**  |
| **Form 2:**  | **Individual Student Health Care Plan**  |
| **Form 3:**  | **Parental agreement for school to administer medicine**  |
| **Form 4:**  | **Record of regular medicine administered to an individual student**  |
| **Form 5:**  | **Indication for administration of medication during epileptic seizures**  |
| **Form 5A:**  | **Epileptic seizure chart**  |
| **Form 6:**  | **Emergency instruction for an allergic reaction - EpiPen®**  |
| **Form 7:**  | **Medication given in school (note to parent/carer)**  |
| **Form 8:**  | **Record of staff training**  |
| **Form 9:**  | **First aid and medical staff and equipment in the academy**  |

**Form 1**

**Contacting Emergency Services**

**REQUEST FOR AN AMBULANCE**

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

1. Your telephone number:

 **01274 410349**

2. Give your location as follows:

*Christ Church CE Academy*

*Wrose Brow Road*

*Shipley*

3. State that the *postcode* is: **BD18 2NT**

4. Give exact location in the school e.g. dining hall, playground

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Give your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Give name of student and a brief description of student’s symptoms

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

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

**Speak clearly and slowly and be ready to repeat information is if asked.**

Put a completed copy of this form by the telephone in the main office

**FORM 2**

**Individual Student Health Care Plan**

|  |
| --- |
| **Part 1 Student Information**  |
| Name of Academy  |
| Students Name  |
| Group/class/form  | Date of birth  |
| Students address  |
| **Nominated Person** completing Individual Student Health Support Plan  |
| Date  |
| **Primary Contact Information**  |
| **Primary** Contact Name  |
| Phone numbers  |
| Home  | Work  | Mobile  |
| **Secondary Contact information**  |
| **Secondary** Contact Name  |
| Phone numbers  |
| Home  | Work  | Mobile  |
| **Medical Care Information**  |
| Medical condition or diagnosis:  |
| Is a medical care plan required? YES /NO  |
| Has a medical care plan been provided to the Academy? YES/NO  |
| Date of Care plan  | Expiry date of Care Plan To be reviewed at least annually or earlier if students needs changes  |
| Do staff require specialist training in order to support this students medical needs YES/NO  |
| If yes, identify staff member and the training provided.  |

|  |
| --- |
| **Clinic /Hospital Contact /GP/ Community Nurse**  |
| Name  |
| Contact person  | Phone number  |
| Contact email  |
| Address  |
| GP Name  | Phone Number  |
| Surgery Name & Address  |

**Medication administration/storage arrangements**

**Complete this section if students are required to take medication whilst on academy premises or on an educational visit.**

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| --- | --- | --- |
| **Medication name**  | **Frequency of dose**  | **Dosage**  |
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|  |  |  |
|  |  |  |
| Will the student administer their own medication Yes/No  |

**Part 2**

**Complete Part 2 only if medical care plan has not been received from clinic or hospital.**

|  |
| --- |
| Describe medical condition, its triggers signs symptoms and treatment  |
| Daily care requirements (eg before sport/at lunchtime ) and the person(s) responsible for care (must include deputy staff in case of absence)  |
| Arrangements that will be made in relation to the child travelling to and from school. *If the student has a life threatening condition, specific transport health care plans will be carried on vehicles*  |
| Procedures that will be put in place to support the pupil during school trips and activities outside normal academy timetable *(e.g. risk assessments)*  |
| Describe what constitutes an emergency for the student, and the action to take if this occurs  |
| Follow up care required, if any  |
| Who is the responsible person to assist the student in an emergency (state if different for off-site activities) Name: Contact information: Alternative Contact Name:  |
| Copies of forms supplied to…  |

**FORM 2 (continued)**

**Part 3**

**Complete for students where additional alternative monitoring /support and intervention is required, in addition to their medical needs, or for any Health and Social Care and Special Educational Needs, exam requirements, absence management.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identified issues**  | **Support provided**  | **Staff involved**  | **Further action required**  | **Review Date**  |
| *(Outline current issues and consequences of these issues*) | *(Outline areas of support being given)* | *(with support/care)* | (*outline any additional support required*) |  |
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This plan will be reviewed at least annually or earlier if the child’s needs change

**Form 3**

**PARENTAL AGREEMENT FOR CHRISTCHURCH CE PRIMARY ACADEMY TO ADMINISTER MEDICINE**

The school will not administer or allow your child to take medicine unless you complete and sign this form.

Name of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? (If ‘yes’, please give details below)

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 the school office. **

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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 \_\_\_\_\_\_\_\_\_\_\_\_

***If more than one medicine is to be given a separate form should be complete***

**FORM 4**

**RECORD OF REGULAR MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT**

Name of academy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class & Year group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of medicine provided by parent \_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_

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  |  |  |  |

**FORM 5**

**INSTRUCTIONS FOR ADMINISTRATION OF MEDICATION DURING SEIZURES**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 procedure is agreed with parents’ consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in the academy will be recorded. This procedure will be reviewed annually unless change of recommendations instructed sooner.

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

**FORM 5A**

**SEIZURE MEDICATION CHART**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication type and dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criteria for administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date**  | **Time**  | **Given by**  | **Observation/** **evaluation of care**  | **Signed/date/** **time**  |
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**FORM 6 EpiPen®**

**EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSESS THE SITUATION**

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

**THE MEDICAL ROOM**

**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

**ACTIONS**

* **Give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (antihistamine) immediately**
* **Monitor student 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

**ACTIONS**

1. **Get \_\_\_\_\_\_\_\_\_\_\_EpiPen® out and send someone to telephone 999 and tell the operator that the student is having an**

**‘ANAPHYLACTIC REACTION’**

1. **Sit or lay student on floor.**
2. **Take EpiPen® and remove grey safety cap.**
3. **Hold EpiPen® approximately 10cm away from outer thigh.**
4. **Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
5. **Remain with the student until ambulance arrives.**
6. **Place used EpiPen® into container without touching the needle.**
7. **Contact parent/carer as overleaf.**

**FORM 6 (continued)**

**EMERGENCY CONTACT NUMBERS**

**Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student:\_\_\_\_\_\_\_\_\_\_\_\_**

Signed Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Pediatrician/GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Plan written by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date**  | **Time**  | **Given by** **(print name)**  | **Observation/** **evaluation of care**  | **Signed/date/** **time**  |
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**Check expiry date of EpiPen® every few months**

**FORM 7**

**MEDICATION GIVEN IN THE ACADEMY (NOTE TO PARENT/CARER)**

Name of academy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class & Year group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicine given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM 8**

**STAFF TRAINING RECORD – Administration of Medicines**

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| --- | --- | --- | --- | --- | --- |
| **Name**  | **Job Title**  | **Training**  | **Date Undertaken**  | **Date Refresher** **Required**  | **Date** **Refresher** **Undertaken**  |
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**FORM 9**

**First aid and medical staff and equipment in the academy**

**Nominated person**

The person responsible for ensuring students with medical conditions are identified and properly supported in the academy, and for supporting staff who are implementing a student’s Health Care Plan is:

**The First Aid Team**

The first aiders in academy who are able to administer medicines are:

|  |  |
| --- | --- |
| * M
 |  |

Other first aiders in the academy are:

**First Aid Boxes**

First aid boxes are located in:

* Reception Classroom, KS1 shared area and KS2 shared area.
* Office
* Every class has a small first aid kit
* First aid kit for lunch time play is taken out by a responsible SMSA

**Medication**

Students’ medication is stored in: **The Office**

The person who has control of the medication store is: Rebecca Morris & Gurpreet Kaur

**APPENDIX B**

**USEFUL CONTACTS**

**Allergy UK**

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

**The Anaphylaxis Campaign**

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

**Association for Spina Bifida and Hydrocephalus**

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

**Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

**Council for Disabled Children**

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

**Contact a Family**

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

**Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

**Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

**Department for Education and Skills**

Tel: 0870 000 2288

Website: www.dfes.gov.uk

**Department of Health**

Tel: (020) 7210 4850

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

**Disability Rights Commission (DRC)**

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

**Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

**Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: www.hacsg.org.uk

**MENCAP**

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

**National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

**National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

**Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/