# FIRST AID & MEDICAL POLICY

## 1. Scope of Policy

1.1 **THIS POLICY IS APPLICABLE TO ALL PUPILS, INCLUDING THOSE IN EYFS**

1.2 This policy outlines how medical, first aid and nursing care will be provided for staff and pupils at St. Hugh's. The school operates a homely remedy policy. It should be noted that named staff have first-aid qualifications but they are not trained Doctors or Nurses. The school will have at least one qualified person on site when any pupils are present.

## 2. Objectives

2.1 To ensure that there is an adequate provision of appropriate first aid at all times.

2.2 To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

## 3. Surgery

3.1 The surgery is situated on the first floor of the main building directly above the secretary's office. Pupils must be accompanied by a member of staff, or if they have been sent, they must ask at the reception for permission before going up the stairs. The secretary will call for Matron to ensure she is in the surgery.

3.2 There are three main surgeries each day which the children recognise as surgery time.

a. 11.00am – Morning Break

b. 1.20pm - After Lunch

3.3 A child may come to surgery outside these times if they are hurt or unwell. A child should never be sent out of a lesson to surgery unless it is serious. If serious enough to be sent from a lesson, then the child should be accompanied by another child or an adult. Once a child has come to surgery, the Matron on duty will decide on a course of action depending on the symptoms presented. A Matron is always on duty and the location of the duty Matron can be ascertained from information on the surgery door or alternatively the secretaries can call the duty Matron via their personal telephone.

3.4 The School Matron is on duty from **0830 – 1730** every day when pupils are in school and will administer first aid and deal with accidents and emergencies or when someone is taken ill.

## 4. Control And Administration Of Medicines

4.1 The Matron is happy to dispense over the counter medicines and prescribed medication for both boarders and day pupils.

4.2 Any medication brought into school must be in the original container and clearly marked with the pupil's name, dosage instructions and use by date. A medicine form, which can be found at reception, must be completed by parents before the medication is taken to the surgery. This form clearly states the details of dosage and the period in which the medicine should be dispensed. The school cannot make changes to the instructions regarding dosage on the container. The medication will be stored appropriately and returned to the child's parent/ guardian when the child is collected. In almost all cases prescribed medicines will be administered by the Matron from the surgery during the usual surgery hours. A record is kept for each child indicating the time and dosage administered and a copy is filed away into the pupil's record once the course is completed. The original medicine form and medication container will be returned to parents.

4.3 All medication is stored in a locked cupboard, with the exception of items stored in a locked fridge. Out of date medication is either returned to the parent or pharmacy. We do not expect pupils to carry their own medication around school with the exception of asthma inhalers and epipen.

4.4 Asthma inhalers and Epipens are to be carried on the pupil, when required.

## 5. Protocol For Administration Of Non-Prescribed Medicine

5.1 Before administering any non-prescribed medication, the medical consent forms and the identity of the child are checked. Here you can find if parents have consented to the administration of the following over the counter medicines:

a. Paracetamol

b. Ibuprofen

c. Travel Sickness Tablet

d. Antihistamine liquid

e. Antihistamine cream

5.2 The pupil should take the medication under the supervision of the person issuing it. No more than the standard recommended dose should be administered in a twenty four period. The administration is immediately recorded in the Surgery Medical Record book and on the child's profile on ISAMS and is to be initialed by the member of staff administering. If a child refuses to take the medication, this will be recorded on their medical profile on ISAMS.

5.3 As a general rule, paracetamol should always be given rather than ibuprofen. (The exception to this would be for toothache or earache, when ibuprofen would be more suitable)

5.4 Ibuprofen should never be given to an asthmatic.

5.5 This dosage will not be given more than 4 times in 24 hours and a gap of at least 4 hours is left between each dose.

5.6 Details of age appropriate dosages are printed out and displayed in the surgery and in the travel medical book.

5.7 Aspirin is not given to children, in line with Department of Health guidance (March 2005) unless prescribed by a doctor.

## 6. Record Keeping

6.1 All injuries, minor cuts and the administration of medication are recorded in the Medication Book in the surgery. If medication is needed to be issued, a phone call is made to parents to seek permission or to ensure that medication was not given to the pupil by the parents that day already.

6.2 If a parent cannot be reached, a decision is made by the Matron after consultation with all medical records and consent forms.

6.3 Each record is then entered onto the pupil's individual health record on ISAMs.

6.4 Parent of EYFS children will be called before giving medication. All injuries and minor cuts in the EYFS are recorded on the First Aid Duplicate form, one copy goes to the parent that day, the other copy is kept as part of the medical records.

## 7. Details of Medical Record Book

7.1 Entries include:

a. Date
b. Time
c. Name of Pupil
d. Ailment or Injury
e. Treatment or Action
f. Temperature
g. Tablet (tick and amount)
h. Liquid (tick and amount)
i. Staff members initials

## 8. Controlled Drugs

8.1 Certain drugs such as Ritalin are deemed to be controlled drugs and as such have to be stored to comply with the 1973 Misuse of Drugs (Safe Custody) Regulation. These are stored in a wall mounted safe within the surgery. Separate records regarding the dispensing of these drugs and

the parental consent forms are kept within the safe. Whenever possible two staff witness that the drug has been taken.

## 9. Particular Medical Conditions

9.1 The medical board in the staffroom and the EYFS staff room displays any medical issues concerning individual children. It contains information regarding allergies, asthmatics, serious medical conditions and whether a child wears glasses & the frequency in which they wear them. When a medical form is completed by a parent either when joining the school or when completed during the annual update, if the Matron should identify that there is a medical condition that warrants a Health Care plan to be put into place, Matron will contact the parents (and the SENCO if deemed necessary) and arrange for a Health Care plan to be created and Medical Alerts to be published with the parents input.

## 10. Allergies

### 10.1 Nut Allergies

a. The catering staff are aware of the potential problems and as such do not knowingly use nuts in school meals.

b. Children with nut allergies are clearly identified to all staff and their pictures and specific details of their allergies are displayed in the kitchen, staffroom and surgery medical cupboard.

c. Pupils' epi-pens are stored in a specific box, individual to the pupil, which is clearly labelled with a picture of the child. This is kept in the kitchen. Within the box there are specific instructions relating to the individual pupil regarding the correct course of treatment. If the pupil is away on school trips or sporting fixtures the epi-pen is given to the staff member in charge. An ambulance is always called if an epi-pen has been used.

### 10.2 Food Allergies

a. Food allergies are becoming increasingly common in the UK, although severe allergic reactions are relatively rare and most commonly caused by only a handful of foods. It is thought that 1% to 2% of UK adults and about 5% to 8% of children are affected by food allergies. Fortunately, most allergic reactions to food are relatively mild, but some reactions can be very severe.

b. The term anaphylaxis is used to describe severe allergic reactions. For many people with a food allergy, it only takes a minute amount of the allergen to trigger a reaction. The following food allergens have been identified as public health concerns in the UK:

   i. Peanuts (also called groundnuts or monkey nuts);

   ii. Nuts (almond, hazelnut, walnut, cashew, pecan, Brazil, pistachio, macadamia and Queenslandnut);

   iii. Fish

iv. Eggs

v. Crustaceans (e.g. crab, lobster, langoustine, prawn, shrimp);

vi. Sesame seeds

vii. Milk

viii. Soybeans

ix. Celery (including celeriac)

x. Mustard

xi. Molluscs (e.g. squid, octopus, mussels, cockles);

xii. added sulphur dioxide and sulphites at a level above 10 mg/kg; and

xiii. Cereals containing gluten (including wheat, barley, rye, kamut, spelt, couscous, pearl barley, semolina).

10.3 **Gluten**

a. Some people also need to avoid gluten-containing foods due to coeliac disease. Although not a food allergy, coeliac disease is a life-long auto-immune disease caused by intolerance to gluten.

b. The only treatment is to follow a gluten-free diet for life.

## 11. Guidance And Legislation

11.1 People with food allergies are well protected under existing food and consumer protection law. Under the Food Safety Act 1990 and Food Safety Regulations 1995 kitchens must:

a. Provide essential allergen information to their staff and children on request or where foods contain a known or common allergen. Any information given by a member of staff must be accurate and properly researched.

b. Ensure that anyone involved in the preparation or serving of the food to customers understands the risks involved, how to avoid them and the importance of giving accurate information.

## 12. Recognising Allergies - What Are The Symptoms?

12.1 Allergic reactions vary. There can be an itching or swelling in the mouth or an itchy rash all over the body. The person affected may feel sick and may actually be sick, although remember that other conditions can also cause vomiting. The initial symptoms may not be serious in themselves, but the child should be watched very carefully in case the situation is getting worse. Symptoms usually occur after seconds or minutes and may progress rapidly. Occasionally they begin a few hours after contact with the allergenic food or substance.

12.2 Serious symptoms include a severe drop in blood pressure, where the person affected goes weak and floppy; severe asthma; or swelling that causes the throat to close. This is a medical emergency.

## 13. Anaphylaxis?

13.1 Anaphylaxis is a severe allergic reaction. A small number of people are unfortunate to suffer from a very acute allergy to food and, for these people, the issue is vital: it is literally potentially a matter of life and death, and needs to be treated quickly with adrenaline. The whole body is affected, often within minutes of exposure to the allergen but sometimes after hours. A reaction can be triggered by a wide range of foods. Theoretically almost any food may be implicated, but the most common culprits are peanuts, tree nuts, sesame seeds, fish, shellfish, eggs and dairy products.

13.2 During anaphylaxis there can be a whole range of symptoms including those described above.

13.3 Some or all of the following may be present:

a. flushing of the skin

b. nettle rash (hives) anywhere on the body

c. the feeling that something terrible is happening

d. swelling in the throat or mouth

e. difficulty in swallowing or speaking

f. alterations in heart rate

g. stomach pain, feeling sick and vomiting

h. sudden feeling of weakness (drop in blood pressure)

i. collapse or unconsciousness.

## 14. How To Minimise The Risks

14.1 The school briefs ALL staff about hazards of allergies, the emergency procedures to be followed in the event of someone suffering from an allergic reaction and about the identities of those known to suffer from severe food allergies.

14.2 The School liaises with those with a food allergy, or their parents, to ensure that details of foods to be avoided, and for the less common allergies, menus and recipes to be followed are known. In order for the school to provide meals exempt of the identified ingredients a copy of this information must be made available to the school Catering Manager before any items are prepared and issued to the child.

14.3 The school will source, as far as it is possible, foods from its suppliers for a child to cater for his or her particular allergy condition. The child's parent/guardian must accept that the school can only source according to the information it is provided with from suppliers. The school may need to

seek advice from procurement, dietetics and the health and safety executive and provide catering staff with regular updates on allergy matters and sources/content of ingredients.

14.4 Ensure that catering staff identify those with severe food allergies and ensure that they supervise the meals taken by those who are at risk.

14.5 Clearly indicate, as far as possible, key allergens on the menus for the pupils by clearly naming dishes and whether certain products/ingredients have been included or may be present as trace contaminants e.g. gluten, dairy or nuts in particular.

14.6 Train staff to negate, as far as practicable, human error in the preparation and delivery of special diets. Assess catering practices to identify areas of potential cross-contamination. For example, use separate serving utensils for products and wash hands after handling nut or milk products. Wipe up milk spillages promptly and thoroughly. Common hazards include using tongs to handle different products and using the same knife for spreading.

14.7 Designated trained staff should be available at all times in order to assist children in an emergency. The child's parents must consent to staff administering remedies.

14.8 In respect of pre-packaged foods, the school can only provide the information given from manufacturers. The new Food Labelling Regulations 2004 have expanded the food labelling requirements of manufacturers including the requirement to list common allergens in the foods.

14.9 The child must be taught which allergens to avoid. School catering staff, once aware of a child's allergy problem, can assist.

14.10 During childhood development, allergies and their treatment may alter. If parents are advised of changes by medical practitioners, any changes that affect diet must be notified to the catering manager in a letter signed by the appropriate practitioner.

14.11 Other areas that need to be tightly managed when handling foods that 'may contain traces of nuts' are staff room biscuits, packed lunches (see below), field trip food, match teas, birthday cakes, bring and buy sales, and harvest festivals. With children with a severe anaphylactic reaction every avenue that food may be brought onto site will need to be addressed.

## 15. Emergency Action Plan

15.1 Most allergic reactions are minor and do not require first aid or assistance. In a number of very rare cases, a person will have a serious reaction that will result in anaphylactic shock. In these cases emergency action is necessary.

15.2 If the Matron or a trained person has access to the pupil’s epi-pen, they are allowed to administer it.

15.3 **Instructions for using an epi-pen:**

a. With thumb nearest grey cap, form fist around epi-pen (black tip down)

b. With other hand pull off grey safety cap.

c. Hold black tip near outer thigh.

d. Jab firmly into outer thigh from a distance of approx. 10cms / 4” – listen for the click.

e. Hold firmly in thigh for 10 seconds.

f. Massage the injection area for 10 seconds.

g. Ensure that an ambulance has been called.

h. Ensure that parents have been informed.

15.4 **IT IS NOT TO BE ADMINISTERED BY UNTRAINED PERSONNEL.**

15.5 If an allergic pupil becomes ill, it is likely that this person - or someone with them - will say that he/she is suffering from an allergic reaction.

15.6 **If no trained person is available, the following procedure must be followed:**

a. Immediately send someone to dial 999. Remind them if they need to dial for an outside line and tell them to give the following information:

b. Ask for the Ambulance service. "This is an emergency. A pupil has collapsed and we believe they are suffering from anaphylaxis - an allergic reaction".

c. Give the address and postcode "St Hugh's School, Cromwell Ave, Woodhall Spa, Lincolnshire, LN10 6TQ".

d. Someone should be sent to stand at the entrance of the school to direct the ambulance crew to the pupil.

## 16. What Is The Treatment And How Does It Work

16.1 Adrenaline (also known as epinephrine) is the front-line treatment for anaphylaxis. During anaphylaxis, blood vessels leak, bronchial tissues swell and blood pressure drops. Adrenaline acts quickly to constrict blood vessels, relax smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips. If a child is having an anaphylactic reaction, an injection of adrenaline could save their life. It is vital that an adrenaline injection is available at all times, and that family, friends and school staff are briefed about when and how it should be used.

16.2 Once an incident has taken place, a member of the senior management team must be informed immediately and an accident report filled in. Concurrently, the parents and/or guardians should be informed.

## 17. Diabetes

17.1 Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, approximately 2.9 million people are affected by diabetes. There are also thought to be around 850,000 people with undiagnosed diabetes.

17.2 There are two main types of diabetes, referred to as type 1 and type 2.

17.3 Type 1 diabetes is often referred to as insulin-dependent diabetes. It is also sometimes known as juvenile diabetes or early-onset diabetes because it often develops before the age of 40, usually during the teenage years. In type 1 diabetes, the pancreas (a small gland behind the stomach) does not produce any insulin. Insulin is a hormone that regulates blood glucose levels. If the

amount of glucose in the blood is too high, it can seriously damage the body's organs. If you have type 1 diabetes, you will need to take insulin injections for life. You must also make sure that your blood glucose levels stay balanced by eating a healthy diet, taking regular exercise and having regular blood tests.

17.4 In type 2 diabetes, the body does not produce enough insulin, or the body's cells do not react to it. This is known as insulin resistance. Type 2 diabetes is far more common than type 1 diabetes, which occurs when the body doesn't produce any insulin at all. In the UK, about 90% of all adults with diabetes have type 2 diabetes.

17.5 Diabetes can cause various symptoms. Symptoms common to both types of diabetes include:

a. feeling very thirsty

b. urinating frequently, particularly at night

c. feeling very tired

d. weight loss and loss of muscle bulk

17.6 Treating type 1 diabetes: Diabetes cannot be cured, but treatment aims to keep your blood glucose levels as normal as possible, and control your symptoms to prevent health problems developing later. If you are diagnosed with diabetes, you will be referred to a diabetes care team for specialist treatment. Your care team will be able to explain your condition to you in detail and help you understand your treatment. They will also closely monitor your condition. As your body cannot produce any insulin, you will need to have regular insulin treatment to keep your glucose levels normal. You will need to learn how to match the insulin you inject to the food you eat, taking into account your blood glucose level and how much exercise you do. This skill needs to be practised and learnt gradually. Many centres now provide courses to teach these skills. Insulin comes in several different forms, each of which works slightly differently. For example, some last up to a whole day (long-acting), some last up to eight hours (short-acting) and some work quickly but do not last very long (rapid-acting). Your treatment may include a combination of these different insulin preparations.

17.7 Treating type 2 diabetes: Diabetes cannot be cured, but treatment aims to keep your blood glucose levels as normal as possible to control your symptoms and minimise health problems developing later. If you are diagnosed with diabetes, you may be referred to a diabetes care team for specialist treatment, or your GP surgery may provide first line diabetes care. In some cases of type 2 diabetes, it may be possible to control your symptoms by altering your lifestyle, such as eating a healthy diet (see below). However, as type 2 diabetes is a progressive condition, you may eventually need medication to keep your blood glucose at normal levels. To start with this will usually take the form of tablets, but later on it may include injected therapies, such as insulin.

17.8 What To Do If Someone Is Someone Has A Diabetic Attack

a. In most instances, the school knows who the diabetic children or staff are and their pictures are displayed around the school. However, a visitor to the school may also have a diabetic attack so it is sensible for all to know what to do.

b. Wherever possible, contact the Matron first to get help from them.

c. Administer Sugar. The best response to a hypoglycaemic attack is sugar. Most diabetics should carry glucose tablets with them, for just such an emergency. In the absence of glucose tablets, sweets, juice, sugary soft drinks and anything else with straight sugar will do.

d. Glucagon injections. Some diabetics may have their physicians prescribe glucagon. Glucagon is a hormone, produced by the pancreas, that raises blood sugar. Glucagon is administered by injection like insulin, and the diabetic may be able to inject themselves. The Glucagon may be in a tube of gel.

e. Call Emergency Services. If the person has lost consciousness, or if you are unable to administer sugar or glucagon, contact 999 immediately. The longer you wait, the lower the blood sugar levels will drop and the greater the risk of slipping into a coma. If the diabetic does pass out, do not administer sugar or insulin, do not inject glucagon and do not give food or liquids. Wait with them until help arrives and make them as comfortable as possible. Make note of the time of the attack because the paramedics will ask.

f. Once the incident is complete, ensure that Matron is aware and an Accident Report has been filled in and that parents and/or guardian are made aware.

## 18. Asthma

18.1 Asthma inhalers of boarding children are generally kept upstairs in their respective areas. These are not kept in a locked cupboard to ensure that pupils can access them as needed. Day pupils either carry their inhalers with them or keep them in their personal lockers or tubs. Pupils who only require inhalers for sporting activities are allowed to keep them in their personal lockers in the changing rooms. Any parent that wishes a spare inhaler to be kept on the premises is stored in the surgery.

18.2 Asthma is a common long-term condition that can cause a cough, wheezing, and breathlessness. The severity of the symptoms varies from person to person. Asthma can be controlled well in most people most of the time.

18.3 Asthma is caused by inflammation of the airways. These are the small tubes, called bronchi, which carry air in and out of the lungs. If you have asthma, the bronchi will be inflamed and more sensitive than normal. When you come into contact with something that irritates your lungs, known as a trigger (see below), your airways become narrow, the muscles around them tighten and there is an increase in the production of sticky mucus (phlegm). This leads to symptoms including:

a. difficulty breathing

b. wheezing and coughing

c. a tight chest

18.4 A severe onset of symptoms is known as an asthma attack or an 'acute asthma exacerbation'. Asthma attacks may require hospital treatment and can sometimes be life-threatening, although this is rare. For some people with chronic (long-lasting) asthma, long-term inflammation of the airways may lead to more permanent narrowing. If you are diagnosed with asthma as a child, the

symptoms may disappear during your teenage years. However, asthma can return in adulthood. Moderate to severe childhood symptoms are more likely to persist or return later in life. Although asthma does not only start in young people and can develop at any age.

18.5 What causes asthma? The cause of asthma is not fully understood, although it is known to run in families. You are more likely to have asthma if one or both of your parents has the condition.

18.6 Common triggers. A trigger is anything that irritates the airways and brings on the symptoms of asthma. These differ from person to person and people with asthma may have several triggers. Common triggers include house dust mites, animal fur, pollen, tobacco smoke, exercise, cold air and chest infections. Asthma can also be made worse by certain activities, such as hard exercise during PE.

18.7 While there is no cure for asthma, there are a number of treatments that can help effectively control the condition. Treatment is based on two important goals:

a. relieving symptoms

b. preventing future symptoms and attacks from developing

18.8 Treatment and prevention involves a combination of medicines, lifestyle advice, and identifying and then avoiding potential asthma triggers.

18.9 In the event of children and adults having an asthma attack current guidelines are to:

a. Alert Matron if there is time to do so

b. Allow the pupil to use their reliever inhaler (usually blue) straight away and try to breathe deeply and steadily

c. Sit down and loosen any tight clothing

d. If the symptoms haven't improved after five minutes, or you're worried, call 999 or see a Doctor urgently

e. Continue to take a puff of your reliever inhaler every minute until help arrives

f. Once the incident is complete, ensure that Matron is aware and an Accident Report has been filled out.

## 19. Epilepsy

19.1 A seizure happens when there is a sudden burst of intense electrical activity. This is often referred to as epileptic activity. This intense electrical activity causes a temporary disruption to the way the brain normally works, meaning that the brain's messages become mixed up. The result is an epileptic seizure.

19.2 The brain is responsible for all the functions of your body. What you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.

19.3 Epilepsy is usually treated with epilepsy medicines. These are also referred to as anti-epileptic drugs (AEDs). Epilepsy medicines act on the brain, trying to reduce seizures or stop seizures from happening. Many people with epilepsy find that when they have the right medicine, they have fewer or no seizures. In the UK, 70 percent (seven out of ten) of people with epilepsy could be seizure free with the right treatment.

19.4 **What to do if you see someone having a seizure?** With tonic-clonic seizures the person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

19.5 Do...

a. Protect the person from injury - (remove harmful objects from nearby)

b. Cushion their head

c. Look for an epilepsy identity card or identity jewellery

d. Aid breathing by gently placing them in the recovery position once the seizure has finished
(see pictures)

e. Stay with the person until recovery is complete

f. Be calmly reassuring

19.6 Don't...

a. Restrain the person’s movements

b. Put anything in the person’s mouth

c. Try to move them unless they are in danger

d. Give them anything to eat or drink until they are fully recovered

e. Attempt to bring them round

19.7 Call for an ambulance if...

a. You know it is the person’s first seizure, or

b. The seizure continues for more than five minutes, or

c. One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or

d. The person is injured during the seizure, or

e. You believe the person needs urgent medical attention

19.8 Focal (partial) seizures. Sometimes the person may not be or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

19.9 Do...

a. Guide the person from danger
b. Stay with the person until recovery is complete
c. Be calmly reassuring
d. Explain anything that they may have missed

19.10 Don't...

a. Restrain the person
b. Act in a way that could frighten them, such as making abrupt movements or shouting at them
c. Assume the person is aware of what is happening, or what has happened
d. Give the person anything to eat or drink until they are fully recovered
e. Attempt to bring them round

19.11 Call for an ambulance if...

a. You know it is the person's first seizure
b. The seizure continues for more than five minutes
c. The person is injured during the seizure
d. You believe the person needs urgent medical attention
e. Once the incident is complete, ensure the Accident Report has been filled in and parents/guardian are notified.

## 20. Concussion

20.1 Those involved in school sport have a very important role in the prevention and management of concussion as they are in a unique position:

a. They have a statutory duty of care to their students
b. They have regular, sometimes daily, contact with their players
c. The setting allows and supports opportunities for wider education around sports
d. Teachers are key influencers of their students' attitudes and behaviour

e. The setting should allow for the detection of missed concussions, including those occurring outside of the establishment, through the impact on educational activities

f. The setting allows for monitoring of concussed players' recovery

20.2 Concussions can occur in the school environment any time that a student's head comes into contact with a hard object such as the floor or a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE. Students may also get concussion when playing sport or other activities out of school but come to school with the symptoms and signs. It is important that these situations are recognised, as the concussion can affect their academic performance and/or behaviour, as well as putting them at risk of more serious consequences if they sustain another concussion before recovery.

a. Concussion must be taken extremely seriously to safeguard the safety and long-term health of students.

b. Students suspected of having concussion must be removed from play and must not resume play in the same match.

c. All students suspected of having a concussion must be medically assessed.

d. Students suspected of having concussion or diagnosed with concussion must go through a Graduated Return to Play protocol (GRTP).

e. Students must be reviewed by a doctor before returning to play.

20.3 It is important that teachers communicate with parents and clubs (where appropriate) to ensure that there is a joined up approach to supporting a student's return to play following a suspected concussion.

20.4 At St Hugh's School we take Concussion very seriously. If a child has a head injury of any type then they are given a red wrist band to alert parents. They have an accident form and are reminded to keep an eye on the child. If signs and/or symptoms persist or worsen, seek medical assistance?

20.5 Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain. Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness and unsteadiness. Concussion often occurs without loss of consciousness. Most concussions recover with a period of physical and mental rest.

20.6 Concussion can occur during almost any physical education and sport session, physical activity, play and travel to or from school. Special attention should be paid to children involved in falls from height, fall on to hard surfaces, cycling, road traffic collisions and contact sports because of the risk of more serious injury.

20.7 THE 4 PRINCIPLES OF CONCUSSION MANAGEMENT:

20.8 RECOGNISE

a. RECOGNISING CONCUSSION. After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:

   i. Symptoms e.g. headache, dizziness, nausea

   ii. Physical signs e.g. unsteadiness, loss of consciousness/responsiveness

   iii. Impaired brain function e.g. being dazed, confusion, memory loss

   iv. Abnormal behaviour e.g. change in personality

b. DANGER SIGNS:

   i. Deteriorating conscious state (more drowsy)

   ii. Increasing confusion or irritability

   iii. Severe or increasing headache

   iv. Repeated vomiting

   v. Unusual behaviour change

   vi. Seizure or convulsion Double or blurred vision

   vii. Weakness, tingling or burning in limbs

   viii. Midline or severe neck pain

   ix. Increasing or persistent difficulty with walking normally or poor

   balance

c. CALL 999

   i. It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed

d. IF IN DOUBT SIT THEM OUT.

20.9 REMOVE

a. Pupils with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared. Specifically, they must not return to play on the day of any suspected concussion.

b. Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day.

20.10 RECOVER

a. The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

b. The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smartphones.

c. To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should rest from exercise/sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually.

d. It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon.

20.11 RETURN

a. CONCUSSION AND SCHOOL STUDIES:

  i. Once symptom free, pupils should undertake a graded return to academic studies. Consideration should be given to managed return to full study days and gradual reintroduction of homework.

  ii. In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised.

b. CONCUSSION AND PARTICIPATION IN SPORT:

  i. Following the recommended rest period children and young people should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when the child or young person is: - symptom free at rest - off all medication that modifies symptoms - returned to normal studies Children and young people should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended. **This means that the minimum return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management**.

  ii. Following a concussion or suspected concussion, where possible children and young people should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc. As an additional guiding principle, children and young people should avoid

activities that have a predictable risk of further head injury for a **minimum of 14 days** after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

iii. Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.

iv. Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying predisposition.

## 21. General Routine

21.1 Self medication - It is rare for pupils at St. Hugh's to self-medicate and in the rare circumstance that it happens it is under the supervision of a matron and only with prior parental permission and agreement from the pupil concerned.

21.2 Action in the event of sickness during school hours for day pupils - In the event of a child becoming sick during school hours the member of staff supervising the child will either get another member of staff to escort them to the surgery or another pupil may escort them depending on the severity of the illness. If a child is sent from class and the Matron decides that a child is not to return to class, then a message will be sent to the teacher and a note put on the white board in the staff room. The Matron on duty may decide to put a child to bed for a rest/sleep. A boarder may rest on their own bed but a day child must use the boarder's sitting room or the appropriate sick bay.

21.3 Action in the event of sickness for boarding pupils - If a boarder may become ill during school hours the Matron will assess the pupil and decide on what action to take, if the boarder just needs a rest or it is not a minor illness they may lie in their own beds. Medical files will be checked in order to see recent illness and for consent of medication. If the matron feels it's a serious or contagious illness, there is separate accommodation for female which is situated in east wing and male which is in the west wing corridor in accordance with National Minimum Standards. In the event that a doctor is required the matron will escort the pupil to either the Tasburgh Lodge Surgery or the New Surgery in Woodhall Spa. Parents will be notified by phone call and email regarding their children's illness.

21.4 Absence from school - If the Matron decides that a child should go home, she will ring the parents and explain the situation and ask them to come to collect their child. The Matron will let the office know, so that the register is completed correctly. A note is put on the white board in the staff room. When the parents arrive to collect a child, the Matron informs the parent of any treatments or medication given.

21.5 Sickness and diarrhoea - Any child suffering from sickness or diarrhoea is isolated as soon as possible, the parents contacted and arrangements made for the child to be collected from school if possible. Boarding children who are unable to go home are isolated in the appropriate sick bay for the duration of the illness and twenty four hours afterwards. Any child who has suffered a bout of either sickness or diarrhoea should be kept off school for 48 hours after the last symptoms occur. If a child vomits, a Matron will be called to initially tend to the child and then to

clear up and dispose of the mess appropriately. (This is double-bagged for disposal) Gloves are always worn and these are readily available in the kits for anyone to use.

21.6 Each kit consists of a lidded bucket containing gloves, liquid absorbing crystals, disposable bags, disinfectant, disposable cloths, disposable aprons & face masks. A list of where the kits are located is on display in the staffroom and the surgery, should the Matron be unavailable. (The kits are located in the surgery, the kitchen, ladies and gents staff toilets, changing rooms' corridor, nursery, the disabled toilet in the Kelham Centre and in the Year One classroom).

21.7 Medical form and GP visits - All parents need to complete a pupil medical record for their child. Parents are asked to update the form on an annual basis. This form asks parents for existing medical problems and also asks for consent to administer ibuprofen, paracetamol and non-prescription medicines should the need arise.

21.8 If a boarding child is registered with a GP at either Tasburgh Lodge Surgery or the New Surgery in Woodhall Spa, then a Matron can arrange and escort pupils to appointments. If a child is registered with their own family GP and needs to see a doctor, then parents are contacted for them to make the necessary arrangements.

21.9 Off games - All day children wishing to be excused from games must bring a letter or send an email to school from their parent or guardian stating the reason and duration of their absence. Alternatively the parent may email either the School Office or the Matron directly. If a day child is injured or becomes unwell at school the Matron on duty will decide if the child is fit for games. In the case of boarders the Matron will decide if a child should be excused from games. Every child who is excused games will be issued with an 'off games' slip completed and signed by the Matron on duty. The 'off games' slip must be shown to the member of staff taking PE, Games or Swimming. Any child who is excused from Games for more than two weeks will need to provide the school with a Doctor's note stating the reason for exclusion and for how long.

21.10 Injury on the games fields - In the event of a child being injured on the Games Fields or a remote part of the school, and the child is not able to move or it is deemed by a responsible adult that the child should not be moved for their own well-being, Matron will be called and attend with a medical kit and portable school phone. An ambulance will be called if necessary.

21.11 Menstruation - Any girl having her period will be given an off games slip with the off swimming box ticked. This usually runs for five days initially and excuses the girl from swimming and communal showering. Matron talks to all girls at the beginning of Year 7 regarding menstruation. Occasionally when necessary she will talk to younger girls on an individual basis. Sanitary bins are provided in each girls' toilet block and are emptied regularly. Sanitary protection is always available from the surgery or the Matron.

21.12 Intimate care - Should the need arise whereby a child needs assistance of a personal nature, the Matron on Duty will adhere to the schools Intimate Care policy.

21.13 Treatment of visiting pupils - We will provide basic first aid and seek professional help but we are unable to transport them to hospital. We cannot provide routine medication, eg. Paracetamol.

21.14 Off-site activities - Basic first aid kits are in each minibus and staff taking pupils on outings also take a bag containing wipes etc. for pupils who may be travel sick. Further details can be found in the school's policy for organising trips and outings. Parents are responsible for providing

travel-sick medication (which is kept in the surgery and administered before travel) but the school also keeps a supply.

21.15 First aid boxes - First Aid boxes or bags are situated in all school vehicles and at various locations around the school. These are:-

a. School Kitchen
b. Swimming Pool
c. Science Lab
d. Early Years Department
e. Art Room
f. Pavilion
g. D.T room
h. Food Technology room
i. Sports Hall
j. Both maintenance sheds
k. 2 – 3 Room

21.16 These are checked monthly by the surgery manager, but staff are asked to report any used items so that they can be replaced. The first-aid boxes contain:-

a. Assorted dressings
b. Plasters
c. Antiseptic wipes
d. Triangular bandages
e. Safety pins
f. Gloves
g. Information leaflet (and scissors if required

21.17 In addition to the first-aid boxes, there are four eye-wash stations located in the science lab, the DT room and both maintenance sheds. These contain eye wash pods, eye-wash dressings and a mirror. Expiry dates are checked monthly.

21.18 Staff first aid qualifications - The Matron and Boarding House Parent have a three-day full, first -aid at work certificate. All other First Aid qualifications are listed in Appendix 2. Staff first aid qualifications are updated every 3 years. Staff in the Early Years Department are paediatric first-aid trained in line with current statutory guidance. There are also staff who teach swimming that have undertaken first-aid training as part of their life-saving training and Forest School Leaders who are also trained. Appendix 2

21.19 Accident procedure - Minor accidents e.g. cuts grazes etc. are dealt with in the surgery and any treatments or medication recorded in the surgery book. If necessary, parents of day children are informed verbally or in writing. In the case of a boarder, the House Parent will be informed and the parents contacted if necessary. In the case of a more major accident the following procedure should be followed. Assess the situation. In all cases, send for the matron on duty, unless the injury is very minor and the child can be sent, accompanied, to the matron on duty.

a. **Is an ambulance required?** An ambulance should be called for the following reasons:

    i. Suspected lower long bone fracture

ii. Severe allergic reactions and always if an epi-pen has been used

iii. Asthma attacks where breathing is severely compromised

iv. Epileptic seizures

v. Severe open wounds

vi. If there is any doubt about the patient's safety **Dial 999 and send for Matron**

b. **If an accident does not require an ambulance**:

i. Is a visit to hospital required? If deemed necessary, two members of staff should accompany the child.

ii. The parents or guardian need to be contacted. If possible this should be done through the Matron or school office.

iii. The accident needs to be recorded in the accident book in the surgery.

iv. The accident book gives clear guidance as to which injuries should be reported to RIDDOR. The member of staff should ensure that he or she has a clear grasp of the facts, insofar as they can be established and if need be, write them down.

v. Be clear about who is in charge of the situation.

vi. If an accident occurs away from home, for instance during a match, personal priority must be given to the needs of the injured party. Do not leave it to parents to sort matters out, or to contact the parents of the injured child.

vii. **It is the responsibility of the Matron to monitor and report any recurring accidents to the Health and Safety Committee.**

21.20 **In accepting a place at the school, parents are required to give their consent for the Head Teacher or other nominated representative to provide, on the advice of qualified medical opinion, emergency medical treatment, including general anaesthetic and surgical procedure under the NHS if the school is unable to contact a parent.**

21.21 Managing blood and body fluid spills - Body fluids such as blood, vomit, faeces, saliva, mucus and semen, potentially carry infection and transmittable diseases. It is important that all employees practice good personal hygiene, are aware of the procedure and fully comply with the controls for dealing with body fluid spillages. The Matron cleaning up spills of blood or body fluids must protect themselves with Personal Protective Equipment (PPE). A spillage kit containing gloves, plastic aprons, foot covers, goggles, masks, waste bags, scoop, 'Presept' decontamination granules and a padded bag/sock to contain larger spills can be located in the Surgery, the kitchen, ladies and gents staff toilets, changing rooms' corridor, nursery, the disabled toilet in the Kelham Centre and in the Year One classroom.

21.22 All body fluid spills should be cleaned up quickly to help protect students, staff and visitors from potential infections and to ensure we have a safe environment. All spillages of body fluids and

material used during the clean-up should be treated as ‘clinical waste’ and disposed of appropriately. Yellow biohazard bags should be used to dispose of waste and should be securely tied/sealed and disposed of in the yellow bin. The bin is located in the Surgery. Mops and buckets etc should only be used once the area has been thoroughly decontaminated and should be disinfected and dried after use. Contaminated clothing should be washed separately on a hot wash. Spillages on soft furnishings, carpets and upholstery should be steam cleaned when possible.

21.23 Accidental exposure to blood and body fluids can occur when there is:

a. A puncture to the skin through an object e.g. needle, instrument

b. Exposure of broken skin , e.g. wound of abrasion

c. Exposure of mucous membranes, including the mouth and eyes.

d. The following action should be taken immediately:

e. Immediately stop what you are doing

f. In the case of a wound, encourage bleeding by applying gentle pressure. Do not suck the wound

g. Wash thoroughly under running water

h. Dry and apply waterproof dressing

i. If blood or body fluids come into contact with eyes, irrigate with cold water Seek medical advice from A&E

j. A report should be sent to the Matron/Headmaster to be reported at the next Health and Safety Meeting.

k. A health and safety assessment should be carried out.

References:

A:  Commentary on the Regulatory Requirements, Part 3 (www.isi.net)

B: Reference Guide to the key standards in each type of social care service inspected by Ofsted (www.ofsted.gov.uk)

C: Health and Safety at Work" Section H of the ISBA Model Staff Handbook

D: "Health and Safety and Welfare at Work" Chapter N of the ISBA Bursar's Guide

E: "Insurance" Chapter K of the Bursar's Guide by HSBC Insurance Brokers Ltd

F: Early Years Foundation Stage (EYFS) Checklist and Monitoring Reference for Inspectors (www.isi.net)

G: DfE "Guidance on First Aid for Schools" (www.dfe.gov.uk)

H: HSE home page, First Aid at Work (www.hse.gov.uk)

I: MOSA Guidance: "First Aid Provision and Training in Schools" (www.mosa.org.uk)

J: DfE Automated external defibrillators (AEDs) A guide for schools, September 2018

| Policy Last Reviewed | Autumn 2022 |
|---|---|
| Policy Next Reviewed | Autumn 2023 |
| Staff Responsible | Headmaster |
| Governor Review | n/a |
| ISI Reference | A7, B5, E4, E5 |
| Website | Yes |

| **Author** | | **ISI Doc Code** | A7, B5, E4, E5 |
|---|---|---|---|
| **Reviewer** | | **Date of Last Review** | Autumn 2022 |
| **Authorised by** | | **Date of Authorisation** | |
| **Applicable to** | | **Date of Next Review** | Autumn 2023 |

## Appendix 1

### Policy for the supply and administration of non-prescribed drugs

St. Hugh's School Policy for the supply and administration of non-prescribed drugs

RATIONALE FOR EMPLOYING A PROCEDURE FOR THE SUPPLY AND ADMINISTRATION OF NON PRESCRIPTION MEDICINES

Currently there is no legislation governing the supply and administration of medicines within the school setting by unqualified staff. However, within the National Health Service,group protocols are in place, where qualified nurses administer non-prescription medications in defined clinical settings. A group protocol is defined as:

'A specific written instruction for the supply or administration of named medicines in an identified clinical situation……… It applies to groups of patients or other service users who may not be individually identified before presentation for treatment' (DoH 1998, p.5)

This procedure has been based on group protocol and written to enable the safe supply and administration of medicines within the setting of St. Hugh's School. Its aim is to allow named persons within the procedure to dispense over the counter medications where appropriate, to pupils, staff and visiting adults. The benefits include prompt and simple access for minor health problems and enrichment of quality of care.

CLINICAL CONDITIONS TO BE TREATED

The clinical conditions to be treated are wide ranging covering simple childhood illnesses, viral, bacterial and fungal infections and minor injuries gained during normal school activities.

STAFF

In order for medications to be administered safely, this Procedure aims to provide named members of staff who may administer non-prescriptive medications. Under this Procedure the dispensing of over the counter medicines can be undertaken by the individuals named in appendix 2. "Staff who have completed the Administration Of Medication course on Educare".

STOCK MEDICATION

The following medications are used on a regular basis and are standard stock kept in a locked cupboard within the Surgery. Procedures for the safe storage and protection of medicines in school can be found in the school's medical policy.

MEDICINES USUALLY KEPT ON THE PREMISES

| Painkillers |
|---|
| Nurofen for children 3+ months |
| Nurofen for children 3 months – 12 years |
| Paracetamol 3 months plus |
| Paracetamol 6 years plus |
| Paracetamol tablets 500mg |

| Paracetamol Soluble tablets 500mg |
| --- |
| Ibuprofen caplets 200mg |
| Travel Sickness |
| Kwells  300mg tablets 10 years and over |
| Stugeron 15 15mg 5 years + |
| Creams |
| E45 cream |
| Sudocream |
| Cough, Cold, Sore Throat |
| Dry Tickly Cough Syrup Glycerin Honey & Lemon |
| Vicks Vaporub |
| Antihistamines |
| Boots allergy relief 1 year plus antihistamine syrup |
| Boots bite & sting relief antihistamine cream |
| Chlorphenamine 4 mg Tablets 6 years - 12 |

Whilst the procedure aims to cover all the products which are regularly used during each school term, it must be recognised that in certain circumstances, some over the counter products may not be available. In such cases advice will be sought from the pharmacist and a substitute product will be supplied.

REVIEW OF POLICY

The effectiveness of this Administration of Non-Prescribed Drugs Policy will be evaluated and reviewed every year (or earlier if new medication is added to the treatment regime.)

(Original stored in surgery)

## Appendix 2

Staff who have completed three day full first-aid at work certificates

| | Date completed | Expiry Date |
|---|---|---|
| Marlene Green | August 2021 | August 2024 |
| Charlotte Ellicker-Campling | October 2022 | October 2025 |
| Sarah Warwick Smith | October 2022 | October 2025 |

Staff who have completed the Administration Of Medication course on Educare

| | Date completed | Expiry Date |
|---|---|---|
| Sarah Warwick Smith | October 2022 | October 2025 |
| Mark Ferguson | January 2022 | January 2025 |
| Katie Felton | December 2022 | December 2025 |
| Marlene Green | December 2022 | December 2025 |
| Charlotte Ellicker-Campling | December 2022 | December 2025 |

First Aid in the Workplace/Emergency First Aid at work

| | Date completed | Expiry Date |
|---|---|---|
| Bernie Costello | September 2021 | September 2024 |
| Catherine Brabant | September 2021 | September 2024 |
| Ellie Henderson | September 2021 | September 2024 |
| Flora Bonner-Mackenzie | September 2021 | September 2024 |
| Karen Eldridge | September 2021 | September 2024 |
| Kate Waite | September 2021 | September 2024 |
| Magali Clayton | September 2021 | September 2024 |
| Kim Appleton | September 2021 | September 2024 |
| Mark Ferguson | September 2021 | September 2024 |
| Pete Hainsworth | September 2021 | September 2024 |
| Richard Goodhand | September 2021 | September 2024 |
| Sarah Russon | September 2021 | September 2024 |
| Georgia Futter | September 2021 | September 2024 |

| | | |
|---|---|---|
| Jenjira Breislin | September 2021 | September 2024 |
| Lee Wilson | September 2021 | September 2024 |
| Viv Jeffery | September 2021 | September 2024 |
| Tina John | September 2021 | September 2024 |
| Claire Corner | September 2020 | September 2023 |
| Clare Wingham | September 2021 | September 2024 |
| Jakob Smith | December 2021 | December 2024 |
| Jo Noden | November 2021 | November 2024 |
| Lara Fish | June 2020 | June 2023<br>(Booked for May 2023) |
| Gareth Short | May 2020 | May 2023 |

Paediatric First Aid

| | Date completed | Expiry Date |
|---|---|---|
| Connie Hawkins | April 2021 | April 2024 |
| Emily McCarroll | April 2021 | April 2024 |
| Eve Reynolds | April 2021/November 2021 | April 2024/November 2024 |
| Lucy Arliss | April 2021 | April 2024 |
| Lindsey Wright | April 2021 | April 2024 |
| Miranda Sim | April 2021 | April 2024 |
| Sarah Harvey | April 2021/November 2021 | April 2024/November 2024 |
| Sylvia Locke | April 2021 | April 2024 |
| Natalie Wallis | February 2021 | February 2024 |
| Marlene Green | May 2023 | May 2026 |
| Charlotte Ellicker-Campling | May 2023 | May 2026 |
| Sarah Warwick Smith | May 2023 | May 2026 |
| Gareth Short | May 2023 | May 2026 |
| Amy Foote | May 2023 | May 2026 |
| Jo Noden | May 2023 | May 2026 |

Lifeguarding

| | Date completed | Expiry Date |
|---|---|---|
| Charlotte Elicker-Campling | April 2021 | April 2024 |
| Katie Felton | April 2021 | April 2024 |
| Zara Williams | | |
| Duncan Morrison | | |
| Gareth Short | August 2022 | August 2025 |
| Jakob Smith | | |
| Sarah Warwick Smith | | |
| Lucy Arliss | February 2022 | February 2025 |

Forest School First Aid

| | Date completed | Expiry Date |
|---|---|---|
| Natalie Wallis | February 2021 | February 2024 |
| Eve Reynolds | November 2021 | November 2024 |
| Sarah Harvey | November 2021 | November 2024 |

Mental Health First Aid

| | Course | Date Completed |
|---|---|---|
| Ann-Marie Hainsworth | Mental Health First Aid Champion | 10 November 2017 |
| Richard Goodhand | Mental Health First Aid Champion | 10 November 2017 |
| Jeremy Wyld | Youth Mental Health First Aider | 19 June 2012 |
| Bernadette Costello | Youth Mental Health First Aider | 12 December 2019 |
| Flora Bonner-Mackenzie | Youth Mental Health First Aider | 12 December 2019 |

PUPIL MEDICAL RECORD

Please complete this form as accurately as possible.

Child's Name:

Date of Birth:

Name and Address of Family Doctor:

Tel:

| Has your child been immunised against: | YES | NO | Has your child had:- | YES | NO |
|---|---|---|---|---|---|
| Diptheria, Tetanus & Polio | | | Influenza | | |
| Mumps, Measles & Rubella (MMR) | | | Measles | | |
| Whooping Cough | | | Mumps | | |
| Hib. Meningitis | | | Chicken Pox | | |
| Meningitis C | | | German Measles | | |
| Pneumococcal | | | Scarlet Fever | | |
| | | | | YES | NO |
| Has your child ever been treated in hospital, either as an Out-Patient or In-Patient in the last twelve months? | | | | | |
| Does your child wear glasses? If yes, please give details: | | | | | |
| Does your child have an orthodontic appliance? If yes, please give details: | | | | | |
| Does your child suffer from hayfever, eczema or asthma? If yes, please give details: | | | | | |

| | YES | NO |
|---|---|---|
| Is your child allergic to anything (e.g. type of food, Penicillin, Elastoplast etc.)<br><br>If yes, please give details: | | |
| Are there any illnesses that run in the family? If so, please specify? | | |
| Does your child have any specific dietary requirements (e.g. vegetarian)?<br><br>Please specify: | | |
| Does your child suffer from travel sickness?<br><br>If yes, please provide suitable medication. | | |
| Please give any further details below concerning your child's health and well-being which you think might be helpful for us to know: | | |

I give consent to my son/daughter taking part in all school activities and receiving first aid treatment in the event of a minor injury or illness. If an emergency occurs and when all reasonable efforts to contact me have failed, I authorise the school to assume 'delegated parental responsibility'. I give permission for x-rays, medical/dental treatment, blood transfusions, hospitalisation and an operation to be performed on my child if the school is so advised by appropriately qualified medical/dental personnel.

Signed:

Parent/Guardian

Relationship to Child:

Please provide 2 telephone numbers that the school can contact you in case of an emergency.

Tel. 1    Tel. 2:

Date:

Please return to the Office

PUPIL MEDICAL CONSENT FORM

Pupil Name: Date of Birth:

Allergies (Please specify e.g. Asthma, Eczema and Food etc.)

__________________________________________________________

__________________________________________________________

I hereby consent to the following medications, topical creams and dressings to be given and applied as deemed necessary by delegated staff. (Please tick if you give consent)

| | |
|---|---|
| Paracetamol | Antihistamine liquid |
| Ibuprofen | Antihistamine cream (bites, stings etc.) |
| Travel Sickness Tablets | Hypoallergenic Plasters |

Is there any medication you do not wish your child to have?

Signed ________________________________________(Parent/Guardian) Date __________________________

Health Care Plan

| | |
|---|---|
| Child's name | |
| Form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family Contact Information

| | |
|---|---|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

Clinic/Hospital Contact

| | |
|---|---|
| Name | |
| Phone no. | |

G.P.

| | |
|---|---|
| Name | |
| Phone no. | |

| | |
|---|---|
| Who is responsible for providing support in school | |

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

| |
|---|
| |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to