First Aid & Managing Medicines Procedures:

Internal Policy

2021/2022

FIRST AID GUIDANCE & PROCEDURES: INTERNAL POLICY

Rationale:

All children have the right to feel safe and well and know that they will be attended to with due care when in need of first aid.

Aims:

1. Ensure the health and safety of all staff, pupils, and visitors
2. To administer first aid to children when in need in a competent and timely manner.
3. To communicate children's health problems to parents when considered necessary.
4. To provide supplies and facilities to cater for the administering of first aid.
5. To maintain a sufficient number of staff members trained with a Level 2 First Aid Certificate.

Appointed first Aiders

<u>First Aid at Work</u>

Rachel Flather	Karis Machon
Amy Vickers	Georgia Robb
Jemila Forshaw	Shannon Fletcher

<u>Emergency First</u>

Susan Ward	Gaby Nicholson	
Luke Kimberley	Mel Walker	Joanna Bates
Amy Gough	Alex Broadhurst	

<u>Paediatric First Aid</u>

Julie Haywood	Kayleigh Cooke
Rebecca Harrison	Kelly Knowles
Beth Woods	

All Paediatric First Aid and First Aid at Work trained personnel are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate First aiders are trained and qualified to carry out the role
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary

- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incidents
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

In the event of an accident resulting in injury:

The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, who will provide the required first aid treatment

The first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives

The first aider will also decide whether the injured person should be moved or placed in a recovery position

If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents

If emergency services are called the School Office will contact parents immediately

The first aider will complete an accident/injury report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

A sufficient number of staff (including at least one administration staff member) to be trained to First Aid at Work standard.

At all times, there will be sufficient numbers of Paediatric First Aiders (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in the first aid room.

First aid kits will be available in the medical room and should be taken outside during breaks.

A confidential up-to-date log will be kept of all injuries or illnesses experienced by children that require first aid.

Minor injuries only will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor – require a First Aid at Work trained staff member to provide first aid.

Any children with injuries involving blood must have the wound covered, at all times.

Medications required by pupils will be kept securely. No medication will be administered to children unless prescribed by a doctor, dentist, or optician without the express written permission of parents or guardians.

Those children with documented asthma or anaphylaxis will always have access to their inhaler or AAI device (epi pen).

The following staff have been trained to administer AAi (epi-pen)

- Rebecca Wilson
- Kayleigh Cooke
- Helene Taylor
- Harriet Shaw

- Alex Broadhurst

A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room – In this academy that person is: Kayleigh Cooke

Parents are responsible for ensuring that their child's medical record is kept up to date.

The policies and practices used by the school to manage first aid, illnesses and medications will be communicated at the point of admission and updates sent out to all families as they arise.

Reporting to the HSE

The School Office will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

It is the responsibility of Local Authorities to report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

The school business manager will report these to the local authority within the required period.

Reportable injuries, diseases or dangerous occurrences include:

- Death

Specified injuries, which are:

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

- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

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

How to make a RIDDOR report, HSE

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

Notifying parents

Parents of all children who receive first aid, will receive a completed form indicating the nature of the injury and any treatment given.
For more serious injuries/illnesses, the parents/guardians must be contacted by the administration staff so that professional treatment may be organised.

Any injuries to a child's head, face, neck or back must be reported to parents/guardians.

Any pupil who is collected from the academy by parents/guardians as a result of an injury, or who is administered treatment by a doctor or paramedic, as a result of an injury, or has an injury to the head, face, neck or back, or where a qualified First Aider considers the injury to be greater than "minor" will be reported to the local authority, via an accident & violent Injury form which is available from the office.

Parents of children who are feeling ill will be contacted and a decision made as to the most appropriate action, in the best interests of the child – this may result in the child being taken home by a parent.

Parents who collect children from school for any reason (other than emergency) must sign out via the school office.

Reporting to Ofsted and child protection agencies

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

The principal will also notify Sheffield Safeguarding Children's Partnership of any serious accident or injury to, or the death of, a pupil while in the school's care

Medication containing aspirin can only be administered if prescribed by a GP.

Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider at Work (or, with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage).

Existing Injuries

For pupils arriving at school with an existing injury acquired out of school hours, the receiving member of staff will complete an 'Existing Injuries' form See Form 2, which will be kept in the First Aid file, unless there are safeguarding concerns, to which the DSL will be informed.

Emergencies

In the event of an emergency, the appropriate service(s) will be contacted.

All staff have authority to call an ambulance immediately in an emergency. If the situation and time permit, they may confer with others before deciding on an appropriate course of action.

MANAGING MEDICINE GUIDANCE & PROCEDURES

This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

N.B. Paragraph numbers refer to the DfES publication '*Managing Medicines in Schools and Early Years Setting*':

1. Managing prescription medicines which need to be taken during the school day.

1.1 Parents/Carers should provide full written information about their child's medical needs.

1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an individual Health Care Plan.
Paragraph 37

1.3 The school will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.
Paragraph 26

1.4 The school will **not administer** medicines that have not been prescribed by a Doctor, Dentist, Nurse Prescriber or Pharmacist Prescriber, unless it is done as part of an individual Health Care Plan. The school will inform parents of this policy.
Paragraph 25

1.5 Some medicines prescribed for children (e.g. Methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed drug in their possession. The school/setting will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence and will be dealt with under the school's Behaviour Policy.

1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the Prescriber's instructions for administration. In all cases this should include: -

- Name of child.
- Name of medicine.
- Dose.
- Method of administration.
- Time/frequency of administration.
- Any side effects.
- Expiry date.

1.7 The school will refer to the DfES guidance document when dealing with any other issues relating to managing medicines.

NB: Aspirin or Medicines containing aspirin will only be administered by school staff if prescribed by a **DOCTOR.**

2. Procedures for managing prescription medicines on trips and outings and during sporting activities.

2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and sagely on visits. This may extend to reviewing and revising the Visits Policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

2.2 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfES guidance on planning educational visits.

2.3 The school/setting will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on the Health Care Plan.

2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made.

2.5 The school/setting must co-operate with the LA in fulfilling its responsibilities regarding home to school transport (see above). This may include giving advice regarding a child's medical needs.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines.

3.1 Close co-operation between schools, settings, Parents/Carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

3.3 The school/setting will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

3.4 The school/setting will always designate a minimum of two people to be responsible for the administering of medicine to a child.

3.5 Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission from the Parents/Carers. Where the Head agrees to administer a non-prescribed medicine, it **must** be in accordance with this policy. The school will inform Parents of this policy. Criteria in the national standards for under 8s day care will make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as

or 6 and the Parents/Carers informed. If a child suffers from frequent or acute pain the Parents/Carers should be encouraged to refer the matter to the child's GP.

3.6 National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school/setting will inform Parents of this policy.

3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

3.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/Carers will be informed of the refusal on the same day. If refusal results in an emergency, the school/setting's normal emergency procedures will be followed.

3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the Parents or a Health Professional before taking further action.

N.B. The DfES guidance document gives a full description of roles and responsibilities.

4. Parental responsibilities in respect of their child's medical needs.

4.1 It is the Parent/Carers' responsibility to provide the Vice principal with sufficient written information about their child's medical needs if treatment or special care is needed.

4.2 Parents are expected to work with the Vice principal to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

4.3 The Vice principal should have *written* parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and Parents/Carers are to ensure the best care for a child.

4.4 If Parents/Carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school Nurse or the Health Visitor, as appropriate.

4.5 It is the Parents/Carers' responsibility to keep their children at home when they are acutely unwell.

4.6 It requires only one Parent/Carer to agree to or request that medicines are administered to a child. It is likely that this will be the Parent with whom the school or setting has day-to-day contact.

4.7 Prior written agreement should be obtained from Parent/Carers for any medicines to be given to a child.

5. Assisting children with long-term or complex medical needs.

Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed, using Form 2, involving both Parents/Carers and relevant health professionals.

5.1 A Health Care Plan clarifies for staff, Parents/Carers, and the child the help that can be provided. It is important for staff to be guided by the school Nurse or the child's GP or Paediatrician.

5.2 The school/setting will agree with Parents/Carers how often they should jointly review the Health Care Plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

5.3 The school/setting will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also consider a pupil's age and need to take personal responsibility.

5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the: -

- Executive Principal or Associate Principal.
- SENDco
- Parent or Carer.
- Child (if appropriate).
- Early Years Practitioner/Class Teacher – Primary Schools.
- Care assistant or support staff.
- Staff who are trained to administer medicines.
- Staff who are trained in emergency procedures.

5.6 The school/setting will consult the DfES publication 'Managing Medicines in Schools and Early Years Settings' when dealing with the needs of children with the following common conditions: -

- Asthma.
- Epilepsy.
- Diabetics.
- Anaphylaxis.

5.7 Regarding epilepsy, some children may be prescribed Rectal Diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible. Human medicines

Changes to legislation regarding the administration of emergency salbutamol inhalers came into effect from 01.10.14

The emergency salbutamol inhaler should only be used by children:

- Who have been diagnosed with Asthma and who have been prescribed one
- Who have been prescribed one as a reliever medication
- Parental consent has been obtained

A list of children able to use the emergency inhaler with two named people responsible for ensuring protocol.

An emergency inhaler kit should include:

- Inhaler
- Spacers
- Instructions of use
- Manufacturer's information
- Record of inhalers
- List of children who can use it
- Correct storage

6 Off-site Education or Work Experience for Secondary School Pupils

6.1 The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

6.2 The school will refer to the DfES guidance Work Related Learning and the Law DfES/0475/2004, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding e.g., Increased Flexibility Programme.

6.3 The school is also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. The school will comply with LEA policy on the conduct of risk assessments before a young person is educated off-site or has work experience.

6.4 The school is responsible for ensuring that a workplace provider has a health and safety policy which covers each individual student's needs.

6.5 Parents/Carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

7. Policy on children carrying and taking their prescribed medicines themselves.

An example of this would be a child with asthma using an inhaler.

7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.

7.2 Students who are competent to manage their own medication and care should be supported to do so with parental consent and/or if the student is judged to be 'Gillick competent'

The emergency use of AAI devices:

8.0 From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered). This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold spare AAI(s) – this is a discretionary change enabling schools to do this if they wish. Only those institutions described in regulation 22 of the Human Medicines (No.2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may

Legally hold spare AAIs. Regulation 8 of the Human Medicines (Amendment) Regulations 2017 amends schedule 17 of the Human Medicines Regulations 2012 and sets out the principles of supply to schools. Guidance on the use of AAIs in schools. This guidance is therefore designed to be read in conjunction with Supporting Pupils, and every school's protocol or policy on use of the AAI should have regard to it.

- Develop policies for supporting pupils with medical conditions and review them regularly.
- Develop individual healthcare plans for pupils with medical conditions that identify the pupil's medical condition, triggers, symptoms, medication needs, and the level of support needed in an emergency. Plans must be and signed by parents and shared with all staff. See 'Allergy Action Plan' below.
- Have procedures in place on managing medicines on the premises.
- Ensure staff are appropriately supported and trained.

The emergency anaphylaxis kit is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record. Schools might like to keep the emergency kit together with an "emergency asthma inhaler kit" (containing a salbutamol inhaler device and spacer)

9.0 Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis. Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes. <u>Schools should ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location</u>: for example, the school office or staffroom to which all staff always have access, but in which the AAI is out of the reach and sight of children.
They must not be locked away in a cupboard or an office where access is restricted.
Schools should ensure that AAIs are always accessible and available for use, and not located more than 5 minutes away from where they may be needed.
In larger schools, it may be prudent to locate a kit near the central dining area and another near the

playground; more than one kit may be needed.

Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.

* a device can be used if out of date for up to 3 years as a last resort/ while waiting for an ambulance

To be reviewed:

December 2022

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector <u>without delay</u>** (eg. EpiPen®) (Dose:..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do <u>NOT</u> stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

signed: .....

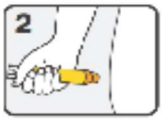
Print name: .....

Date: .....

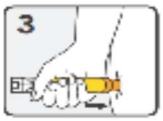
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Contacting Emergency Services

Request for an Ambulance

Dial 999 or 112 ask for ambulance and be ready with the following information

1.Your telephone number **0114 2016800, explain that you are based in Sheffield as our Cisco telephone system will automatically direct your call to the London emergency services.**

2. Give your location as follows:

Oasis Academy Watermead

Barrie Crescent, Sheffield

3. State that the postcode is **S5 8RN**

4. **Give exact location in the school/setting**

5. **Give your name and role**

6. **Give name of child and a brief description of child's symptoms**

7. **Inform Ambulance Control of the best entrance and state that the crew will be met at School Gate and taken to location**

Healthcare Information

Name of School/Setting _____

Child's name _____

Class _____

Date of Birth _____

Child's Address _____

_____

Post code: _____

Medical Diagnosis or Condition _____

_____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1		**Family contact 2**	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

Name _____

Phone No. _____

GP

Name _____

Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g., before sport/at lunchtime)

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

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

The School Nurse will support the school in writing every Healthcare plan and will arrange additional training if specific skills and knowledge are required by members of the school team to fulfil the

PUPIL INFORMATION RE INHALERS IN SCHOOL

This form must be completed by Parent/Carers/Guardian

Name of School/Setting	**Oasis Academy Watermead**
Child's name	
Class	
Address	
Procedures to be taken in an emergency	

Contact Information

Name	
Daytime Tel. No.	
Relationship to child	

NB. Children should keep their inhaler with them in school wherever possible. For younger children they will be stored by the class teacher. If your child' needs change, please update the form as soon as this happens thank you.

Signed _____ (Parent/Carer)

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

MANAGING MEDICINES IN SCHOOL – PARENT/CARER AGREEMENT

Parental agreement for school to administer prescribed medicine.

Student name_____ DOB_____ Class_____

Medical Condition or illness_____

Name/ Type of Medicine _____

Date Dispensed __/__/__ Expiry Date __/__/__

Dosage and method _____

Time to be given _____

Procedures to take in an emergency

_____

Contact Details: -

Name _____

Relationship to child _____

Telephone Number _____

Alternate contact_____

Telephone Number _____

I understand all medicines must be handed in to a member of the office team and collected by an adult at the end of the day.

Signed _____ Parent/Carer. Date _____

Staff training record - administration of medicines

Name of School/Setting: _____

Type of training received: _____

Date of training completed: _____

Training provided by: _____

Staff Receiving Training	
Name (PRINT)	Signature

Staff Receiving Training Continued	
Name (PRINT)	Signature

I confirm that the person/people named above has/have received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Termly / Yearly / Every two years / Every three years / Other
_____.

Trainer's signature: _____

Profession and title: _____

Date of Training: _____

Suggested Review Date: _____

Existing Injury Sheet

To be completed by the parent / carer and the childcare practitioner in instances where a child arrives at school with an existing injury.

Day: Date: Time:

Name of the Child: DOB:

Name of person reporting the existing injury:

Relationship to the child:

Name of practitioner supporting the completion of this form:

Was this existing injury notified to practitioners at the start of the session: YES / NO

Was this existing injury notified to practitioners during the session (i.e., by telephone): YES / NO

Did practitioners notice this existing injury during the session? YES / NO *(If yes, please describe how the injury was found, and also the reason it is believed it is in fact an existing injury and that it has not occurred at nursery during the session.)*

Description of how the injuries occurred – i.e., where when and how it happened:

Persons present when the injury occurred (including witnesses):

Description of the injuries sustained:

Please identify the injuries sustained on the body map overleaf

Was Medical Treatment or Advice Sought YES / NO (If yes, please describe below:)

Further Notes or Information:

I

the named person who has reported the identified existing injuries, declare that the details described in this report is a true account.

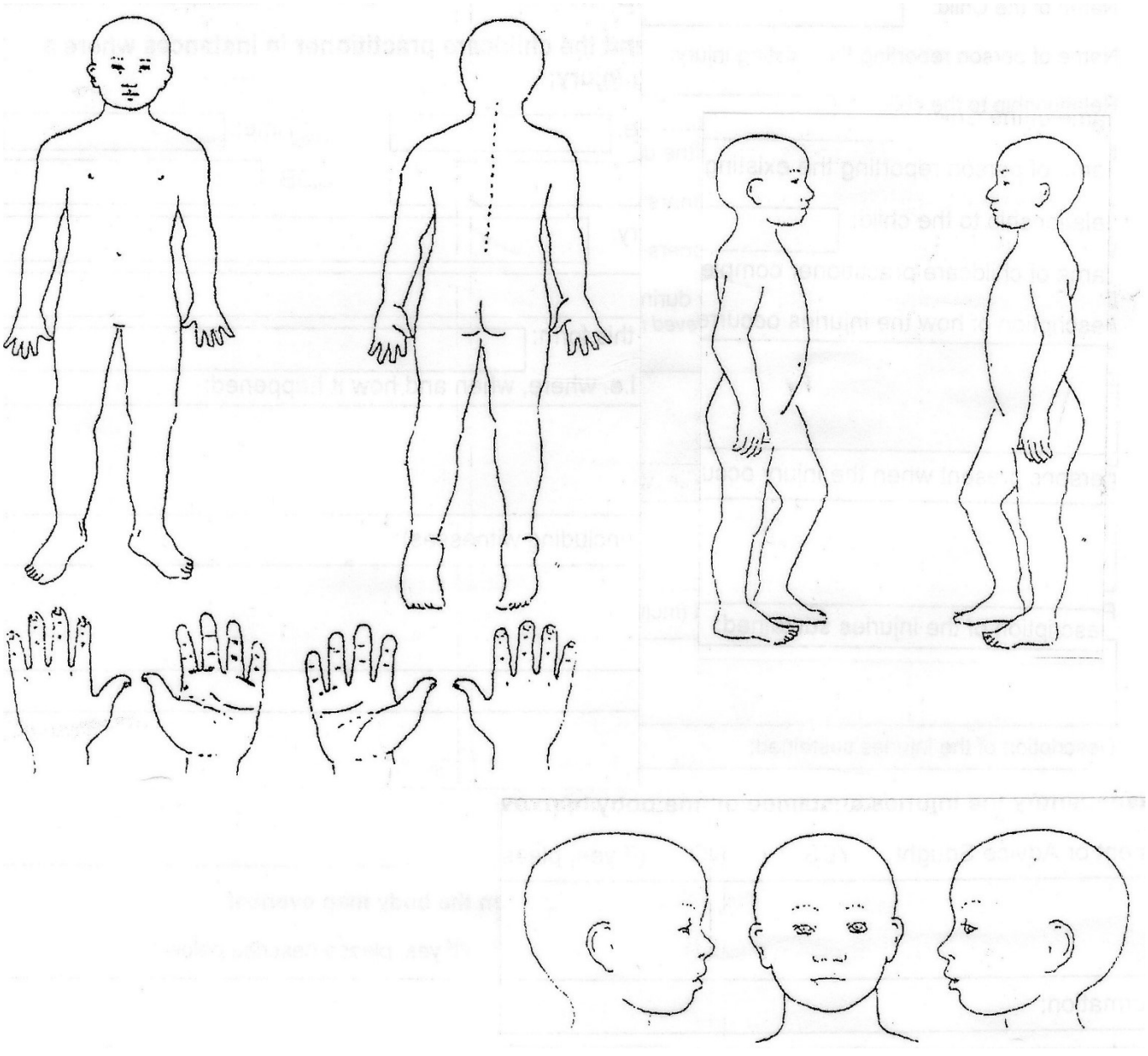
Signature:		Date:		Time:	

Signature of the practitioner who supported the completion of the existing injuries record:

Signature:		Date:		Time:	

Body Map

(Please note that the child **must not** be examined to complete the body maps)



OFFICE USE ONLY – RISK ASSESSMENT DETAILS OF THE EXISTING INJURY

Member of staff:		Date:	
Position:		Time:	

Are there any issues for concern with regards to the existing injury YES / NO

If yes, please describe the action taken:
