



St Mary's CE Primary School
Felsham Road
Putney

First Aid, Medicines and Supporting Pupils with Medical Conditions

Vision: Delivering excellence, allowing all to flourish

Mission: Creating a culture of wonder, guided by Christian faith

Values: Endurance, Compassion, Thankfulness

This policy outlines St. Mary's responsibility to provide adequate and appropriate provision for supporting pupils in school with medical conditions and the administration of medicines and/or first aid to pupils, staff, parents and visitors. The policy states the practice and procedures in place to meet these responsibilities.

Aims

- To identify the first aid needs of the school in accordance with the Management of Health and Safety at Work Regulations 1992 and 1999
- To ensure that first aid provision is available at all times while people are on the school premises and while on school visits in accordance with the Health and Safety First Aid legislation 1981
- To outline the duty placed on governing bodies, through the Children and Families Act 2014 to make arrangements for supporting pupils in school with medical conditions
- To ensure all pupils with medical conditions, in terms of either physical or mental health, will be properly supported so that they can play a full and active role at school, remain healthy and achieve their academic potential

Objectives

- To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the school
- To provide relevant training and ensure that monitoring of training needs is regularly carried out
- To provide sufficient and appropriate resources and facilities
- To aim to provide a physical environment that is accessible to pupils with medical conditions
- To keep staff and parents informed of the school's first aid arrangements and measures for supporting pupils with medical conditions (as outlined on individual Health Care Plans)
- To keep accident and medication records and to report to the Health and Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- To give clear structures and guidelines to staff regarding first aid and medicines, including how best to support children with medical conditions (appropriate sharing of Health Care Plans)
- To ensure the safe use, administration and storage of medicines in school and on educational visits
- To ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in all areas of learning, structured and unstructured social activities, including during breaks and before and after school activities and school visits. This includes making reasonable adjustments where appropriate
- To ensure staff have a clear understanding that medical conditions should not be a barrier to learning and that they have a duty of care to pupils
- To assess the risks of all out-of-school activities taking account of the needs of pupils with medical conditions
- To review medical emergencies and significant incidents to ascertain whether/how they could have been avoided and updating policy and procedures after each review

Roles and Responsibilities

Governors

The Local Authority and the School Governors are responsible for the health and safety of their employees and anyone else on the school premises. They must ensure that the risk assessments of the school are undertaken and that the appointments, training and resources for first aid arrangements are appropriate, in place and reviewed annually. The school Governors should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The Governors will ensure that arrangements are in place to support pupils with medical conditions and that they are enabled to access the fullest possible participation in all aspects of school life. Governors will ensure all staff have received the appropriate level of training and are competent to support pupils. Governors will review and approve the policy and ensure implementation of any changes or recommendations arising from any significant incident reviews.

Head Teacher and Inclusion Manager

The Head Teacher and Inclusion Manager are responsible for putting the policy into practice and for developing detailed procedures. They should ensure that the policy is available to all staff and parents. They will ensure that:

- the school is inclusive and welcoming
- the policy is in line with national guidance and expectations, is put into action and maintained
- they liaise with other interested and relevant parties (including parents and pupils, school health, community and acute health services, the local authority services etc.)
- pupil confidentiality is respected but relevant staff will be made aware of a child's medical condition
- the training and development needs of staff are assessed and arrangements made for them to be met
- all staff are aware of the policy, including supply teachers and new staff
- the policy is reviewed annually
- they report back to Governors and to all key stakeholders about the implementation of the policy
- they lead reviews after significant incidents to ascertain whether/how they could have been avoided, updating the policy and procedures after each review

In the event of a medical emergency and the school being unable to contact the parents/carers the Head Teacher will act in 'Loco Parentis'. Consent for this is sought during the admissions process. Parents that are unsure about providing consent are encouraged to meet to discuss this with the Head Teacher.

First Aiders

- First Aiders must have completed a Paediatric First Aid course delivered by First Aid for Life and this training must be updated every 3 years.
- Must give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- Follow procedures as outlined in health care plans for children with identified medical conditions

All First Aiders must be able to leave their normal duties to immediately attend to first aid and emergencies. Emergency red cards are accessible in each room in school (including the hall, ICT suite and music room) and the playground. These must be sent with a child to the office if class based staff require additional emergency medical assistance.

All Staff

Staff have a responsibility to:

- be aware of and understand the school's 'First Aid, Medicines and Supporting Children with Medical Conditions' policy
- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- know which pupils in their care have a medical condition and be familiar with the content of a pupil's Health Care Plan
- allow all pupils to have immediate access to their emergency medication when necessary
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go out of the classroom or on a school visit
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social or emotional support
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in, and understand the impact a medical condition may have on a pupil and make any reasonable adjustments to accommodate this
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- use opportunities such as PSHE lessons and other areas of the curriculum to raise pupil awareness about medical conditions

Also see the list of unacceptable practices (**Appendix 1**)

First Aid

Equipment and Facilities

- The Inclusion Manager will ensure that the appropriate number of first-aid kits are available and easily accessible. The teaching assistants in each classroom will restock kits when necessary. The School Administration Support Assistant will order stock and be responsible for restocking the first aid kit in the Medical room and the hall. The School Business Manager (SBM) is responsible for the travel kits stored in the SBM's office and the Hall. Kitchen staff will maintain the first aid kit in the kitchen.
- All first aid kits are stocked in accordance with the HSE recommended and mandatory contents (also in line with the DfE guidance on First Aid for Schools lists).
- First aid kits and equipment are taken on all school trips.
- The Head Teacher and School Governors provide a suitable first aid room for medical care treatment.
- Hygiene procedures must be followed by staff administering first aid treatment.

- Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids.
- Location list of first aid kits is held with this policy (**Appendix 2**).

Procedures

- First aid treatment is given adhering to procedures recommended by First Aid for Life training.
- When dealing with Infectious Diseases and Infection Control advice is sought from the Health Protection Agency (see information in the green first aid folders located in the Inclusion room/School Office/SBM Office/Hall/First Aid Room).
- Out of school hours activities led by school staff will all have access to a first aider in school. FOSMs are responsible for providing a qualified first aider for the events that they run and organise.

Record Keeping and Reporting Accidents

- All minor injuries and first aid treatments given are recorded by the attending first aider who will complete the school/s paper incident slip - located on a clipboard in the entrance to the first aid room. For EYFS copies are located on a clipboard in the classroom. Details recorded must include the date, time, location of incident, name of injured person, their class and details of the injury/illness, what happened immediately after, name and signature of First Aider. (**Appendix 8**)
- Parents are notified by telephone (as soon as possible) if a child receives a bump to the head.
- Any accident slips relating to head bumps **are to be given to office staff as soon as possible (same day)** who will send home the bumped head letter to the parent/s and file the accident slip in the office accident slip folder.
- Any non-head bump accident slips are filed in the first aid room folder titled 'Accident slip folder' (EYFS accident folders in class)
- For bee, wasp stings, facial injuries or other significant incident, parents will be notified by telephone.
- For more serious injuries, such as broken bones, dislocations or other injuries that require a child being taken to hospital, an Accident and Emergency reporting form must be completed which is available from the School Business Manager.
- In the event of a medical emergency in school and the school is unable to contact parents/carers, then the Head Teacher acts in 'Loco Parentis'. A member of staff will accompany a child and stay with them until a parent or responsible family member arrives.
- Statutory requirements; under the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 1995 (RIDDOR) require some accidents to be reported to the HSE (fatal and major life threatening injuries). Complete TC1297B form, which is available from School Business Manager, for pupils or parent helpers. For employees a T1297A form should be completed.
- After completing the Accident Form the form is signed by a member of SLT and sent to Health & Safety WCC: safety@wandsworth.gov.uk A copy is filed in the School Business Managers office (kept for 3 years)

- Accident records are monitored and reviewed by Governors via the Resources Committee.

Head Bump procedure

- Any child who receives a bump to the head should be attended to by a first aider to check the child over and administer first aid as necessary.
- A second first aider is called to repeat the above process if the original first aider remains concerned and **parents may need to be called if both first aiders determine the child may require hospital treatment**
- In the event of a severe head injury school staff will call 999
- Any child who receives a head bump is given a red wrist band and asked to sit on a bench with a friend for 10 minutes. An adult will keep an eye on the child to ensure they do not fall asleep.
- An accident slip is completed and taken to the office as soon as possible.
- The office will complete a copy of the school head bump letter and send this to parents (email will be earmarked as important and subject should begin with the word 'URGENT'. **(Appendix 10)**

Administering First Aid Off Site (Visits and Residential Trips)

- A trained appointed person will accompany all off site visits with a stocked first aid kit, appropriate to the risk assessment for the visit (including clubs and sports trips).
- All adults present on the visit should be made aware of the arrangements for first aid.
- If any first aid treatment is given the trip leader will advise the school office, by mobile phone if urgent, or on return so that the pupil's parents can be informed.
- If a pupil requires a prescribed medicine during a trip an 'Administration of Medicine or Treatment Consent Form' **(Appendix 3)** will need to be completed by the child's parent/carer prior to the trip: see Administering Medicines in School section above.
- A copy of the consent form will be taken on the trip with the medication. The medication will be kept in the first aid kit (cool pack if necessary) and administered by the First Aider at the necessary time and recorded.

Medicine

Administering Medicine In School

Medicines will only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.

- In exceptional circumstances, e.g. if anti-biotic medicine has to be taken four times a day, a member of the office staff who is first aid trained will administer prescribed medicine providing that an 'Administration of Medicines or Treatment Consent Form' **(Appendix 3)** has been completed and signed by the parent/carer. The relevant forms are kept in the School office. For longer-term administration 'Long Term Medication' Form is used **(Appendix 4)**.

- Only **prescribed medicines** that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage are acceptable. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Hands must be washed before and after administering medicine. Occasional clinical waste must be thoroughly wrapped and sealed before placing in the refuse bin.
- The administration of medicines should be witnessed by a second adult.
- All prescribed medicines that are due to be administered must be kept securely and in accordance with the instructions, taking account of temperature requirements, in the school office. Use the refrigerator if necessary.
- Children need to take responsibility, as far as possible, to remember to come to the office for the medicine to be given, but a record will be kept and children will be prompted if they have not turned up. Younger children will always be reminded (Early Years Foundation Stage and Key Stage One children).
- It is the responsibility of the parents to ensure all medication brought into school is up to date. If medication is changed or there has been a recommendation to discontinue use then parents must **notify school immediately in writing.**
- Records will be kept of all prescribed medicines administered and these medicines can only be given to the named pupil.
- Out of date medicines should be returned to parents to dispose of safely (return to the chemist and renew if necessary).
- Sharps boxes will be made available for the disposal of needles and other sharps, when required. This is a yellow bin and can be found in the SBM office.
- Medication will not be stored at school over the summer holiday period and parents must ensure that in-date medication comes into school on the first day of the new academic term.
- If a child refuses medication, the Head Teacher or Inclusion Manager should be informed and the child should not be forced to take it. If the child continues to refuse then parents/carers should be informed as a matter of urgency.
- It would be advisable for parents to inform staff if a child has been given medicine before coming into school.

Asthma Treatment and Inhalers

- Asthma sufferers are permitted to bring their own treatments (inhalers etc.) to school. If they are responsible for carrying/storing it themselves a 'Parental Agreement for children to carry their own Medicine' form (**Appendix 5**) must be completed by the parents/carers.
- It is the responsibility of the parents to ensure all medication brought into school is up to date. If medication is changed or there has been a recommendation to discontinue use then parents must **notify school immediately in writing.**
- A list of asthma sufferers is available in the class first aid electronic folders located in the P:Staff/First Aid & Medical folder.

- Asthma treatments for pupils (inhalers etc.) are kept either in the first aid room or with the pupil themselves in the classroom, including outside at break times and on school trips, so that they are readily available.
- Asthma treatments are to be administered by the pupil or supported by an adult if the child is of an age where they are unable to administer the treatment independently.
- Parents are to be informed if the child uses the inhaler. If this is occurring more frequently then additional medical advice should be sought.
- Parents are responsible for checking that the treatments are still within their 'use by dates' and for replenishing them.

Emergency Inhaler

The school has an emergency salbutamol inhaler which is stored in the school office for use only by asthma sufferers who are prescribed this inhaler. It is for use in emergency situations when a sufferer cannot access their usual inhaler e.g. if it is broken, lost or empty.

Please see DFE Policy on the use of 'Emergency Salbutamol Inhalers in School' March 2015.

Adrenaline Pens and Anaphylaxis Shock Training

- Adrenaline Pens (AP's) typically include: EPI pens, Jext pens or Emerade pens
- It is the responsibility of the parents to ensure all medication brought into school is up to date. If medication is changed or there has been a recommendation to discontinue use then parents must **notify school immediately in writing.**
- A list and photograph of anaphylaxis sufferers is displayed in the first aid files located in the school office/kitchen/hall and first aid room and is also available electronically in the staff P: Staff/First Aid & Medical folder.
- Labelled AP's (2 pens for each child) are stored in the first aid room with the exception of EYFS where they are kept in the classroom for ease of access in an emergency. They are all stored in a clear plastic box with their name and photograph on with the Care Plan attached to the lid of the box. AP's are taken on all trips/visits with the child. These are stored in the first aid room at all times
- AP's can be administered by any members of staff. If an AP is administered the time must be noted and provided to the emergency services. This can be noted on the care plan inside the box. The used AP's should be replaced in the box and given to the emergency services.
- AP's are always taken on educational visits.
- Parents/carers are responsible for checking that the treatments are still within their 'use by dates' and for replenishing them.
- If a child has been in contact with a known allergen, parents and staff must observe the child vigilantly as reactions can occur up to 72 hours post contact.
- School staff are encouraged to let their teams know if they have an AP during the annual staff training sessions or as soon as possible.

Illness and Absence

- If a pupil is acutely unwell or has a contagious illness they should not come into school.
- A child should be kept away from school for 48 hours after the last episode of vomiting or diarrhoea.
- If a pupil is repeatedly off school due to sickness the child will be referred to the School Nurse for a holistic health review.
- If a pupil has an extended period of absence due to their medical condition it may be necessary to contact or refer to the Wandsworth Hospital and Home Tuition Service.

Defibrillator

St. Mary's has its own defibrillator which is located in the corridor outside the main school office.

The defibrillator is used when a person is in cardiac arrest (the heart stops beating). The DfE guidance 'Supporting pupils at school with medical conditions' advises schools to consider installing one as part of their first aid equipment. St. Mary's school has a defibrillator school First Aiders have received some initial training in defibrillation as part of their standard course qualification.

Supporting Pupils with Medical Conditions

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for pupils with medical conditions. These pupils should be properly supported so that they have full access to education, including school trips and physical education and the same opportunities as other pupils. The school will consult and work in partnership with health and social care professionals, pupils and parents to ensure the needs of pupils with medical conditions are effectively met.

A staff training programme will be provided, which will take account of the need for specialist training (when required) for some key members of staff, as well as generic training for all staff. Training would include details on how to avoid and reduce exposure to common triggers for common medical conditions. In addition, all new staff, including some supply and temporary staff, will be informed of the policy and their responsibilities.

Health Care Plans are used to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day. Pupils' medical conditions and Health Care Plans are recorded and filed in the green information folders in the Inclusion room/SBM Office/School Office/First Aid Room and Hall. These are updated regularly and reviewed annually.

Any pupils that have experienced a period of extended absence due to their medical conditions will be supported in their reintegration to school life through a carefully planned transition. This is created and agreed with parents, the pupil, medical professionals, the Inclusion Manager and school staff with provision made for limiting any negative impact on the pupil's educational attainment and supporting their social, emotional health and general well-being. Where there

may be disagreement the child's needs are prioritised with the Head Teacher making the final decision.

Children with medical needs have the same rights of admission to school as other children (see Admissions and Inclusion Policies).

- Notification that a pupil has medical needs may come through a statement of Special Educational Need or Disability (SEND), an Education, Health and Care Plan (EHCP) from a medical practitioner or from the parent/carer of the child
- Parents and carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition; initially on the enrolment forms or update the school as necessary
- An individual Health Care Plan will be put in place, if required, to help staff identify the necessary safety measures and procedures to support children with medical conditions and ensure that they, and others, are not put at risk. Health Care Plans will be reviewed annually or when a condition changes, by the Inclusion Manager and School Nurse in partnership with the parents/carers and this child, where appropriate (**Health Care Plan template Appendix 6**)
- Cover arrangements will be put in place to cover staff absence or staff turnover to ensure an appropriate trained adult is available to support children with medical conditions
- If a child has a SEND, their Care Plan may be part of a child's EHCP rather than a separate plan
- It would be advisable for parents to inform the school if their child has taken medication before coming into school
- There may be times when the school needs to obtain medical information from a doctor or health professional about a child in school. When such a need occurs, parents must give consent. This can be through use of the 'Medical Information – Parental Permission' form (**Appendix 7**)
- Close liaison between the school and the relevant healthcare providers will be developed to ensure that the needs of the pupil are fully catered for and reasonable adjustments made to ensure inclusion
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body must comply with their duties under that Act
- Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Staff will use opportunities such as PSHE lessons and additional emotional support to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Administering Personal Care

- See separate Personal Care policy
- Personal Care could include: washing, dressing (including swimming), supported eating (including tube feeding), administering medication, toileting and menstruation, physiotherapy exercise programme/manual handling, massage/intensive interaction, dental hygiene, care of tracheostomy, topical medicines (e.g. sun creams, eczema creams)

- Parents must complete the Permission for Personal Care form before staff can administer personal care to children.

Head lice

Head lice are tiny brown insects that can only live on human hair. They survive by sucking blood from the scalp. Head lice are easily spread by close contact, but do not spread disease.

Head lice are usually visible in the hair and on the scalp, especially during brushing. Some children might also feel itchy. The eggs are white in colour and can be found near the scalp. Head lice can reproduce and mature very quickly, so a few can quickly grow in number over a very short period of time.

If you suspect a child has head lice then report it to their parents at the earliest opportunity. The Head Lice letter is available on the school system for teachers to send home. **(Appendix 9)**

Monitoring and Review

The Inclusion Manager will review this policy once every year as well as responding to issues that suggest the need for review. The school also uses the guidance from the Department for Education 'Supporting pupils at school with medical conditions' December 2015.

Useful contacts

- Telephone HSE 0845 300 9923
- Telephone WCC Health & Safety 020 871 8006
- School Nurse 020 8812 5656

Complaints

Please see the school's 'Formal Complaints Policy and Procedure'. Copies can be obtained from the school office. For complaints to the Local Authority please visit:

<https://www.wandsworth.gov.uk/schools-and-admissions/schools/how-schools-are-run/school-complaints-process/>

This policy should be read in conjunction with:

- Personal Care Policy
- Safeguarding and Child Protection Policy
- Inclusion Policy
- Special Educational Needs Information Report
- Accessibility Plan
- Equality Information and Objectives
- Emergency Salbutamol Inhalers in Schools
- Whole School Food Policy
- UK GDPR Data Protection Policy
- Relevant Risk Assessments

Policy Reviewed by: **Ms Susan Abraham – School Business Manager and Kerry Dunford – Inclusion Manager.**

Suggested Date of Next review: **April 2024**

Monitoring and Review

The School Business Manager and Inclusion Manager, will review this policy every year as well as responding to trends/changes in legislation or policy that suggest the need for earlier review. The Pupil committee has oversight of this policy.

Name/s and job title of reviewer	Date of review	Date of governor approval	Suggested date for review
Mrs Susan Abraham SBM and Mrs Kerry Dunford Inclusion Manager.	March 2019		March 2020
Mrs Susan Abraham SBM and Mrs Kerry Dunford Inclusion Manager.	March 2021	BY EMAIL July 2021	March 2022
Mrs Susan Abraham SBM and Mrs Kerry Dunford Inclusion Manager.	July 2022	July 2022	July 2023
Mrs Susan Abraham SBM and Mrs Kerry Dunford Inclusion Manager.	April 2023	May 2023	April 2024

Appendix 1 – Unacceptable Practices

The DfE guidance 2015 lists the following unacceptable practices. This policy is designed to ensure that these issues are avoided and that there is an ongoing dialogue between school, pupils and parents so that all pupils and parents feel confident in the processes in place in the school.

It would be considered unacceptable practice:

- to prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- to assume that every child with the same condition requires the same treatment;
- to ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual Care Plans;
- if the child becomes ill, to send them to the school office or medical room unaccompanied or with someone unsuitable;
- to penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- to prevent pupils from drinking, eating or taking toilet/other breaks whenever they need to in order to manage their medical condition effectively;
- to require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- to prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Appendix 2 - Location of First Aid Kits

St. Mary's C of E Primary School

Kit Number	Location
1	Medical Room
2	Nursery Classroom
3	Reception Classroom
4	Year 1 Classroom
5	Year 2 Classroom
6	Year 3 Classroom
7	Year 4 Classroom
8	Year 5 Classroom
9	Year 6 Classroom
10	Hall

Plus 2 portable First Aid Kits for school trips are stored in the School Business Manager's Office.

Appendix - 3

**ADMINISTRATION OF PRESCRIBED MEDICINES OR TREATMENT
CONSENT FORM – **SHORT TERM****

School: St. Mary's CE Primary School

Child's

Name: _____ **Year:** _____

Date of Birth: _____

Address: _____

Home Tel. No: _____ **Work Tel. No:** _____

GP's Name & Tel No: _____

**I AGREE TO APPROPRIATE MEMBERS OF STAFF ADMINISTERING MEDICINES
/ PROVIDING TREATMENT TO MY CHILD AS DIRECTED BELOW OR IN THE
CASE OF AN EMERGENCY, AS STAFF CONSIDER NECESSARY.**

Signed: _____ **Date:** _____

Parent / Guardian

**IT IS THE PARENTS' RESPONSIBILITY TO UPDATE THIS AS NECESSARY AND
TO ENSURE THAT ALL MEDICINES IN SCHOOL ARE IN DATE.**

Name of Medicine	Dose	Frequency/Times	Date of Completion of Course
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A _____

B _____

C _____

D _____

Medical condition or illness [why does your child need to take this medicine in school?]

Special Instructions:

Allergies:

Other prescribed medicines the child takes at home:

Appendix - 4



ST MARY'S CE PRIMARY SCHOOL
Parental Agreement for School to Administer Medicine
LONG TERM

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

Name of Child: _____

Date of Birth: _____ Year Group: _____

Medical Condition or illness: [why does your child need to take this medicine in school?]

Medicine

Name/type of prescribed medicine:

As described on the container

Date Dispensed: _____ Expiry Date _____

Agreed review date to be initiated by [named member of staff] _____

Dosage and Method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the school needs to be aware of:

Self Administration: **Yes / No** (delete as appropriate)

Procedures to take in an emergency: _____

Contact Details:

Name:

Daytime telephone number:



Appendix 5

ST MARY'S CE PRIMARY SCHOOL Parental Agreement for Children to carry their own Medication

The school will not allow your child to carry their own medicine unless you complete and sign this form.

Name of Child: _____

Date of Birth: _____ Year Group: _____

Medical Condition or illness: _____

Medicine

Name/type of medicine: _____
As described on the container

Date Dispensed: _____ Expiry Date _____

Agreed review date to be initiated by [named member of staff] _____

Dosage and Method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the school needs to be aware of:

Procedures to take in an emergency: _____

Contact Details:

Name:

Daytime telephone number:

Relationship to child:

I give my consent for my child to carry and administer their own medication as required.

Date:

Signed:

Appendix 6 – Health Care Plan



St. Mary's CE Primary School

Health Care Plan for Pupil with Medical Conditions

Date:

Review Date (at least annually):

Name of Pupil:

D.O.B:	Ethnicity:	Year Group:
Address:	Next of Kin (1):	Next of Kin (2):
	Relationship:	Relationship:
	Telephone (1):	Telephone (1):
	Telephone (2):	Telephone (2):

GP Name:

GP Address:

GP Telephone:

Medical needs/condition(s):

Who is responsible for providing support in school:

Daily care requirements/action plan:

Specific support for social and emotional needs:

Triggers or things that make this pupil's condition worse:

Signs and symptoms to indicate an Emergency for this pupil in school:

Name and dose of medicine:

Method of administration of prescribed medication (Refer to attached treatment plan from consultant/specialist service)

Side effects:

Can the pupil administer the medication themselves?

Yes No Yes , with supervision by:

Who is responsible in school to supervise/administer medication in an emergency?

- Designated First Aider

-

Arrangements for school trip/visits:

Specialist Services	Name	Telephone

This plan was developed with

Training needs

(tick and date when completed)

Form copied to:

- Parents –
- Class Teacher –
- School Business Manager -
- Inclusion Manager –
-

Emergency Plan - SPEAK CLEARLY AND SLOWLY

- 1. Dial 999 ask for an ambulance and be ready with the following information**
- 2. Give your name**
- 3. Give a brief description of the pupil's symptoms (and any known medical condition – e.g. have they been given any medication?)**
- 4. Give your location (St. Mary's, Felsham Road, Putney, London)**
- 5. State the postcode (St. Mary's SW15 1BA)**
- 6. Your Telephone Number (020 8788 9591)**
- 7. Give exact location of the pupil**
- 8. Give the pupil name**
- 9. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil**
- 10. Don't hang up until the information has been repeated back to you**

Permission for emergency medication (tick if you agree)

- I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- I agree that I/my child **cannot** keep my/their medication with me/them and the school will store the medication as appropriate.
- I agree that I/my child **can** keep my/their medication with me/them for use when necessary

Parental and pupil agreement

I agree that the medical information contained in the plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Pupil name:

Parent/carer/guardian name:

Parent signature:

Date:

Healthcare professional agreement

I agree that the above information is accurate and up to date.

School Nurse name:

School Nurse signature:

Date:

Head Teacher/ Inclusion Manager agreement

It is agreed that the pupil named in this form will receive the above listed medication and care in school.

Inclusion Manager name:

Inclusion Manager signature:

Date:

Appendix – 7



ST. MARY'S CE PRIMARY SCHOOL
MEDICAL INFORMATION - PARENTAL CONSENT

I hereby give permission for St. Mary's CE Primary School to contact any doctor or health professional who has information about my child, in order to obtain such information as is relevant.

Name of Child: _____

Date of Birth: ____ / ____ / ____

Address: _____

Name of Doctor/
Consultant/s: _____

Address/Tel No: _____

Name of Parent/
Carer/Guardian:
(please print) _____


Signed: _____

Date: ____ / ____ / ____

N.B. Signature must be that of the person with parental responsibility for the child named.

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Example of completed incident form and blank incident form

 <p>St. Mary's CE Primary School, Putney ACCIDENT, ILLNESS AND INCIDENT REPORT SLIP</p> <table border="1"> <tr> <td>Accident</td> <td>Complete this form and if the accident involves a head bump email a PDF copy to the parent/carer and the class teacher</td> </tr> <tr> <td>Illness</td> <td>Complete this form and email a PDF copy to the class teacher</td> </tr> <tr> <td>Incident</td> <td>Complete this form and hand a copy to the class teacher who will report the incident to the parent/carers involved</td> </tr> </table>		Accident	Complete this form and if the accident involves a head bump email a PDF copy to the parent/carer and the class teacher	Illness	Complete this form and email a PDF copy to the class teacher	Incident	Complete this form and hand a copy to the class teacher who will report the incident to the parent/carers involved	Pupil's FULL Name:		
		Accident	Complete this form and if the accident involves a head bump email a PDF copy to the parent/carer and the class teacher							
		Illness	Complete this form and email a PDF copy to the class teacher							
		Incident	Complete this form and hand a copy to the class teacher who will report the incident to the parent/carers involved							
Class:										
Date:										
		Location and details of accident/ illness/incident:								
Time:										
X	Head Injury		Sprains/Twist	Parent/carer contacted						
	Asthma		Nosebleed	Unable to contact parent						
	Bump/bruise		Stomach pains/Upset tummy	School office to send bumped head letter						
	Cut/Graze		Mouth injury/Toothache/Loose or missing tooth	Well enough to remain in school after first aid						
	Headache/High Temperature		Vomiting/Nausea	Collected from school						
<p align="center">IMPORTANT! Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home or within the following 36 hours.</p>				STAFF (FULL) NAME AND POSITION:						
Details of treatment and any additional comments:										



St. Mary's CE Primary School

Head Teacher: Miss Cheryl Payne

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1BA

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Head lice

Dear Parent/Carer

A case of head lice has been reported in your child's class this week. We are asking ALL parents to check their children's hair tonight and treat them if necessary before sending them back to school. Please remember that it is necessary to treat the whole family and also notify anyone that your child has been in close contact with.

Schools no longer receive visits from nurses for 'head checks'. If a staff member notices that your child has head lice then they will inform you. Help from parents is essential and the following is the kind of information we send out when we notice that head lice may be present.

Description

Head lice are small insects with six legs. They are often not much bigger than a pinhead, and rarely larger than a sesame seed. They live on, or very close to the scalp. Nits are the eggs laid by lice – they are brown in colour before they hatch (and become live lice) and white after they have hatched.

It is IMPORTANT that when a case of head lice is reported and you are notified that your child has got them, that you treat your child and the entire family at once. Some parents are extremely good at treating their children, but there are others who are not and could be more vigilant. It would be in everyone's interest if all parents would carry out the treatments once notified as the cost of the treatment [lotions] can be a considerable expense to some families and quite upsetting for some [especially the younger children].

Further information can be found at:

<https://www.nhs.uk/conditions/head-lice-and-nits/>

Please find on the reverse some further facts for your information.

About head lice and nits

Head lice are tiny insects that live in hair. Nits are the empty egg cases attached to hair that head lice hatch from.

Head lice are a common problem; particularly in schoolchildren aged 4-11.

They are largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with.

How to spot head lice

Head lice can be difficult to spot, even when the head is closely inspected.

They are very small whitish or grey-brown insects that range from the size of a pinhead to the size of a sesame seed.

The only way to be sure someone has head lice is to find a live louse by combing their hair with a special fine-toothed comb. This is called detection combing.

Less reliable signs of head lice include:

small white eggs or nits (egg cases) in the hair behind the ears or at back of the neck

an itchy scalp

a rash on the back of the neck

feeling as though something is moving in the hair

How to get rid of head lice and nits

Treatments to get rid of head lice are available to buy from pharmacies, supermarkets and online. You do not usually need to see your GP.

The main treatments are:

lotions or sprays that kill head lice – these can be very effective, but some aren't suitable for pregnant or breastfeeding women, or for children under 2

removing head lice with a specially designed comb – this is suitable for everyone and relatively inexpensive, but needs to be repeated several times and can take a long time to do thoroughly

When to get professional advice

Your pharmacist can advise you about the treatments available if you are not sure which is best for you or your child.

Make sure you carefully follow the instructions that come with the treatment you choose.

Read more about the treatments for head lice.

How do you get head lice?

Head lice are spread by direct head-to-head contact. They climb from one person's hair to another's.

Head lice:

can't fly, jump or swim

are very unlikely to be spread by objects like hats, combs and pillows

don't have a preference for dirty, clean, short or long hair

only affect people

can't be caught from animals

Once detached from the hair, head lice will usually die within 12 to 24 hours.

Preventing head lice

It is very difficult to prevent head lice. You may want to consider regular detection combing – for example, on a weekly basis – if you are concerned about your children or yourself.

Lotions and sprays do not prevent head lice and should only be used if a live louse has been found in your or your child's hair.

Staying off work or school and washing clothing and bedding on a hot wash is unnecessary, as it is unlikely to help prevent the spread of head lice.

Diagnosing head lice and nits

The only way to be certain that you or your child has head lice is to find a live louse.

Spotting head lice in hair can be very difficult, so it is best to try to comb them out with a detection comb.

Detection combs are special fine-toothed plastic combs that you can buy from your local pharmacy, supermarket or online. A comb with flat-faced teeth and a tooth spacing of 0.2 to 0.3mm is best.

Detection combing can be carried out on dry or wet hair. Dry combing takes less time, but wet combing is more accurate because washing with conditioner stops head lice from moving.

Wet detection combing

To use the wet detection method:

wash the hair with ordinary shampoo

apply plenty of conditioner

use an ordinary, wide-toothed comb to straighten and untangle the hair

once the comb moves freely through the hair without dragging, switch to the louse detection comb

make sure the teeth of the comb slot into the hair at the roots, with the edge of the teeth lightly touching the scalp

draw the comb down from the roots to the ends of the hair with every stroke, and check the comb for lice each time – remove lice by wiping the comb with tissue paper or rinsing it

work through the hair, section by section, so that the whole head of hair is combed through

do this at least twice to help ensure you haven't missed any areas

continue until you find no more lice

If you find head lice, you should check the rest of your family. Treat everyone found to have head lice on the same day.

Read more about how to get rid of head lice.

Dry detection combing

To use the dry detection method:

use an ordinary, wide-toothed comb to straighten and untangle the hair

once the comb moves freely through the hair without dragging, switch to the louse detection comb

make sure the teeth of the comb slot into the hair at the roots, with the edge of the teeth lightly touching the scalp

draw the comb down from the crown to the ends of the hair with every stroke

look for lice as the comb is drawn through the hair. If you see a louse, trap it against the face of the comb with your thumb to stop it being repelled by static electricity

comb each section of hair 3 or 4 times before moving on to the next section

continue until the whole head has been combed through

Treating head lice and nits

Treatments to get rid of head lice are available to buy from pharmacies, supermarkets and online.

The main treatments are:

lotions and sprays

wet combing

Everyone with head lice in your household should be treated on the same day.

If a treatment does not work the first time, you can:

try it again

try a different treatment

get advice from your school nurse, health visitor, pharmacist or GP

Lotions and sprays for head lice and nits

There are several different products that can be applied to the scalp and hair to kill head lice, including:

dimeticone 4% lotion or lotion spray – applied and left for 8 hours (usually overnight)

dimeticone 4% spray gel – applied and left for 15 minutes

mineral oil and dimeticone spray – applied and left for 15 minutes

isopropyl myristate and cyclomethicone solution – applied and left for 5-10 minutes

Some treatments need to be done twice – 7 days apart – to make sure any newly hatched lice are killed.

Detection combing should usually be done 2 or 3 days after finishing treatment, and again another 7 days after that, to check for any live head lice.

Always check the pack or leaflet to see if a product is suitable for you, particularly if you are pregnant or breastfeeding or your child has head lice and is less than 2 years of age.

Your pharmacist can recommend a suitable treatment and advise you on how to use it correctly if necessary.

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St. Mary's CE Primary School

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NOTIFICATION OF HEAD INJURY/BUMP

Child's name:

Date:

Dear Parent/Carer/s,

Your child bumped their head today in school and has received first aid treatment from one of our qualified first aider. As per school policy, your child should have returned home with a red wristband to indicate they have received assistance.

As with all head injuries, we advise that you keep a closer eye on your child over the next 36 hours in order to monitor for signs of concussion. If you have any concerns or they exhibit any of the symptoms listed below, we would recommend that you seek immediate medical help:

- Unusual drowsiness
- Change in behaviour / confusion
- Severe headache
- Nausea or repeated vomiting
- Blurred vision
- Bleeding or fluid from ears or nose
- Clumsy walking, staggering, dizziness
- Unresponsiveness
- Slurred speech
- Loss of memory of the event (amnesia)

Should you have any queries in relation to the above please do not hesitate to call the school office.

Kind regards,

Kerry Dunford
Inclusion Manager

Vision: *Delivering excellence, allowing all to flourish*
Mission: *Creating a culture of wonder, guided by Christian faith*
Values: *Compassion • Endurance • Thankfulness*