

Lever Edge Primary Academy



SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

(Includes First Aid,
Medical Emergencies and Administration of Medicine)

Reviewed Spring 2021



1. Introduction

This policy is to ensure that there is adequate First Aid provision for pupils, staff and visitors to the school under Health and Safety legislation. It is written to take into account the DFE Guidance on First Aid.

First Aid is the emergency care given to an injured person before professional medical care or an ambulance is available.

2. References

This document is to be used in conjunction with the other Lever Edge Policies listed below and referrals will be made to them throughout the document.

- Defibrillator Policy – included in this policy
- Body Fluids Policy – included in this policy
- Health and Safety Policy
- Administration of Medicines
- Covid-19 risk assessments
- Educational Visits Policy
- Fire Safety Policy

3. Trained First Aid Staff

All first aiders at Lever Edge Primary Academy have completed a three day training course on First Aid at Work or a two day Paediatric First Aid. Refresher courses are attended every three years. All Foundation Stage staff have Paediatric first aid training.

- When children are taking part in off-site visits, we ensure that a first aider accompanies all groups. Staff are expected to identify this member of staff when planning any visits.
- A list of all current First Aid trained staff to be maintained and displayed within key areas of the school.
- New members of staff are made aware of the location of first aid stations in school.
- The Senior Leadership Team ensure adequate first aid provision at playtimes and lunchtime.
- Key staff in school receive training on how to administer an Epi-pen.
- Key staff in school receive training on how to deal with an epileptic seizure.

4. First Aid Stations and Mini First Aid Kit locations:

A list of the location of all First Aid Stations to be displayed within key areas of the school.

First Aid stations (including facilities available) are located in the following areas:

- Reception Classroom – stock room
- KS1 playground entrance - disabled toilet – (contains ice making machine and shower)
- Dining room – cupboard at the rear of the dining room
- School kitchen – manager’s office
- Disabled toilet – near dining room – (contains ice making machine and shower)
- Design Technology room – cupboard on the wall
- KS2 playground entrance – cupboard on the corridor
- Caretakers room – cupboard on the wall
- Meeting room (KS2 corridor)
- Year 3 (Portakabin building) – stockroom
- Sports Hall – toilet (contains ice making machine)
- Nursery – first aid room (contains ice making machine)
- Under Threes Nursery – baby unit and kitchen (contains ice making machine and shower)

Mini First Aid Kits are located in:

- Classrooms and offices

5. Outdoor Activities and Trips Away from School

Staff to take First Aid Box with them when teaching outside and also when they take pupils to sporting fixtures.

A child's medication for asthma, epilepsy, nut allergy etc., should accompany the child during sporting activities (in school or outside school) and school trips. The medication and parental consent forms are stored in a plastic box clearly labelled with the child's name (see Medicines in School Policy). It is the parents' responsibility to ensure medicines are clearly labelled with the child's name, name of medicine, dose and frequency of medication and storage arrangements.

Travel first aid kits are taken on all trips away from the school premises (see Educational Visits Policy for further information). Hygiene control routines should be followed on all school trips (see Body Fluid Policy and Covid-19 Risk assessment).

6. Contents of First Aid Boxes

Contents of the First Aid boxes is checked termly and include the following items:

- General guidance on first aid leaflet
- Contents list for small first aid kit
- Four medium sterile dressing
- One large sterile dressing
- Two triangular bandages
- Six safety pins
- Two sterile eye pads
- Forty sterile adhesive dressings (plasters)
- Twenty saline cleansing wipes
- One adhesive tape
- Six disposable gloves
- Two sterile finger dressings
- One resuscitation face shield
- One emergency foil blanket
- One hydrogel burn dressing
- One tough cut shears
- One conforming bandage
- Two yellow disposable waste bags.

Contents of Mini First Aid Kits

- Disposable gloves
- Individually wrapped cleansing wipes
- Selection of sterile adhesive dressings (plasters)

Contents of Travel First Aid Bucket

- General guidance on first aid leaflet
- Contents list for small first aid kit
- One medium sterile dressing
- One large sterile dressing
- One triangular bandage
- Two safety pins
- One sterile eye pads
- Ten sterile adhesive dressings (plasters)
- Four saline cleansing wipes
- One adhesive tape
- One disposable gloves
- One resuscitation face shield
- One emergency foil blanket
- **One eye wash**

- One hydrogel burn dressing
- One tough cut shears
- One conforming bandage
- Two yellow disposable waste bags.

There is a designated first aider responsible for ensuring the contents of all first aid containers are kept fully stocked every term. However, if any materials run out before this time, it is the responsibility of the individual who used the item last to ensure that it is replaced.

7. First Aid Procedure

All injuries are normally treated by a qualified First Aider, following the procedure listed below:

- Always wear gloves, apron and face visor or mask when dealing with accidents involving spillage of bodily fluids.
- An assessment of the injury and appropriate treatment given
- Minor injuries are recorded in the Accident Book which is located at a First Aid station.
- Gloves, apron and face visor or mask must be worn at all times when treating injuries.
- Standard Infection Control Precautions (see page 6) and Covid-19 Risk Assessment will be followed at all times.
- Parents must be informed when a pupil has sustained a head injury and the pupil must be sent home with a Head Injury letter (Appendix 6). Whether the pupil stays at school will depend on the severity of the head injury.

8. Medical Emergencies

This is when an injury/illness requires immediate medical help or further assessment by a doctor.

When a pupil requires further medical treatment but it is **not** an emergency, the parent is contacted and asked to collect their child and advised to seek further medical advice.

When an ambulance needs to be called

- The person at the scene of the accident/incident should request the immediate attendance of a first aider and senior member of staff. Either of whom could authorise the call for an ambulance.
- In the case of life threatening serious incident the person at the scene should not wait for permission but should arrange for an ambulance to be called immediately.
- Parents must also be contacted immediately and advised of the incident and the actions that have been taken.

The accidents/incidents warranting emergency care are situations such as:

- Head injuries where there is a loss of, or suspected loss of, consciousness
- Sudden collapse
- Major wound needing medical attention
- Suspected fractures
- Spinal injuries
- Use of an Epi-pen
- Major Asthma, Diabetic, Seizure event.

The above list is not exhaustive

In the event of the emergency services being contacted the below must be considered (see Contacting Emergency Services – Appendix 2):

- Parents must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed
- Legally pupils must be sixteen to be given medical treatment without parental consent.
- The Head Teacher may agree to emergency medical treatment if the parent/guardians cannot be contacted.
- A member of staff must accompany and stay with the pupil until the parent(s)/guardian arrives.
- Contact details must be taken to the hospital
- Once at the hospital, and the pupil is registered, it is then the hospital's responsibility to ensure correct treatment and protocols are followed.

All telephones in school can access emergency services by dialling 9 for an outside line and then 999.

Reporting of Significant Accidents and Incidents

The school's Significant Accident/Incident Form (Appendix 4) should be completed by a first aider, for the following events:

- When a pupil has a significant injury that requires further medical/dental intervention.
- When a pupil has sustained a head injury
- When a pupil has been injured by an item of equipment, machinery or substances
- When a pupil has been injured by the design or condition of the premises
- When an accident occurs during a school activity when off site
- When a behavioural incident has happened and another pupil, or member of staff has been injured

The Significant Accident/Incident Form should be signed by the first aider when the form is completed. The parent/guardian should be advised of the circumstances pertaining to the accident and asked to sign the Significant Accident/Incident Form to confirm that they have been advised of the incident. This form is also completed when a member of staff or visitor has an accident.

The Head Teacher/ Deputy Head Teacher or School Business Manager completes Section 10 onwards of the form, which reviews the accident cause or contributory factors. On completion of the Significant Accident/Incident Report, a copy is given to the member of staff, visitor or parent (if requested) and the original is retained for record keeping purposes.

Reporting to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

Refer to: HSE Incident Reporting in Schools – RIDDOR guidance. See how to report at:
<http://www.hse.gov.uk/riddor/>

General Guidance:

- General guidance is that any pupil who goes directly from school to hospital and receives medical treatment for an injury is reported to RIDDOR. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.
- If there is uncertainty about whether the accident/incident is serious enough to report – it is better to register a report with RIDDOR
- The Head Teacher needs to be aware that the accident is being reported.
- Copies of documentation must be kept with the accident form
- Parents should also be aware that the accident/incident is being reported as their child's details and home address have to be given.

9. Medical Needs

Children with medical needs are recorded on the schools SIMS system. Parents are requested to provide information regarding their child's medical needs annually or as needs occur. If a child requires an inhaler, seizure medication or epi-pen, the parent must provide (in-date) medication. The medication is stored in a named box in the child's classroom. The parent must provide two epi-pens to school if a child has a severe allergy. One epi-pen is stored in the classroom and one in the general office in the cupboard marked First Aid – Epi-pen.

Information and photographs of children with specific medical needs are provided to every member of staff. This information can also be found on the Health and Safety notice board in the staffroom. The designated first aider keeps pupil medical information up to date and advises staff accordingly.

Children who require assistance to evacuate the building in an emergency are provided with a Personal Emergency Evacuation Plan (PEEP), which is reviewed by the School Business Manager after every fire drill (see Fire Safety Policy).

Children who have a specific medical need i.e. nut allergies, seizures etc., are provided with a Health Care Plan (see Medicines in School Policy)

Body Fluids Policy

Blood and body fluids (e.g. faeces, vomit, urine, blood) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body fluid spillages.

All staff should take precautions to avoid infection and must follow hygiene procedures (see Covid-19 risk assessment). The clean-up procedure should be carried out by the person(s) who are at the scene of the incident. After the incident has been cleaned up, the Lead Cleaner or Caretaker should be informed of the location of the spillage. Further cleaning by the premises staff may be required subsequent to the initial clean up.

1. Body Fluid Box Locations:

Red 'Body Fluid' boxes can be found in the following areas:

- Reception Classroom – stock room
- KS1 playground entrance - disabled toilet – (contains shower)
- Dining room – cupboard at the rear of the dining room
- School kitchen – manager's office
- Disabled toilet – near dining room – (contains shower)
- Design Technology room – cupboard on the wall
- KS2 playground entrance – cupboard on the corridor
- Caretakers room – cupboard on the wall
- Meeting room (KS2 corridor)
- Year 3 (Portakabin building) – stockroom
- Sports Hall – toilet
- Nursery – first aid room
- Under Threes Nursery – baby unit and kitchen (contains shower)

2. Body Fluid Box Contents:

Red 'Body Fluids' boxes are available at first aid locations and contain guidelines on how to deal with bodily fluids. Contents should include:

- Twelve pairs of disposable, non absorbent, medical grade gloves
- Pack of facemasks
- Pack of visors
- Twelve disposable aprons
- Pack of vomit bags
- Dustpan and brush
- Pack of disposable paper towels
- Disinfectant and bottle
- Emergency spillage compound
- Ten yellow clinical waste bags

3. Trips Away from School

Travel Body Fluid Buckets are taken on all trips away from the school premises (see Educational Visits Policy for further information). Hygiene control routines should be followed on all school trips (see Body Fluid Policy and Covid-19 Risk assessment).

4. Clean Up Procedure

All body fluids must be cleaned **immediately** by the nearest available adult, to avoid infection. The following procedure should be carried out:

- Corner off or place a chair/table over the affected area
- Wearing disposable apron, gloves and face make or visor (which can be found in the 'Body Fluids' box)

- Depending on the nature of the spillage, lightly sprinkle the area with 'Emergency Spillage Compound' (this must not be used on carpets), or place absorbent towels over the affected area and allow the spill to absorb.
- Using the red dustpan and brush, sweep up the absorbed fluids and place in a yellow bag and dispose of it in the red bin marked 'First Aid'
- Apply spray disinfectant to the affected area (can be used on carpets and soft furnishings)
- Soft furnishings must be removed immediately and washed at above 60°C to kill bacteria and viruses. Tumble drying on hot will help kill the bugs too. Leave the washing machine door open to allow air to circulate. From time to time clean the rubber seal and detergent drawer.
- Mop the area using a red bucket and a small amount of disinfectant dissolved in water
- A 'Wet Floor Hazard' sign then needs to be put up by the affected area.
- The area should then be well ventilated and left to dry
- Wash hands thoroughly using antibacterial soap
- Inform the caretaker and/or Lead Cleaner of the location of the incident and the yellow bag

5. Clean Up Procedure in the Dining Hall

All body fluids must be cleaned **immediately** by the nearest available adult, to avoid infection. The following procedure should be carried out:

Contamination of a school meal tray:

- Relocate children from the affected area
- Wearing disposable aprons, gloves, face mask or visor, which can be found in the 'Body Fluids' box, isolate the tray by placing it in a yellow bag and take it to the Disabled toilet.
- Using paper towels from the Body Fluids box, scrape the contents of the tray into the yellow bag and place into the red 'Body Fluids' bin.
- Mix some Milton, which is located in the left cupboard under the window, with water in the 'Tray Bucket' and immerse the tray in the Milton mixture. Note - the key is hung near the window.
- At the end of lunchtime session, the tray should be removed from the Milton, dried with paper towels. The Milton mixture should be disposed of down the toilet and flushed. Do not put paper towels down the toilet.
- Inform the kitchen manager that a school meal tray has been contaminated and await her instructions before taking it to the school kitchen for thorough cleaning. The contaminated tray must not be taken to the kitchen during service.
- The kitchen staff will put the contaminated tray into the dishwasher and wash on an 84 degree cycle.
- A 'Wet Floor Hazard' sign then needs to be put up by the affected area
- Wash hands thoroughly using antibacterial soap.
- Inform the caretaker of the location of the yellow bag.

6. Standard Infection Precautions Procedure must be followed.

All body fluids must be cleaned **immediately** by the nearest available adult, to avoid infection. The following procedure should be carried out:-

- Always keep cuts or broken skin covered with waterproof dressing
- Avoid direct skin contact with blood or body fluids
- If blood is splashed onto the skin, it should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed immediately with plenty of water
- If a sharps injury is sustained or blood is splashed into the eyes or mouth, or on to non-intact skin (e.g. eczema), medical advice should be sought promptly through the person's own family doctor's practice
- Wear disposable apron, gloves and face mask or visor when contact with blood or body fluids is likely
- Always wash and dry hands after removing gloves
- Always wash and dry your hands after dealing with body fluids
- Teach children about avoiding contact with other people's blood and body fluids as soon as they are able to understand how to protect themselves
- Teach children to wash and dry their hands before meals and after using the toilet

7. Responding to infection outbreaks (including Covid-19)

Parents should not bring children into school if they are unwell. Children with a temperature and other specific signs and symptoms should be excluded from school until they are better or until a Covid-19 negative test result has been provided to school. (See the Covid-19 risk assessment for further information) Children who have sickness or diarrhoea should not return to school until they have a negative Covid-19 check or been symptom free for 48 hours.

During any infection outbreak, school will:

- Increase environmental cleaning (especially toilets/doors and door handles/flush handles/light switches/sinks etc)
- Ensure hot water, soap and paper towels are available in the toilets of both children and staff
- Reinforce good hand hygiene with children, especially after going to the toilet and before eating and drinking
- Use hand sanitizers when the children arrive in school, before they come back into class after playtimes, after using a tissue, coughing etc.
- Ensure toys are cleaned and dried after use (see Covid-19 risk assessment)
- Exclude children with symptoms and advise staff members of symptoms to refrain from work until they have been symptom-free for 48 hours (or have had a negative Coronavirus check)
- Suspend play with sand, water and plasticine/play dough until the sickness outbreak is over – sand or play dough may be replaced as necessary

Seizures

Prior to a pupil starting at Lever Edge Primary Academy with a history of Seizures the parents must meet with the School Business Manager to discuss how their child can be cared for in the school environment.

Key staff must be aware of how to manage a Seizure.

A Health Care Plan must be written detailing the specific care to be given should the pupil have a seizure at school (see Medicines in School Policy).

A copy of the Health Care Plan will be shared with staff in school with detailed information relating to the management of the seizure and the administration of medication (if required for that child).

Symptoms of a Seizure

If a child begins to have an epileptic seizure, some of the following symptoms may be evident:

- The child's facial appearance may change and it may look like he is having a stroke.
- Their chin may shake.
- The child may drool, particularly from one side of the mouth.
- The child may be unable to speak properly and make mumbling sounds.

If the child has a full epileptic seizure (Tonic Clonic – stiff and jerking), he/she may experience the following:

- Jerking of the body (convulsions)
- Repetitive movements
- Blank moments when the child is briefly unconscious; and
- Unusual sensations, such as a strange taste in the mouth or a strange smell, or a rising feeling in the stomach.

What to do:

- Stay calm
- Call for assistance from another member of staff, preferably a first aider
- Protect the child from injury (moving sharp or hard objects)
- Place a cushion or something soft under the child's head in case of a fall
- Wait until the convulsions have stopped and place the child in the recovery position. This will help the child to breathe.
- Quietly reassure the child
- Stay with the child until he/she has fully recovered.

- Explain what has happened and go over any missed events.

Do not:

- Try to stop the child's movements
- Put anything in the child's mouth
- Try to move the child unless he/she is in danger
- Give the child anything to drink until he/she is fully recovered

Important information:

If the fit lasts for more than 3 minutes, summon the Head Teacher (or member of the Senior Leadership Team) and request an ambulance be called.

Some children with a Health Care Plan for seizures may require the administration of emergency medication – Buccolam (see the child's individual plan for information regarding how and when this should be administered).

Severe Allergic Reactions

Prior to a pupil starting at Lever Edge Primary Academy with a 'Severe Allergy' the parents must meet with the School Business Manager to discuss how their child can be cared for in the school environment.

This policy should be read in conjunction with the Allergies Policy (including Nut and Food Allergy).

Key staff must be aware of how to manage a life threatening allergic reaction (Anaphylactic Shock).

A Health Care Plan must be written detailing the specific care to be given should the child have an Anaphylactic episode at school (see Medicines in School Policy).

Epi-pens

These are Emergency Injection Pens which contain a pre-measured dose of Adrenaline (Epinephrine) which are prescribed to pupils who have a **known** severe allergic reaction to a certain trigger substance. The most likely causes of Anaphylactic reactions are listed below.

- Peanuts and other nuts
- Cow's milk
- Eggs
- Shellfish
- Insect stings
- Latex
- Drugs
- Immunisations

If a pupil does come into contact with their known trigger substance it will cause an Anaphylactic reaction and their only real chance of surviving a reaction is to be administered their prescribed epi-pen as soon as any signs of a reaction start.

IMPORTANT: ALL EMERGENCY PENS MUST ONLY BE GIVEN TO THE PRESCRIBED NAMED INDIVIDUAL. THEY ARE NOT TO BE LOCKED AWAY

An epi-pen is stored in a plastic box in the child's classroom, which is clearly labelled with the child's name. A spare epi pen is also located in the general office 'First Aid – Epi Pen' cupboard. A parental consent form for school to administer the epi-pen is kept with the epi-pens (see Medicines in School Policy)

Anaphylaxis Emergency Action Procedure

- Stay with the pupil and give reassurance.
- Send for the epi-pen and for other adult assistance
- Request an ambulance be called

On dialling 999 the following details must be provided:

- State anaphylaxis in a child
- Request a paramedic ambulance
- State name, address, and access to the school (see Appendix 2)

Administration of the Epi-Pen

- Check the prescribed dose.
- Check the correct child.
- Remove any safety caps.
- Administer the Epi-pen as directed on the instructions.
- Once the Epi-pen is administered, massage the area where the Epi-pen was used to help absorption.
- Make a note of the time the Epi-pen was given.
- Keep the used Epi-pen container safe and give it to the ambulance crew when they arrive

After Epi-Pen Administration

- If the pupil is breathless allow to sit up.
- If the pupil is listless, collapsed or unconscious place in the recovery position.
- Commence cardio-pulmonary resuscitation if necessary.
- Keep the pupil warm until the Ambulance arrives.
- An Epi-pen injection will reverse the effects of Anaphylaxis but the side effects it may cause are increased heart rate (palpitations), dry mouth, cold extremities.
- Occasionally a second dose of adrenaline may be required as its effects can wear off after 5 – 10 minutes. **Liase with the Ambulance service and they will advise about using the second Epi-pen.**
- Give a full handover of events to the Ambulance crew.
- Inform a member of the Senior Leadership Team and the parents as soon as possible.
- Anyone who has had an Epi-pen administered **must** be taken by Ambulance to hospital and be accompanied by an adult, regardless of the circumstances.

All staff involved in the administration of an Epi-Pen must:

- Complete a Significant Accident/Incident form (Appendix 4)
- Be given time to be sensitively de-briefed about the situation.
- A member of the Senior Leadership Team to inform the School Nurse.

Ensure the parents organise a replacement Epi-pen as soon as possible

Unknown Allergic Reactions

In the case of a pupil having a severe allergic reaction of unknown cause a one-off dose of oral Piriton may help stop a reaction from progressing too quickly. **In any event medical advice needs to be sought and if the pupil's well-being is deteriorating rapidly an AMBULANCE MUST BE CALLED.**

Procedure

If time allows seek parental consent or emergency services consent.

Never administer the Piriton without the permission of a senior member of staff.

Mild Allergic Reaction

If the pupil is complaining of any of the following:

- Itchy skin rash
- Itchy eyes
- Tingling sensation in the mouth
- Sounds wheezy

Give an oral dose of Piriton (preferably syrup) according to the guidelines on the box.

Location of Piriton:

- Main school – First aid fridge (key hung up near the window) - disabled toilet (next to the reprographics room)
- 2 year old nursery – in the cupboard over the fridge in the baby room (top shelf)
- 3 / 4 year old nursery – in the cupboard in the staff kitchen (designated - children's medicines)

The symptoms should start to subside within about 10 minutes.

If not contacted prior to this, parents need to be informed so as to arrange for the pupil to see a Doctor.

If the symptoms are deteriorating call an Ambulance.

Severe Allergic Reaction

If the pupil is complaining of any of the following, **CALL AN AMBULANCE:**

- A sensation of a lump in the throat (swelling of throat and tongue)
- Difficulty in swallowing
- Swollen lips
- Difficulty in breathing
- Nettle like skin rash
- Pallor or flushing of the skin
- Abdominal cramps and nausea
- Fast pulse rate
- Sudden feeling of faintness / dizziness (drop in Blood Pressure)
- Collapse
- Unconsciousness

Automated External Defibrillators (AED) Policy

Training/ familiarisation in the use of AEDs.

The type of AED installed by the School has been chosen as a type that is suitable for any person to use. It will not apply an electric shock to a casualty unless it is appropriate. At every stage, the equipment talks to the user, instructing them in what to do. Whilst many First Aiders have also received additional training in the use of AEDs this is not a pre-requisite.

Access and Locations

The AEDs will be kept in carry cases, stored on wall-mounted brackets, positioned prominently in the locations given below. The AED, in its carry case, is easily removed by unzipping the box.

Location of AEDs at Lever Edge Primary Academy:

- Staff room - next to the staff pigeon holes
- Nursery – above the sink in the first aid area

Response by AED operators

On being called to assist in a cardiac emergency, the AED operator should make their way to the location as quickly as possible, collecting or summoning an AED from the nearest location to them (they will be aware of where the equipment is kept). If the AED operator is located at some distance from the equipment, they may request a second person to collect an AED from one of the fixed locations.

Emergency Response Procedure Summary, see below for further details:

1. Standard first aider response
2. First aider summons (or requests colleague to summon) an ambulance and an AED operator
3. First aid and basic life support given by first aider
4. AED operator attends and applies AED if waiting for ambulance to attend
5. Significant Accident/Incident Form (Appendix 10) completed after the incident and submitted to a member of the Senior Leadership Team

6. A member of the Senior Leadership team should notify the use of the AED to Bolton Council's Health and Safety Team (01204 331210).

Reporting of Incidents

Once the incident is over, a Significant Accident/Incident Form (copies in AED boxes and from the General Office) must be completed by the person who attended the incident. The report should be given to a member of the Senior Leadership Team at the earliest opportunity. The Senior Leadership member will then report the incident to Bolton Council's Health and Safety Team.

Disposal of Clinical Waste

Any clinical waste (pads, tissues, gloves, disposable razors) arising from an incident should be collected and sealed in a yellow clinical waste bag which will be available with the defibrillator or from the Body Fluids box. For disposal of the yellow bags, please contact the Caretaker.

Maintenance of AEDS

The AEDs need to be checked on a regular basis by the First Aid Co-ordinator. The checks are to ensure the equipment is in the correct location, is secure, that the equipment display is indicating it is ready for use and that the accessories in the case are all present and correct. A record of the checks is maintained on a specific form (See Appendix 11)

Should any of the above not be in place, the person is to report the situation immediately to the School Business Manager.

The AEDs have the facility to highlight when the batteries are running low. Cartridge pads should be replaced as per manufacturer's instructions (this is generally every two years).



Lever Edge Primary Academy

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Web site: www.lever-edge.bolton.sch.uk



Head Teacher:	Mrs K James
Deputy Head Teacher:	Mrs M Tipping
Assistant Head:	Mrs C Wootton
School Business Manager:	Mrs C Concannon



HEAD INJURY NOTIFICATION

Name: _____

Class: _____

Treated by: _____

Date: _____

Your child suffered a slight head injury in school today that did not, at the time, require any further action. Your child did NOT become unconscious. However, all head injuries, no matter how slight, must be taken seriously and to this end we offer the following advice:

For the next 24 hours watch your child for the following:

Unusual drowsiness

Noisy Breathing

Unequal pupils

Pupils unresponsive to light

Double Vision

Flushed Face

Slowed Pulse

Pupils dilated (very big)

Severe Headache

Continuous Vomiting

If **any** of the above occurs, you are strongly advised to call your doctor or take your child to a hospital casualty department IMMEDIATELY; explaining that he/she recently received a head injury.

Most minor head injuries do not develop complications and most children will receive many knocks and bumps without any problems occurring, but the medical authorities strongly advise that you take the above action.

Yours sincerely,

K James

Mrs K James
Head Teacher

APPENDIX 2

CONTACTING EMERGENCY SERVICES

Request for an Ambulance/Emergency Service Permission to call an ambulance will usually be given by a senior member of staff. However, in extreme circumstances an ambulance may be called by any member of staff. All telephones in school are able to summon the emergency services by dialling 9 before 999 - ask for the service you require (Ambulance, Fire Brigade and/or Police) and be ready with the following information:	
Our telephone number	01204 333679
Our location	Lever Edge Primary Academy Lever Edge Lane Bolton
Our postcode	BL3 3HP
Give the exact location in the school	
Give your name	
Give name of child / adult and a brief description of their symptoms.	
Inform Ambulance/Fire Control of the best entrance and state where the crew will be met and taken to.	

Speak clearly and slowly and be ready to repeat information if asked

POINTS TO REMEMBER

- Get help
- If an ambulance is called for:
 - Inform the office and give CLEAR details of where the ambulance is coming to
 - Member of staff to meet the Ambulance crew

Senior Leadership Team

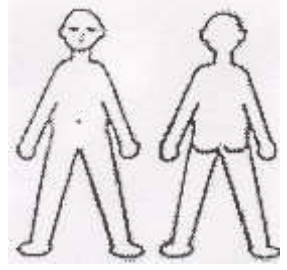
- A member of the Senior Leadership Team will then decide who informs the parents.
- Any witnesses to the accident need to stay, be reassured and available to give details to the ambulance crew or to the member of staff managing the incident.
- A Significant Accident/Incident Form must be filled in and informing RIDDOR must be considered.

APPENDIX 3

Minor accidents are recorded in an Accident book located at the first aid stations (listed above). Each entry is removed and filed to ensure confidentiality. Information recorded in the accident book is as follows:

See below for an example of the Accident Report Form used in school.

Book Number	Page Number	Date completed	Person completed sheet handed to
<p>A SEPARATE SHEET SHOULD BE COMPLETED FOR EACH PERSON INVOLVED IN THE ACCIDENT. Once completed, the sheet should be removed and passed to the person or department on the front of this book for secure safekeeping.</p>			
<p>ACCIDENT REPORT FORM</p>			
<p>Details about the person who had the accident Name: Address and Post Code: Occupation: Department:</p>			
<p>Details about you, the person completing this record – Please complete if you are not the person who had the accident Name: Address and Post Code: Occupation: Department:</p>			
<p>About the accident: Please use the back of this form if you require more space</p> <p>Time when the accident occurred: Date of accident: / / Where the accident occurred – Please indicate department, room, area </p> <p>How the accident took place – including the cause if known: </p> <p>Details of any injury suffered by the person involved: </p> <p>Please tick this box if a risk assessment is required: <input type="checkbox"/></p>			
<p>The person involved in the accident should tick the box and sign and date below if they consent to their details on this form being disclosed and made available to safety representatives and representatives of employee safety when requested: <input type="checkbox"/> Signature: Date: / /</p>			
<p>Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). How was it reported: Date reported: / / Print Name: Signature:</p>			

<p>6.</p>	<p>INJURY DETAILS: Part of the Body (indicate R or L where necessary): Nature of injury (e.g. fracture, sprain, cut, etc): Treatment given: First aid treatment given by:</p> <p>Was the injured person taken to hospital from the scene of the accident/incident? Yes/No (delete as appropriate)</p> <p>If yes, which hospital?</p> <p>Were they detained? Yes/No (delete as appropriate). If yes, how long?</p> <p><i>Employees only:-</i> Has the injured person been referred to Occupational Health? Yes/No (delete as appropriate) Has the injured person visited their own Doctor as a result of the accident/incident? Yes/No Has the injured person been unable to do their work for 7 or more days as a result of the accident/ incident? Yes/No</p>	 <p>FRONT BACK <i>Indicate position of injury</i></p>				
<p>7.</p>	<p>WITNESSES TO ACCIDENT:</p> <table border="0"> <tr> <td>1. Name:</td> <td>2. Name:</td> </tr> <tr> <td>Address:</td> <td>Address:</td> </tr> </table>		1. Name:	2. Name:	Address:	Address:
1. Name:	2. Name:					
Address:	Address:					
<p>8.</p>	<p>TO WHOM WAS ACCIDENT REPORTED:</p> <p>Name Designated Post: Date:.....</p> <p>Parent/Guardian: Yes/No (delete as appropriate)</p> <p>If yes, Signature: Date:.....</p>					
<p>9.</p>	<p>PERSON MAKING REPORT: Name: Occupation:</p> <p>Signature: Date:</p>					
<p>10.</p>	<p>THIS SECTION IS FOR USE BY: HEAD TEACHER/ DEPUTY HEAD TEACHERS/BUSINESS MANAGER</p> <p>Accident/incident cause and/or contributory factors:</p> <p>Action to prevent recurrence:</p> <p>Does risk assessment require revision? Yes/No (delete as appropriate)</p> <p>If yes, describe:.....</p> <p>Name: Date:</p> <p>Designated Post: Signature:</p>					
<p>11.</p>	<p>HAS THIS ACCIDENT BEEN REPORTED TO HEALTH AND SAFETY EXECUTIVE? Yes/No (delete as appropriate). Note: If unsure, please contact the Occupational Safety and Health Unit.</p> <p>By (Name): Date:</p>					
<p>12.</p>	<p>HAS ACTION BEEN TAKEN TO PREVENT RECURRENCE? Yes/No (delete as appropriate)</p> <p>If Yes, please attach a copy of the report.</p>					



FIRST AIDERS

NAME	First Aid Training	First Aid Renewal	Defib Training
Mrs K. Barker	Level 3 First Aid	11.09.22	✓
Mrs C. Concannon	Level 3 First Aid	10.03.23	✓
Mrs K. Forbes	Level 3 First Aid	12.10.23	✓
Mrs A. Hogarth	Level 3 First Aid	03.03.23	✓
Mrs T. Leonard	Level 3 First Aid	27.02.23	✓
Mrs E. O'Hara	Level 3 First Aid	11.09.22	✓
Mr R. Saunders	Level 3 First Aid	23.04.21	✓
Mrs C. Scott	Level 3 First Aid	03.03.23	✓
Miss M. Trivett	Level 3 First Aid	20.03.22	✓
NAME	First Aid Training	First Aid Renewal	Defib Training
Mrs S. Appleyard	Paediatric First Aid	07.07.23	✓
Mrs A. Cummings	Paediatric First Aid	15.05.22	✓
Mrs A. Davies	Paediatric First Aid	11.12.21	✓
Miss M. Gayle	Paediatric First Aid	11.08.21	✓
Mrs T. Gregory	Paediatric First Aid	07.07.23	✓
Mrs A. Mehmood	Paediatric First Aid	28.06.21	✓
Miss J. Nalton	Paediatric First Aid	09.12.23	✓
Mrs C. Parton	Paediatric First Aid	22.02.22	✓
Mrs M. Patel	Paediatric First Aid	25.01.23	✓
Mrs R. Patel	Paediatric First Aid	25.01.23	✓
Mrs S. Patel	Paediatric First Aid	28.06.21	✓
Mrs E. Richardson	Paediatric First Aid	04.03.24	✓
Mrs N. Smith	Paediatric First Aid	09.12.23	✓
Mrs J. Vernon	Paediatric First Aid	15.05.22	✓
Mrs L. Wilson	Paediatric First Aid	13.03.22	✓
Mrs C. Wootton	Paediatric First Aid	27.09.21	✓

APPENDIX 6

Contents of First Aid Boxes

Contents of the First Aid boxes is checked termly and include the following items:

- General guidance on first aid leaflet
- Contents list for small first aid kit
- Four medium sterile dressing
- One large sterile dressing
- Two triangular bandages
- Six safety pins
- Two sterile eye pads
- Forty sterile adhesive dressings (plasters)
- Twenty saline cleansing wipes
- One adhesive tape
- Six disposable gloves
- Two sterile finger dressings
- One resuscitation face shield
- One emergency foil blanket
- One hydrogel burn dressing
- One tough cut shears
- One conforming bandage
- Two yellow disposable waste bags.



Contents of Mini First Aid Kits

- Disposable gloves
- Individually wrapped cleansing wipes
- Selection of sterile adhesive dressings (plasters)

Contents of Travel First Aid Bucket

- General guidance on first aid leaflet
- Contents list for small first aid kit
- One medium sterile dressing
- One large sterile dressing
- One triangular bandage
- Two safety pins
- One sterile eye pads
- Ten sterile adhesive dressings (plasters)
- Four saline cleansing wipes
- One adhesive tape
- One disposable gloves
- One resuscitation face shield
- One emergency foil blanket
- **One eye wash**
- One hydrogel burn dressing
- One tough cut shears
- One conforming bandage
- Two yellow disposable waste bags.

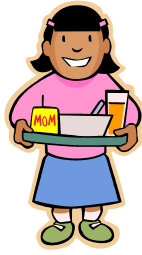
There is a designated first aider responsible for ensuring the contents of all first aid containers are kept fully stocked every term. However, if any materials run out before this time, it is the responsibility of the individual who used the item last to ensure that it is replaced.

Guidelines for the Cleaning of Body Fluids.



All body fluids must be cleaned **immediately** by the nearest available adult, to avoid infection. This should be achieved as follows:-

- ❖ Corner off or place a chair/table over the affected area.
- ❖ Wearing disposable apron, gloves, face mask or visor (which may be found in the 'Body Fluids' box),
- ❖ Depending on the nature of the spillage, lightly sprinkle the area with 'Emergency Spillage Compound' (this must NOT be used on carpets), or place absorbent towels over the affected area and allow the spill to absorb.
- ❖ Using the red dustpan and brush, sweep up the absorbed fluids and place in a yellow bag and dispose in the white lidded bin.
- ❖ Apply spray disinfectant to the affected area (can be used on carpets and soft furnishings)
- ❖ Soft furnishings must be removed immediately and washed at above 60°C to kill bacteria and viruses. Tumble drying on hot will help kill the bugs too. Leave the washing machine door open to allow air to circulate.
- ❖ Mop the area using a red bucket and mop with a small amount of disinfectant dissolved in water.
- ❖ A 'Wet Floor Hazard' sign needs to be put up in the affected area.
- ❖ This area should be ventilated well and left to dry.
- ❖ Clean any equipment using a second disinfectant solution and wash hands well with antibacterial soap.
- ❖ Inform the caretaker of the location of the incident and yellow bag.



Guidelines for the Cleaning of Body Fluids in the Dining Hall.

All body fluids must be cleaned **immediately** by the nearest available adult, to avoid infection. The following procedure should be carried out:-

- ❖ Relocate children from the affected area
- ❖ Wearing disposable aprons, gloves and face mask or visor which can be found in the 'Body Fluids' box, isolate the tray by placing it in a yellow bag and take it to the Disabled toilet.
- ❖ Using paper towels from the Body Fluids box, scrape the contents of the tray into the yellow bag and place into the white lidded bin.
- ❖ Mix some Milton, which is located in the left cupboard under the window, with water in the 'Tray Bucket' and immerse the tray in the Milton mixture.
- ❖ At the end of lunchtime session, the tray should be removed from the Milton, dried with paper towels. The Milton mixture should be disposed of down the toilet and flushed. Do not put paper towels down the toilet.
- ❖ Put the tray into a yellow hazard bag and inform the kitchen manager that a school meal tray has been contaminated. Await her instructions before taking it to the school kitchen for thorough cleaning. The contaminated tray must not be taken to the kitchen during service.
- ❖ The kitchen staff will put the contaminated tray into the dishwasher and wash on an 84 degree cycle.
- ❖ A 'Wet Floor Hazard' sign then needs to be put up by the affected area
- ❖ The area should then be well ventilated and left to dry.
- ❖ Wash hands thoroughly using antibacterial soap.
- ❖ Inform the caretaker of the location of the yellow bag.



Standard Infection Control Precautions

All body fluids must be cleaned **immediately** by the nearest available adult, to avoid infection. The following procedure should be carried out:-

- ❖ Always keep cuts or broken skin covered with waterproof dressing
- ❖ Avoid direct skin contact with blood or body fluids
- ❖ If blood is splashed onto the skin, it should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed immediately with plenty of water
- ❖ If a sharps injury is sustained or blood is splashed into the eyes or mouth, or on to non-intact skin (e.g. eczema), medical advice should be sought promptly through the person's own family doctor's practice
- ❖ Wear disposable gloves, apron and face mask or visor when contact with blood or body fluids is likely
- ❖ Always wash and dry hands after removing gloves
- ❖ Always wash and dry your hands before and after giving first aid
- ❖ Teach children about avoiding contact with other people's blood and body fluids as soon as they are able to understand how to protect themselves
- ❖ Teach children to wash and dry their hands before meals and after using the toilet



Location of Body Fluid Boxes:

Please note - 'Body Fluid' boxes and bins may be found in the following areas:

- Reception Classroom - stock room
- KS1 playground entrance - disabled toilet (contains shower)
- Dining room - cupboard at the rear of the dining room
- School kitchen - manager's office
- Disabled toilet - near dining room (contains shower)
- Design Technology room - cupboard on the wall
- KS2 playground entrance - cupboard on the corridor
- Caretakers room - cupboard on the wall
- Meeting room (KS2 corridor)
- Year 3 (Portakabin building) - stockroom
- Sports Hall - toilet
- Nursery - first aid room
- Under Threes Nursery - baby unit and kitchen (contains shower)

Body Fluid Box Contents:

Red 'Body Fluids' boxes are available at first aid locations and contain guidelines on how to deal with bodily fluids. Contents should include:

- Twelve pairs of disposable, non absorbent, medical grade gloves
- Pack of facemasks
- Pack of visors
- Twelve disposable aprons
- Pack of vomit bags
- Dustpan and brush
- Pack of disposable paper towels
- Disinfectant and bottle
- Emergency spillage compound
- Ten yellow clinical waste bags



FIRST AID STATIONS AND BODY FLUID BOX LOCATIONS

<ul style="list-style-type: none">• Reception classroom - stock room
<ul style="list-style-type: none">• KS1 playground entrance - disabled toilet (contains shower)
<ul style="list-style-type: none">• Dining room - cupboard at the rear of the dining room
<ul style="list-style-type: none">• School kitchen - manager's office
<ul style="list-style-type: none">• Disabled toilet - near dining room (contains shower)
<ul style="list-style-type: none">• Design Technology room - cupboard on the wall
<ul style="list-style-type: none">• KS2 playground entrance - cupboard on the corridor
<ul style="list-style-type: none">• Caretakers room - cupboard on the wall
<ul style="list-style-type: none">• Meeting room (KS2 corridor)
<ul style="list-style-type: none">• Year 3 (Portakabin building) - stockroom
<ul style="list-style-type: none">• Sports Hall - toilet
<ul style="list-style-type: none">• Nursery - first aid room
<ul style="list-style-type: none">• Under Threes Nursery - baby unit and kitchen (contains shower)

Defibrillator Location

<ul style="list-style-type: none">• Staff Room
<ul style="list-style-type: none">• Nursery (3 Year Old)

APPENDIX 12

AED Monthly Checklist

To be completed every month.

For each item, please tick or cross the box and sign at the bottom.

Any problems or missing items must be reported to the School Business Manager.



Date (Month & Year)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Location of AED (N=Nursery; S=School)												
Main School (Staff room) model: Check AED is on standby mode – green flashing light												
Nursery (First Aid room) model: Check AED has a full battery symbol												
Check spare pads are sealed and in date												
Check razor, scissors/shears/gloves/face mask and wipes are present (note any not present)												
Check there are 2 Significant Accident/Incident Forms available.												
Signed												

If the AED shows a fault, remove from service and report immediately to a member of the Senior Leadership Team

Lever Edge Primary Academy



Administration of Medicines in school

Section 2 (Supporting Children with Medical Needs Policy)

Reviewed Spring 2021



Roles and Responsibilities: Parents/Carers

It is the responsibility of parents/carers to:

- Inform the school of their child's medical needs
- Provide any medication in a container clearly labelled with the following:
 - The child's name
 - Name of medicine
 - Dose and frequency of medication
 - Any special storage arrangements
- Collect and dispose of any medications held in school at the end of each term
- Ensure that medicines have NOT passed the expiry date.

Pupil Information

At the start of each school year, school will request the following information about their children's medical needs. The information must be updated as and when required and at least annually.

Details of pupils' medical needs;

- Medication including any side effects;
- Allergies;
- Name of GP/Consultants;
- Special requirements e.g. dietary needs, pre-activity precautions;
- What to do and who to contact in an emergency;
- Cultural and religious views regarding medical care.

Administering Medication

We expect parents/carers to administer medication to their children at home. No medication will be administered at school without prior written permission from the parents/carers. A **Request to Administer Medication Form** must be completed. Staff members are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role.

The Headteacher will determine if medication is to be administered in school, and by whom, following consultation with staff. All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Any member of staff, giving medicine to a pupil, should check on each occasion;

- Name of pupil;
- Written instructions provided by the parents/carers or doctor;
- Prescribed dose;
- Expiry date.

Written permission from parents/carers will be required for pupils to self-administer medicine(s). A **'Request to Self- Administer Medication Form'** must be completed.

Storage

All medicine, in the care of the school, will be kept locked in the medicine fridge in the staff room. All medicine will be logged onto the schools' file. Class teachers may store pupil's inhalers which must be labelled with the pupil's name.

Records

Each time medication is given to a child, a member of staff, will complete and sign a record sheet, kept in the administration office. These sheets record the following:

- Name of pupil;
- Date and time of administration;
- Who supervised the administration;
- Name of medication;

- Dosage;

Health Care Plan

When appropriate a personal Health Care Plan, will be drawn up in consultation with school, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed at least annually.

Intimate or Invasive treatment

Intimate or Invasive treatment will only take place at the discretion of the Headteacher and Trustees, with written permission from the parents/carers and only under exceptional circumstances. Two adults, must be present for the administration of such treatment. Cases will be agreed and reviewed on an annual basis. All such treatments will be recorded.

Educational Visits

To enable, as far as possible, all pupils to have access to all activities and areas of school life, a risk assessment will be undertaken to ensure the safety of all participants in educational visits. No decision about a child with medical needs attending/ not attending a school visit will be taken without prior consultation with parents/carers and the Head Teacher.

Exclusion Criteria

Parents should not bring children into school if they are unwell. Children with a temperature and other specific signs and symptoms should be excluded from school until they are better or until a Covid-19 negative test result has been provided to school. (See the Covid-19 risk assessment for further information) Children who have sickness or diarrhoea should not return to school until they have a negative Covid-19 check or been symptom free for 48 hours.

All medical conditions should be treated in the strictest confidence. If there are any concerns about the public health aspects of any disease then the Communicable Disease Unit should be consulted. Further information on exclusion criteria can be found at: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> – 'Guidance on Infection Control in Schools and other Child Care Settings'.

Exclusion Table

Infection	Exclusion period	Comments
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Conjunctivitis	None	Increased personal hygiene. If outbreak/cluster occurs, consult the local health authority.
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms	Increased personal hygiene. If outbreak/cluster occurs, consult the local health authority
Flu (influenza)	None or until recovered	If outbreak/cluster occurs, consult the local health authority
Hand, foot and mouth	None or until recovered	Increased personal hygiene. If outbreak/cluster occurs, consult the local health authority
Head lice	None	Treatment recommended only when lice seen
Impetigo	Exclude until lesions are crusted/healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles *	Four days from onset of rash and recovered	Preventable by vaccination. Pregnant staff should seek prompt advice from GP or midwife.

MRSA	None or until recovered	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. If outbreak/cluster occurs, consult the local health authority.
Mumps *	Five days after onset of swelling	Preventable by vaccination.
Ringworm	Not usually required	Treatment is needed
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination. Pregnant staff should seek prompt advice from GP or midwife.
Scarlet fever	Exclude until 24 hours of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. If outbreak/cluster occurs, consult the local health authority
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek/Parvo virus	None (one rash has developed)	Pregnant staff should seek prompt advice from GP or midwife.
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None or until recovered	There may be causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult local health authority before disseminating information to staff/parents	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough *	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The local health authority will organise any contact tracing.

***Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Injury

Parents of children with broken limbs or stitches should seek advice from the Hospital/ Doctor to determine if it is advisable for their child to attend school.

PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

School cannot give your child medicine unless you complete and sign this form **and** the Headteacher has agreed that school staff can administer the medication.

Personal Details

Name of pupil:
Class:
Contact telephone number:
Condition or illness:

Medication

Name/ type of medication:(as described on the container)
Special storage requirements:
Date dispensed:
Expiry date on medication:
How long will your child take this medication?

Full Directions for Use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

Parental Declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:

REQUEST TO SELF- ADMINISTER MEDICATION FORM

School will not give your child permission to self-administer unless you complete and sign this form **and** the Headteacher has agreed to self-administration.

Personal Details

Name of pupil:
Contact telephone number:
Condition or illness:

Medication

Name/ type of medication:(as described on the container)
Special storage requirements:
Date dispensed:
Expiry date on medication:
For how long will your child administer this medication?

Full Directions for Use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

Parental Declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:

SCHOOL RECORD OF THE ADMINISTRATION OF MEDICINES

Name of Pupil:
Name of Medication:
Dosage:

Date and time of administration (or refusal)	Administrator	Alteration to medication (if any)	Side effects (if any)	Signature (of staff member or pupil if self-administering)

CONTACTING EMERGENCY SERVICES

Request for an Ambulance/Emergency Service	
Dial 999, ask for the service you require (Ambulance, Fire Brigade and/or Police) and be ready with the following information.	
Our telephone number	01204 333679
Our location	Lever Edge Primary School Lever Edge Lane Bolton
Our postcode	BL3 3HP
Give the exact location in the school	
Give your name	
Give name of child / adult and a brief description of their symptoms.	
Inform Ambulance/Fire Control of the best entrance and state where the crew will be met and taken to.	

Speak clearly and slowly and be ready to repeat information if asked

HEALTH CARE PLAN

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone numbers.	(work)
	(home)
	(mobile)
Name	
Phone numbers.	(work)
	(home)
	(mobile)

Clinic/Hospital Contact

Name	
Phone number	
G.P.	
Name	
Phone number	

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

--