MEDICAL AND FIRST AID POLICY

INCLUDING A LIST OF THOSE QUALIFIED IN PAEDIATRIC FIRST AID (13C) AND A POLICY ON THE ADMINISTRATION OF MEDICINE (13D)

Date Reviewed: Autumn Term 2024
Next Review: Autumn Term 2025
Revision number: 6
Reviewed by: CT

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APPENDIX 4: Head Injury policy

FIRST AID AND MEDICATION POLICY STATEMENT OF COMMITMENT

Cameron Vale School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. Reference to the EYFS, includes all pupils in the EYFS from birth to aged five.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on each site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

DETAILS OF FIRST AID PRACTITIONERS AT CAMERON VALE SCHOOL

Name	Date of Training	Qualification	Provider	Expiry Date	Role
Rebecca Tredoux	June 2023	Full Paediatric First Aid certificate	Tigerlily First Aid	June 2026	Deputy Head of Nursery
Sadia Shahid	July 2023	Full Paediatric First Aid certificate	Tigerlily First Aid	July 2026	Nursery Practitioner
Alison Melrose	August 2023	Full Paediatric First Aid certificate	First Aid for life	August 2026	Headteacher
Millie Kenworthy	August 2023	Full Paediatric First Aid certificate	First Aid for life	August 2026	Class Teacher
Nadia Almannani	August 2023	Full Paediatric First Aid certificate	First Aid for life	August 2026	Class Teacher
Alice Leyden	August 2023	Full Paediatric First Aid certificate	First Aid for life	August 2026	Class Teacher
Amanda Knight	August 2023	Full Paediatric First Aid certificate	First Aid for life	August 2026	Class Teacher
Ruzica Dubajic	August 2023	Full Paediatric First Aid certificate	First Aid for life	August 2026	Music Teacher
Myriam Campant	August 2023	Full Paediatric First Aid certificate	First Aid for life	August 2026	French Teacher
Konstantina Moustaka	July 2024	Full Paediatric First Aid certificate	First Aid for Life	July 2027	Nursery Head
Sitare Saribas	July 2024	Full Paediatric First Aid certificate	Siren Training	July 2027	Nursery Practitioner
Belinda Adams	August 2024	Full Paediatric First Aid certificate	First Aid for life	August 2027	Assistant Head, Teaching and Learning
Ania Ochocinska	August 2024	Full Paediatric First Aid certificate	First Aid for Life	August 2027	Teaching Assistant and Sports Coach
Gojarta Muciqi	August 2024	Full Paediatric First Aid certificate	First Aid for Life	August 2027	Teaching Assistant (EYFS)
Annie Worlledge	August 2024	Full Paediatric First Aid certificate	First Aid for Life	August 2027	Class Teacher
Nicola Such	August 2024	Full Paediatric First Aid certificate	First Aid for Life	August 2027	Sport Coach
Tracey Miller	August 2024	Full Paediatric First Aid certificate	First Aid for Life	August 2027	HL Teaching Assistant
Chloe Thompson	August 2024	Full Paediatric First Aid certificate	First Aid for Life	August 2027	Deputy Head

DETAILS OF PRACTITIONERS TRAINED TO ADMINISTER MEDICATION AT CAMERON VALE SCHOOL

Name	Date of Training	Qualification	Provider	Expiry Date	Role
Chloe Thompson	February 2023	Administration of Medication in schools	TES Develop	February 2025	Deputy Head
Millie Kenworthy	February 2023	Administration of Medication in schools	TES Develop	February 2025	Class Teacher
Annie Worlledge	February 2023	Administration of Medication in schools	TES Develop	February 2025	Class Teacher
Nadia Almannani	August 2023	Administration of Medication in schools	TES Develop	August 2025	Class Teacher
Alice Leyden	August 2023	Administration of Medication in schools	TES Develop	August 2025	Class Teacher
Amanda Knight	August 2023	Administration of Medication in schools	TES Develop	August 2025	Class Teacher
Goajarta Muciqi	September 2023	Administration of Medication in schools	TES Develop	August 2025	Teaching Assistaant
Ania Ochocinska	September 2024	Administration of Medication in schools	TES Develop	September 2025	Teaching Assistant and Sports Coach
Jessica Zanardi (Maternity Leave from May 24)	September 2023	Administration of Medication in schools	TES Develop	September 2025	Nursery Assistant
Alison Melrose	October 2023	Administration of Medication in schools	TES Develop	October 2025	Headteacher
Nick Morton	October 2023	Administration of Medication in schools	TES Develop	October 2025	Business Manager
Nicola Such	February 2024	Administration of Medication in schools	TES Develop	February 2026	Head of Sport
Rebecca Tredoux	July 2024	Administation of Medication in Schools	TES Develop	July 2026	Deputy Head of Nursery
Belinda Adams	August 2024	Administration of Medication in schools	TES Develop	August 2026	Assistant Head, Teaching and Learning
Konstantina Moustaka	August 2024	Administration of Medication in schools	TES Develop	August 2026	Head of Nursery

PRACTICAL ARRANGEMENTS AT CAMERON VALE SCHOOL

LOCATION OF FIRST AID FACILITIES

- The Medical Room is located on the ground floor of the school for first aid treatment and for pupils or staff to rest/recover if feeling unwell. The accommodation provided is always readily available to be used for medical purposes when needed.
- This includes a bed, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
- A portable first aid kit is located in each classroom and must be taken on school visits.
- A portable first aid kit can also be found in the school office, school hall, Discovery room, entrance hall and in the Learning Enrichment Room.

RESPONSIBILITIES OF THE TRAINED FIRST AIDERS

- Provide appropriate care for pupils or staff who are ill or sustain an injury.
- Record all accidents centrally in the school management information system. Please refer to Appendix 4 regarding Head Injuries.
- In the event of any injury to the head involving any pupil (Year 1 to Year 6), however minor, ensure that a head bump email is sent home to parents/guardians and a confirmation of receipt is received. All head bumps must be recorded in the school management information system, iSams.
- In the event of any injury to the head involving an EYFS pupil (Nursery & Reception), however minor, ensure that parents are informed by phone call, and it is recorded on Blossom. Parents/Guardians will need to sign the head bump form at pick-up.
- In the event of any accident or administration of first aid, ensure that electronic communication is sent home to parents/guardians and it is recorded centrally in the school management information system, iSams (Year 1 to Year 6), Blossom (Reception & Nursery).
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the Lead First Aider of all incidents where first aid has been administered.

RESPONSIBILITIES OF THE LEAD FIRST AIDER – CHLOE THOMPSON

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a **half-termly basis,** review First Aid records to identify any trends or patterns and report to the Health and Safety committee.
- Fulfil the school's commitment to report to RIDDOR, as described below.
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies.
- Replenish First Aid kits on a **termly basis.**

WHAT TO DO IN THE CASE OF AN ACCIDENT, INJURY OR ILLNESS

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see table above). The school office should be contacted if the location of a trained first aider is uncertain.

Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.

The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to the designated Medical Room (ground floor) if possible and appropriate and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone or email by the first aider, child's class teacher or school office manager. In the case of accidents, injuries or illnesses which require the child to be sent home, taken to the doctor or hospital, parents will immediately be contacted by telephone. If they are unavailable their emergency contacts will be contacted. This will be followed up in writing via email (see Appendix 5) and a record kept at school.

In the case of accidents or injuries in which the child returns to normal activities at school, children will be treated by a trained First Aider and parents will be informed via email (see Appendix 5) and a record kept at school.

A record of ALL accidents, injuries and the administration of first aid is maintained on the school's management information system (iSams –Reception to Year 6, Blossom – Nursery) and in the visitors' accident book.

In relation to a head injury, please refer to Appendix 4.

CONTACTING PARENTS

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury email, including advice sheet should be sent to the parents/guardians of any pupil who sustains a head injury). See email template in Appendix 4.
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher.

In the **EYFS (Reception), ALL** incidents must be communicated to the parents in writing (via email – Appendix 5) and a copy placed in the child's profile on the schools management information system. A parent should acknowledge the receipt of the email/notification.

In the **EYFS (Nursery), ALL** incidents must be communicated to the parents in writing (via Blossom Nursery Management System) and logged on the Nursery's management information system (Blossom). A parent should acknowledge the receipt of the notification via Blossom.

CONTACTING THE EMERGENCY SERVICES

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconscious (not including fainting) or following the administration of an Epi-pen, must be taken to hospital.

ACCIDENT REPORTING

The accident log must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident log will be monitored by the Lead First Aider as certain injuries require reporting (RIDDOR requirements). Care should be taken that the accident log, whether hard copy or electronic, is stored securely so that it can be seen only by those who have authority to read it.

PUPILS WHO ARE UNWELL IN SCHOOL

Any pupil who is unwell cannot be left to rest unsupervised in the Medical Room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the Lead First Aider, the office manager or the head teacher. In the event a parent is unavailable the school should attempt to contact the secondary contact.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

If a child is unwell in the EYFS, the staff will follow the outline procedure below:

- Key person and person in charge to be informed
- Description of the symptoms/ problem to be relayed to the appropriate staff
- Key person to assess the child and decide on appropriate action required.
- If the child is thought to have an infectious disease, has been sick or had diarrhoea or is deemed too unwell to attend the setting, the key person or senior staff will contact the child's parents/carers to ask them to collect the child.
- If the parents are unavailable emergency contact numbers will then be used.
- Whilst the child is waiting for his/her parents they will be offered fluids and supported in the Medical Room.

FIRST AID EQUIPMENT AND MATERIALS

The Lead First Aider is responsible for stocking and checking the first aid kits. Staff are asked to notify the Lead First Aider when supplies have been used in order that they can be restocked. The first aid boxes contain (based on HSE guidance):

Guidance leaflet	1
Sterile eye pads	2
Sterile eye wash	1
Triangular bandage	1
Sick bags	2
Emergency spillage compound	1
Face shields	1
Safety pins	1 set
Roll of hypo-allergenic tape	1
Scissors, rounded end	1

Medium wound dressings (bandages)	2
Adhesive wound dressings	2 small, 2 medium
Disposable gloves	2 sets
Gauze swabs to be used in place of cotton wool	2
Finger bandages	2
Thermometer	1
Ice packs	2
Individually wrapped sterile wipes	8 (approx.)
Sterile adhesive dressings, assorted size (plasters)	15 (approx.) (large and small)
Foil blanket	1

FIRST AID KITS ARE KEPT IN THE FOLLOWING LOCATIONS IN SCHOOL:

Location	Contents	Further information
EYFS to Year 6 Classrooms	First Aid Kit Children's medication box (including adrenaline auto-injector)	These are taken by Class Teachers off-site for trips and Physical Education
School Office	First Aid Kit Child's second adrenaline auto-injector	
Hall	First Aid Kit	First Aid Kit includes eye wash*
Computing Room	First Aid Kit	First Aid Kit includes eye wash*
Entrance Hall	First Aid Kit	First Aid Kit includes eye wash*
Learning Enrichment Room (off of playground)	First Aid Kit	First Aid Kit includes eye wash*
Staff Room	First Aid Kit	First Aid Kit includes eye wash*
Medical Room	First Aid Kit Sports First Aid Kit Children's medication bags	First Aid Kit includes eye wash* Non-prescription medicines and ice packs

FIRST AID FOR SCHOOL TRIPS

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected **from the individual classroom**. This must be returned **to the individual classroom** for replenishing on return. Any accidents/injuries must be reported to the Lead First Aider and to parents and documented on the schools management information system (iSams) in accordance with this policy. RIDDOR guidelines for reporting accidents must be

adhered to. For any major accident or injury, the appropriate health and safety procedure must be followed. The person responsible for completing a RIDDOR report is the Headteacher.

Emergency care and/or medication plans and treatment boxes

The Lead First Aider ensures that staff are made aware of any pupil with an emergency care plan. These care plans are kept in a file in the Medical Room. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the Lead First Aider, parents and, where appropriate, the child's doctor. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the **child's classroom and the Medical Room or First Floor School Office, for spare adrenaline auto-injector**.

Pupils using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

If a pupil has either temporary or ongoing limited mobility, the school will consider whether the pupil requires a personal evacuation plan, for implementation in fire evacuation and similar occasions. If this is the case, the Lead First Aider will ensure that a plan is drawn up, taking advice from parents and healthcare professionals, as appropriate, and will ensure that relevant staff are trained in its implementation.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include:
    - Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

Process

- Bodily fluids granules should be sprinkled over the area.
- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the staff room.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Please refer also to Appendix 3 with reference to needlestick injuries

INFECTIOUS DISEASES

If a child is suspected of having an infectious disease advice should be sought from the Lead First Aider who will follow the Public Health England guidelines below to reduce the transmission of infectious diseases to other pupils and staff:

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed In EYFS, children's nappies will be individually monitored. If a child is displaying obvious sickness and diarrhoea they will be sent home. However, loose nappies will be monitored and after 2 loose nappies in one day, parents will be notified and asked to take the child home. For Older Children, with obvious sickness and/or diarrhoea, the parents/carers will be contacted and asked to collect them immediately.
Fever	24 hours fever free (non-medicated)	Children should remain at home for 24 hours after the fever has gone, children should not be medicated for their fever to enable them to return to the school setting.
Hepatitis A	Exclusion may be necessary	Consult Public Health England
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis & Pink eye	Once 3 treatments in succession have been applied .	Children do not usually feel unwell with conjunctivitis and pink eye; however, it can feel uncomfortable or have a burning sensation for the first few days. Should this be the case they should stay off school until they feel better.
Influenza	Until fully recovered	

Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

ADMINISTRATION OF MEDICATION IN SCHOOL

- The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.
- However, it should be noted that:
    - No child should be given any medication without their parent's written consent.
    - No Aspirin products are to be given to any pupil at school, unless prescribed by a doctor

Parents must give written permission for any medication to be administered at school. Proformas for this are available from the ground floor Medical Room, in addition parents can give blanket permission for the use of non-prescription children's dosage medicines at the start of the school year.

Children will need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home. Medicines should only be taken at school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Parents must be given written confirmation of any medication administered at school (see Appendix 7), a copy of which will be kept on the pupil's profile on the school's management information system.

(I) NON-PRESCRIPTION MEDICATION

These are only to be administered by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained.

A teacher may administer non-prescription medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents informed via email (template in Appendix 6). Parents must confirm receipt of email. The medication given must be logged on the school's management information system with the following information:

- Medication given
- Dose given
- Time given
- Person administering medication
- Witness of medication administered
- Details of any signs of reaction including if there were none (i.e. no signs of reaction)

* Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines when deemed necessary by a school first aider, this includes EYFS children, **provided that parents are contacted immediately before the administration of the medication**. In all cases which rely on such on-going consent, parents must be informed in writing / electronically on the same day or as soon as is reasonably practicable, that the administration of medication has taken place.

(II) PRESCRIPTION-ONLY MEDICATION

Prescribed medicines may be given to a pupil by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, is in date, with the original dosage instructions and labelled with the child's name. Prescription medicines will not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin will be given only if prescribed by a doctor. Children on antibiotics should remain at home for 48 hours after their initial dosage

A form for the administration of medicines in school is available from the **Lead First Aider, The Medical Room and from the website** (see Appendix 7).

(III) ADMINISTRATION OF MEDICATION

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- It is advisable that a second adult is present when administering medicine to any child.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication.
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document any refusal of a pupil to take medication.
- Document, date and sign for what has been administered.
- Notify the parents via email (see Appendix 6).
- Ensure that the medication is correctly stored in the Medical Room in the locked medication cupboard, out of the reach of pupils. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out-of-date medication.
- Used needles and syringes must be disposed of in the sharps box kept in the medical room.
- At the end of the school year:
    - all medication should be returned to parents
    - any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.

(IV) EMERGENCY MEDICATION

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a healthcare plan may be required and this will be completed and agreed with parents and, where relevant, the child's GP.

V) EMERGENCY ASTHMA INHALERS AND EMERGENCY ADRENALINE AUTO-INJECTORS (EPI-PENS)

For a number of years, it has been possible for schools to keep emergency asthma inhalers to cover the eventuality of a pupil's inhaler being lost or running out during school time. Since October 2017, this provision has been extended to enable schools also to keep emergency Epi-pens. This provision enables schools to purchase Epi-pens, without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. The school keeps an emergency asthma inhaler and emergency adrenaline auto-injector (Epi-Pen) in the **First Floor School Office** to be used in the case of a pupil's inhaler being lost or running out during school time or whose own adrenaline auto-injector device is not available or not working.

Further information can be found on this website: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter. The member of staff with responsibility for overseeing RIDDOR reporting is the Headteacher.

In relation to pupils, the list of reportable incidents is less extensive, since the school needs to take into consideration whether the accident is part of the "rough and tumble" of the activity being undertaken, or whether it is as a result of a shortcoming. Further guidance on this aspect of reporting can be found in the HSE guidance "Incident reporting in schools", which can be found here:

http://www.hse.gov.uk/pubns/edis1.pdf

Major injuries from schedule 1 of the regulations:

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent)
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
8. Any other injury lasting over 3 days
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
    a. Acute illness requiring medical treatment; or
    b. Loss of consciousness
11. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
12. Death
13. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Further information on RIDDOR reporting requirements can be found on the RIDDOR website; http://www.hse.gov.uk/riddor/

Storage of this policy

A copy of this policy is available on the school website and also in the Medical Room.

APPENDIX 1: GUIDANCE TO STAFF ON PARTICULAR MEDICAL CONDITIONS

(I) ALLERGIC REACTIONS

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered on the school's management information system. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(II) ANAPHYLAXIS

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

ACTION TO BE TAKEN

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the adrenaline auto-injector from the carton and pull off the safety cap.
5. Place the tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing but do avoid seams).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.

7. Remove the adrenaline auto-injector from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the emergency ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second adrenaline auto-injector if you have been instructed to do so by a doctor.

REMEMBER Adrenaline auto-injectors are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the adrenaline auto-injector the pupil must be taken to hospital for further checks.

Adrenaline auto-injector treatment must only be undertaken by staff who have received specific training.

(III) ASTHMA MANAGEMENT

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

General considerations

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom (in the child's medication box), not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in child's medication box to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten, this should be kept in the child's clear, named medical box (in the classroom and first floor school office).

RECOGNISING AN ASTHMA ATTACK

• Pupil unable to continue an activity

• Difficulty in breathing

• Chest may feel tight

• Possible wheeze

• Difficulty speaking

• Increased anxiety

• Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.

2. Reassure the pupil.

3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.

4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.

5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Lead First Aider or a first aider if they are not available.

6. Loosen any tight clothing.

7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.

8. Call an ambulance.

9. Accompany pupil to hospital and await the arrival of a parent.

(IV) DIABETES MANAGEMENT

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet

- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them). Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the Lead First Aider or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the Lead First Aider or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

(V) EPILEPSY MANAGEMENT

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan

Action to be taken

1. Send for an ambulance;
    a. if this is a pupil's first seizure,
    b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
    c. if an injury occurs.
2. Seek the help of the Lead First Aider or a first aider.
3. Help the pupil to the floor.
5. Do not try to stop seizure.
6. Do not put anything into the mouth of the pupil.
7. Move any other pupils away and maintain pupil's dignity.
8. Protect the pupil from any danger.
9. As the seizure subsides, gently place them in the recovery position to maintain the airway.
10. Allow patient to rest as necessary.
11. Inform parents.
12. Call 999 if you are concerned.

13. Describe the event and its duration to the paramedic team on arrival.
14. Reassure other pupils and staff.
15. Accompany pupil to hospital and await the arrival of a parent.

APPENDIX 2: SAMPLE RISK ASSESSMENT FOR THE USE OF AN EMERGENCY ADRENALINE AUTO-INHALER

SIGNIFICANT ISSUE	HOW TO MANAGE IT	WHO TO BE INFORMED		
		Parents	Staff	Students
Lack of awareness - staff do not know how to administer emergency adrenaline auto-injector	● Administration of medicines policy is explained to staff at induction. Staff are also invited to practise following demonstration with the training adrenaline auto-injector on a regular basis with the Lead First Aider ● Healthcare plans shared with relevant staff ● Health issues of pupils are identified on iSAMS under the red medical flag	*	*	*
Medication given in error	● Medical needs of children are identified in the medical questionnaire when they join the school. Children diagnosed with anaphylaxis are made known to staff, and their individual care plans are shared. ● Signs and symptoms of anaphylaxis clearly explained ● Procedure for checking medication is carried out - name of child, medication to be given and expiry date verified prior to administration	*	*	*
Emergency medication is not locked away	● Emergency medication is stored in a sealable 'emergency use only' allergy response kit at a height, in the school office	*	*	
Medication given is out of date	● Medication expiry date is regularly checked by the Lead First Aider, and replaced as necessary	*	*	

Lack of consent	● Written consent is required by parents of children who have anaphylaxis for use of an emergency *Adrenaline auto-injector*	*	*	*
School unaware of medical condition	● A process is in place for identifying a child who has anaphylaxis, that requires monitoring in school with the with Health Conditions questionnaire	*	*	*
No healthcare plan in place	● A health care plan must be devised when anaphylaxis is diagnosed, in conjunction with appropriate medical practitioner, parents / guardian and School Nurse using standard forms provided by school/ hospital.	*	*	*
No record of emergency *Adrenaline auto-injector* being administered	● 'Administration of Medicines' form to be used when medication is given, which includes information such as parent consent and record of prescribed medicine given. An ambulance is called for when the emergency Adrenaline auto-injector is used.	*	*	*
Medication not disposed of responsibly	● The emergency Adrenaline auto-injector used is stored safely out of the way whilst dealing with the child, and then passed on to the emergency services when they arrive.	*	*	

APPENDIX 3 NEEDLESTICK INJURIES

If there is any accidental injury to the person administering medicine via an injection by way of puncturing the skin with an exposed needle, then the following action must be taken:

- Bleed the puncture site
- Rinse the wound under running water for a few minutes
- Dry and cover the site with a plaster
- Seek medical advice immediately
- You may be advised to attend Accident and Emergency for a blood test
- Information on how the injury occurred will be required
- Details of the third party involved will be required
- If the third party is a pupil, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party.
- This all needs to be undertaken with the full permission of the Head
- An accident form must be completed

APPENDIX 4: HEAD INJURY POLICY

1. Introduction

The school's Head Injury Policy has been written in accordance with NICE clinical guidelines, World Rugby Concussion Guidance and England Rugby Club Concussion - Headcase Resources. It has been approved by the Lead First Aider. Since the majority of head injuries in the EYFS are minor, the staff will manage these incidences themselves and seek advice from the lead first aider, if necessary who will instigate the head injury policy if required.

2. Background

A head injury is defined as any trauma to the head excluding superficial injuries to the face. Fortunately, the majority of head injuries within school are minor and can be managed at school or at home. However, some can be more severe and it is important that a child is assessed and treated accordingly. The risk of brain injury can depend on the force and speed of the impact and complications such as swelling, bruising or bleeding can occur within the brain itself or the skull.

Concussion is defined as a traumatic brain injury resulting in the disturbance of brain function. There are many symptoms but the most common ones are dizziness, headache, memory disturbance or balance problems. Concussion is caused by either a direct blow to the head or blows to other parts of the body resulting in a rapid movement of the head e.g. whiplash.

It is also important to note that a repeat injury to the head after a recent previous concussion can have serious implications.

3. Process for managing a suspected head injury

All head injuries that occur on the school site must be referred to the Lead First Aider, if on site, for immediate assessment. The exception for this is if the pupil needs urgent medical attention, at which point the Emergency Services should be called first prior to calling the lead first aider. The pupil must be assessed and monitored for at least one hour by a qualified First Aider and referred for medical review as per the guidelines in this document. If in doubt, the First Aider should call NHS 111 for advice or 999.

If after one hour the pupil is symptom free, he/she can return to lessons but must be kept under observation for the remainder of that day. This applies even if the pupil feels it is unnecessary. As concussion typically presents in the first 24-48 hours following a head injury, it is important that the pupil is monitored and assessed as above.

4. Recognising Concussion

One or more of the following signs clearly indicate a concussion:

- Seizures
- Loss of consciousness – suspected or confirmed
- Unsteady on feet or balance problems or falling over or poor co-ordination
- Confused
- Disorientated – not aware of where they are or who they are or the time of day
- Dazed, blank or vacant look
- Behavioural changes e.g. more emotional or more irritable

One or more of the following may suggest a concussion:

- Lying motionless on the ground
- Slow to get up off the ground
- Grabbing or clutching their head
- Injury event that could possibly cause concussion

IF A PUPIL IS PLAYING SPORTS AND HAS SUFFERED A HEAD INJURY AND/OR IS SHOWING SIGNS OF CONCUSSION, HE/SHE SHOULD IMMEDIATELY BE REMOVED FROM TRAINING/PLAY FOR THE REST OF THE LESSON.

5. Emergency Management

The following signs may indicate a medical emergency and an ambulance should be called immediately:

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding for example bleeding from one or both ears, clear fluid running from ears or nose, black eye with no obvious cause, new deafness in one or more ear, bruising behind one or more ear, visible trauma to skull or scalp, penetrating injury signs
- Seizure activity
- Any pupil with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening)

6. Referral to Hospital

The Lead First Aider, or in their absence, a qualified First Aider, should refer any pupil who has sustained a head injury to a hospital emergency department, using the Ambulance Service if deemed necessary, if any of the following are present:

- Glasgow Coma Scale (GCS) score of less than 15 on initial assessment.
- Any loss of consciousness as a result of the injury.
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and unlikely to be possible in children aged under 5).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour, particularly in infants and children aged under 5 years.
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family/guardian about the diagnosis.

It is the responsibility of the parent/guardian to take the pupil to the nearest Emergency Department if it is recommended by the Lead First Aider. The policy for taking pupils to hospital should be referred to in First Aid Policy, with reference also to the safeguarding policy.

7. Questions to ask the pupil to determine issues with memory.

If they fail to answer correctly any of these questions, there is a strong suspicion of concussion:

- “Where are we now?”
- “Is it before or after lunch?”
- “What was your last lesson?”

- "What is your Class Teacher's name?"
- "What Year Group are you in?"

8. DO's and DON'Ts

- Subject to parental consent and any allergies, the pupil may be given Paracetamol but must not be given Ibuprofen or Aspirin as these can cause the injury to bleed.
- If he/she is vomiting or at risk of vomiting DO NOT give him/her anything to eat or drink until completely recovered
- Unless there are injuries elsewhere, monitor the pupil in a semi upright position so that the head is at least at a 30-degree angle if lying down.
- DO apply a covered instant cold pack to the injured area for 15-20 minutes UNLESS the area has an open wound.

9. Head Injury Notifications

- The person supervising the pupil at the time is responsible for contacting:
    - The Lead First aider
    - The pupil's parents/carers
    - The pupil's Class Teacher
    - The School Office if an ambulance is called
    - Headteacher if pupil is taken to hospital

If the head injury is minor and the pupil stays at school, the parent/carers should be informed by the lead first aider or the responsible adult (e.g. class teacher) and a Head Injury Letter given to take home **(Appendix 4 A)** and the pupil monitored for potential deterioration of symptoms.

10. Returning to school and sporting activities following a head injury and/or concussion

For minor head injuries, the pupil can return to school once they have recovered. If the pupil has a diagnosed concussion, the symptoms of concussion can persist for several days or weeks after the event therefore returning to school should be agreed with the parents/carers, the Lead First Aider and the pupil's doctor.

For return to exercise and sporting activities within school for pupils with concussion, the school follows the Rugby Union's Graduated Return to Play Pathway (RFU 2016) **(Appendix 4B).** This requires an initial minimum two weeks' rest (including 24 hours complete physical and cognitive rest) and they can then progress to Stage 2 only if they are symptom free for at least 48 hours, have returned to normal academic performance and have been cleared by the pupil's doctor or the Lead First Aider. This pathway must be adhered to regardless of the pupil/parents/carers' views. The reason for this is a repeat head injury could have serious consequences to the pupil during this time.

The pupil can then progress through each stage as long as no symptoms or signs of concussion return. If any symptoms occur, they must be seen by a doctor before returning to the previous stage after a minimum 48-hour period of rest with no symptoms.

On completion of stage 4, in order for a pupil to return to full contact practice, he/she must be cleared by his/her Doctor or approved Healthcare Professional.

A School Graduated Return to Play Pupil Progress Sheet has been developed in order to monitor and communicate the pupil's progress and this outlines the 5 stages of the GRTP pathway to follow **(Appendix 4C).** It should be completed by the PE staff members or Lead First Aider in conjunction with the pupil's parents/guardian. It is the parent/guardian's responsibility to inform the pupil's external sports clubs if the child has sustained a head injury and/or concussion.

For ease of reference, the following sporting activities will not be permitted until Stage 5 of the GRTP:

- Rugby
- Football
- Cricket
- Basketball
- Netball
- Rounders

Pupils may still attend Physical Education lessons, but an alternative role will be found for them during the session.

11. Reporting

An accident form will be completed by the witness to the event, first aider or School Nurse. If the incident requires reporting to RIDDOR this will be actioned by the Head Teacher.

12. References

Concussion – Headcase Resources England Rugby, available online at:

http://www.englandrugby.com/my-rugby/players/player-health/concussionheadcase/resources/

Head injury: assessment and early management National Institute for Health and Care Excellence (NICE Guidelines CG176 January 2014 Last updated June 2017), available online at: https://www.nice.org.uk/guidance/cg176

World Rugby Concussion Guidance World Rugby Player Welfare, available online at: http://www.irbplayerwelfare.com/concussion

NHS Head Injury and Concussion, available online at: https://www.nhs.uk/conditions/minor-head-injury/

APPENDIX 4A: HEAD BUMP EMAIL TEMPLATE

Dear [Parent/Carer]

We wish to inform you that _____banged his/her head at approximately _____am/pm today. [***Please indicate HOW they bumped their head here, e.g. when playing in the playground they tripped and banged their head on their friend's shoulder].*** He/she was checked and treated, and has been under supervision since. If any of the following symptoms appear within the next few days it is advised that you seek immediate medical advice.

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open) drowsiness (feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake
- difficulty waking your child up
- problems understanding or speaking
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with their eyesight e.g. blurred vision/dilated pupils
- painful headache that won't go away
- vomiting (being sick)
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose
- bleeding from one or both ears.

He/she may experience a mild headache and some nausea which should go away within the next few days. If it doesn't then please take your child to see your doctor. If he/she is feeling unwell, we suggest that he/she doesn't return to school until fully recovered.

Please respond to this email to confirm receipt and acknowledgement of your child's head bump.

If you have any queries, please do not hesitate to contact us

With very best wishes

[SENDER'S NAME]

_____

APPENDIX 4B: GRADUATED RETURN TO PLAY (RFU 2016)

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

APPENDIX 4C: X SCHOOL GRADUATED RETURN TO PLAY - PUPIL PROGRESS SHEET

Pupil's Name	
Class/Year	
Date of Concussion	
Commencement of GRTP	
Staff Member commencing GRTP	

Stage	Duration	Rehabilitation Stage	Start Date	End Date	Comments	Signature/ Role*
1	14 days	Rest – complete physical and cognitive rest without symptoms				
CLEARANCE BY DOCTOR						
2	2 days	P.E. Lessons/Light aerobic exercise				
3	2 days	P.E. Lessons/Running				
4	2 days	P.E. Lessons/Non-Contact Training Drills				
CLEARANCE BY DOCTOR OR LEAD SCHOOL NURSE						
5	2 days	Full Contact Practice				
6		Return to Full Play				

* Signature can be by Parent/Guardian/PE Teacher/ Lead first Aider or a Doctor

APPENDIX 5: EMAIL TO INFORM PARENTS OF AN ACCIDENT/INJURY (TEMPLATE)

Dear [Parent/Carer]

We wish to inform you that *[child's name]* had an accident at approximately _____am/pm today. [***Please indicate what happened and the injury incurred here, e.g. when playing in the playground they tripped and banged their head on their friends shoulder].*** He/she was checked and treated [**indicate treatment e.g. ice pack applied/area cleaned and plaster applied**], and has returned to normal activities. We will continue to keep a close eye on them for the rest of the day.

Please respond to this email to confirm receipt and acknowledgement of your child's accident.

If you have any queries, please do not hesitate to contact us

With very best wishes

[SENDER'S NAME]

APPENDIX 6: EMAIL TO INFORM PARENTS OF MEDICATION ADMINISTERED (TEMPLATE)

Dear [Parent/Carer]

We wish to inform you that [MEDICATION GIVEN & DOSE GIVEN] was administer to _____ at _____am/pm today. The medication was administered by _____ and witnessed by _____. He/She showed [no signs of reaction/detail signs of reaction].

Please respond to this email to confirm receipt and acknowledgement of the medication administered to _____.

If you have any queries, please do not hesitate to contact us.

With very best wishes

_____

END

APPENDIX 7: PARENTAL CONSENT FOR SETTING TO ADMINISTER MEDICATION

CAMERON VALE SCHOOL AND THE CHELSEA NURSERY WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM, AND WE WILL FOLLOW OUR POLICY FOR ADMINISTRATION OF MEDICINE. NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER, IN DATE, WITH THE ORIGINAL DOSAGE INSTRUCTIONS AND LABELLED WITH THE CHILD'S NAME AS DISPENSED BY THE PHARMACY.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Storage Instructions (please circle)	None Refrigerate Other
Are there any side effects that the school/setting needs to know about?	
Self-administration	Y / N
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to [agreed member of staff]	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

SIGNED	DATE