BURSTOW PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS (INCLUDING FIRST AID)

Review Date: September 2027

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Burstow Primary School is an inclusive community that welcomes and supports pupils with medical conditions. We provide all pupils with medical conditions the same opportunities as others at the school.

The Trust Head of Inclusion has also reviewed the Policy.

We will help to ensure children can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

Burstow ensures that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their condition allows.
This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 updated 11th December 2015 - "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the
Children and Families Act 2014. The statutory duty came into force on 1st September 2014 https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical - conditions--3 The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.
For pupils who have medical conditions that require EHC plans, compliance with the SEND code of Practice (Part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
OFSTED place a clear emphasis on meeting the needs of pupils with SEND, also including those children with medical conditions.

This policy has also been developed with regard to the following legislation and guidance:

- Children and Families Act 2014 (Section 100)
- SEND Code of Practice: 0 to 25 years (2015)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Data Protection Act 2018 and UK GDPR
- Human Medicines Regulations 2012
- Human Medicines (Amendment) Regulations 2014 (emergency salbutamol inhalers)
- Human Medicines (Amendment) Regulations 2017 (emergency adrenaline auto-injectors)

- Supporting Pupils at School with Medical Conditions (DfE statutory guidance, December 2015)
- Guidance on the Use of Emergency Salbutamol Inhalers in Schools (DfE)
- Guidance on the Use of Spare Adrenaline Auto-Injectors in Schools (Department of Health/DfE)
- Allergy School Settings Guidance and National Allergy Strategy recommendations, where applicable.

All staff understand the medical conditions that affect pupils in their care at this school and they will receive training on the impact that these conditions have on these pupils and how to support them.

This school understands that all children with the same medical condition will not have the same needs.

Some pupils with medical conditions will also meet the definition of disability under the Equality Act 2010. The school will make reasonable adjustments to ensure that disabled pupils are not placed at a substantial disadvantage compared with their peers.

Key roles and responsibilities

The named member of staff responsible for this medical conditions policy and its implementation is: **Phil Tree / Helen Sheldrick**

Day to day administration of medication involved in healthcare plans will be overseen by: **Helen Sheldrick – Office First Aid Lead**

The Local Governing Body are responsible for reviewing this policy and will do so at LGB meetings in line with the review cycle.

a) The Local Authority is responsible for:

1) Working with schools to ensure pupils attend full-time education or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to health needs and who otherwise would not receive a suitable education.

b) The Executives of Everychild Partnership Trust are responsible for:

1) Monitoring and reporting the Supporting Medicines in school policy

2) Commissioning the Burstow school insurance policy

c) The Local Governing Body is responsible for:

1) Agreeing the policy is in place to support pupils with medical conditions.
2) Ensuring the policy clearly identifies roles and responsibilities and is implemented effectively.
3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, disability or sexual orientation.
4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/sporting activities, remain healthy and achieve their academic potential.
6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff are to have access to information, resources and materials as required.
7) Ensuring written records are kept of, any and all, medicines administered to pupils.
8) Ensuring the policy sets out procedures in place for emergency situations
9) Ensuring the level of insurance in place reflects the level of risk.
10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

d) The Headteacher is responsible for:

1) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
2) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.

3) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies

e) School leaders in conjunction with the School Lead First Aider is responsible for:

1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.

2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Burstow Primary School.

3) Liaising with healthcare professionals regarding the training required for staff.

4) Identifying staff who need to be aware of a child's medical condition.

5) Developing Individual Healthcare Plans (IHPs). These will be developed in conjunction with staff, parents, healthcare professionals and the child where possible and will be reviewed at least annually.

6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.

7) The deputy headteacher or the assistant headteacher will ensure that where there is staff absence, qualified staff will ensure the condition of medical provision in healthcare plans.

8) If necessary, facilitate the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.

9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.

10) Ensuring confidentiality and data protection by:

- Information sharing on a need-to-know basis.
- Secure storage of healthcare plans.
- Parent consent arrangements.
- Compliance with UK GDPR.

11) Assigning appropriate accommodation for medical treatment/ care

12) Ensuring that the school's defibrillators are serviced regularly (in conjunction with lead First Aider)

13) Voluntarily holding 'spare' salbutamol asthma inhalers and spare Epipens for emergency use (in conjunction with First Aider)

f) All staff members are responsible for:

1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.

2) Knowing where controlled drugs are stored and where the key is held.

3) Taking account of the needs of pupils with medical conditions in lessons.

4) Each class teacher must share the medical needs of their pupils with PPA staff and cover staff and ensure their TAs/LSAs are aware.

5) Through discussion with their line manager, identifying and undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

6) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

7) Ensure that inhalers are available for pupils wherever they go i.e. in class, on the playground and in PE lessons.

g) Health professionals including specialist nurses are responsible for:

1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.

2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their schooling.

3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

4) Liaising locally with lead clinicians on appropriate support. Guide the Assistant Headteacher in identifying training needs and providers of training.

h) Parents and carers (or foster parent, guardian or local authority) are responsible for:

1) Keeping the school informed about any new medical condition or changes to their child/children's health.

2) Participating in the development and regular reviews of their child's IHP.

3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.

4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

6. Ensure that the school has up to date contact information for the parent as well as the emergency contact.

i) Pupils are responsible for:

1) Where possible providing information on how their medical condition affects them.

2) Where possible contributing to their IHP

3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

<u>Training of staff</u>

a) No staff member may administer medicines or undertake any healthcare procedure without undergoing training specific to the condition.
b) School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy

c) All new staff, volunteers and long-term agency staff will receive information regarding medical conditions, emergency procedures and healthcare plans as part of induction.

Medical conditions register/ list

a) Schools admissions forms request information on pre-existing medical conditions. Parents are encouraged to inform the school at any point in the school year if a condition develops or is diagnosed.

b) When the school is notified that the child has a medical condition, the school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

c) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member lead First Aider. Each class teacher should have an overview of the list for the pupils in their care, within easy access and must share these with PPA staff.

d) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

e) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

Individual Healthcare Plans

a) Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Assistant headteacher, Special Educational Needs & Disabilities Coordinator (SENDCO) and medical professionals (see Appendix 1).

b) The IHP will contain information of the medical condition, its triggers, signs, symptoms and treatments plus the details of medication regularly taken, healthcare professionals and next of kin contacts.

c) IHPs will be accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. If consent is sought from parents a photo and instructions may be displayed in the medical room where the IHP is kept.

In the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone eg asthma, anaphylaxis, epilepsy or Type 1 diabetes.

See New Anaphylaxis Policy – September 2026

d) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

e) Where a pupil has an Education, Health and Care plan (EHCP), the IHP provision will be linked to the needs in it.

f) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

Transport arrangements

a) If a pupil with an IHP is allocated school transport the school should invite a member of the Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

b) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.

c) When prescribed controlled drugs need to be sent into school, parents will be responsible for handing them over to the adult for the journey in a suitable bag or container. They must be clearly labelled with name and dose etc.

d) Controlled drugs will be kept under the supervision of the adult throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

Education Health Needs (Medical Access 2 Education) referrals

a) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

b) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical professional.

The Administration of Medicines

a) The Local Committee (Governing Body) and staff of Burstow School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.

b) Please note that parents should keep their children at home if they are acutely unwell or infectious. Parents must also ensure that their child has not had any reactions to their prescribed medicines before returning to school.

"Medicines should only be taken to school settings when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school setting day". (DfES Guidance)

c) Parents are responsible from the pupil's first day of need at Burstow (or prior to that if training of staff is needed) for providing our school with comprehensive information regarding the pupil's condition and medication. Only medication that has been prescribed by a doctor, dentist, nurse or pharmacist for that child will be accepted and administered in school.

Where 3 daily doses are required, unless they are time specific, these should not be sent into school for administration as they can all be given at home. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. Staff will not give a non-prescribed medicine to a child unless there is permission given to parents/ school from health professionals.

d) Only reasonable quantities of medication should be supplied to the school (for example, a maximum of 8 weeks supply at any one time). Where the pupil travels on school transport, parents must ensure the escort has written instructions relating to any medication sent with the pupil. Each item of medication must be delivered to the Headteacher or an Authorised Person, in normal circumstances by the parent, in a secure and labelled container as originally dispensed with the Pharmacy's label unaltered.

e) No child will be given medication containing aspirin without a doctor's prescription.

f) Each item of medication must be clearly labelled with the following information:

Pupil's Name

Name of medication

Dosage

Frequency of administration

Date of dispensing

Storage requirements (if important)

Expiry date.

The school <u>will not accept</u> items of medication in unlabelled containers.

g) Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated, all medication to be administered in school will be kept in a locked medicine cabinet or a locked fridge.

h) The school will keep records, which they will have available for parents. If a child refuses to take their medicine, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

i) It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

j) It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

k) The school will not make changes to dosages on parental instructions.

l) School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

m) For each pupil with long-term or complex medication needs, the Assistant Headteacher, in conjunction with the appointed First Aider of the office team, will ensure that an Individual Healthcare Plan (including medication plan and protocol) is drawn up, in conjunction with the appropriate health professionals, school staff, parents and the child.

n) Staff who have volunteered to assist in the administration of medication will receive the appropriate training and guidance through arrangements made with the School Health Service.

o) The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. All staff will be made aware of the procedures to be followed in the event of an emergency.

p) Burstow Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

q) Emergency salbutamol inhaler kits and Epipens may be kept voluntarily by school

Full First Aid Procedures – **Appendix 2**

Off-site procedures

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

- A mobile phone

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

Risk assessments will be completed prior to any educational visit that necessitates taking pupils off school premises

There will always be at least one First Aider with a current paediatric first aid certificate on school trips and visits for the Early Years Foundation Stage.

First Aid Equipment
All first aid containers are marked with a white cross on a green background and are signposted where sited.

Each year group has a triage first aid kit which is on the playground at each playtime and lunchtime. No medication is stored in these kits. Asthma medication bags will accompany this box separately as needed.

Each classroom has asthma medications in a marked bag in a place marked with a white cross on a green background.

Medical resources

- **Medical room:** Checked weekly by office medical lead
- **Lunchtime/break time staff medical bags:** Checked half termly/ refill as required
- **Trip first aid kits:** Checked before each use
- **Asthma pumps:** First aid sign in classroom/ logged on map/ expiry date checked at the end of each term
- **Defibrillator:** Office
- **Accessible toilets:** Checked annually

Emergencies

a) Medical emergencies for pupils or staff with Individual Healthcare Plans will be communicated to all relevant staff so they are aware of signs and symptoms.

b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Reportable incidents will be reported to the Health and Safety Executive in accordance with RIDDOR 2013.

Day trips, residential visits and sporting activities

d) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

e) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

Avoiding unacceptable practice

In general, the following behaviour is unacceptable in Burstow School:

a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
b) Assuming that pupils with the same condition require the same treatment.
c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
d) Sending pupils home frequently or preventing them from taking part in activities at school
e) Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
g) Making parents feel obliged to attend school to administer prescribed medication
h) Creating barriers to children participating in school life, including school trips.
i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the school's insurance.

b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact The Everychild Partnership Trust admin@everychildpartnership.co.uk

13)Complaints

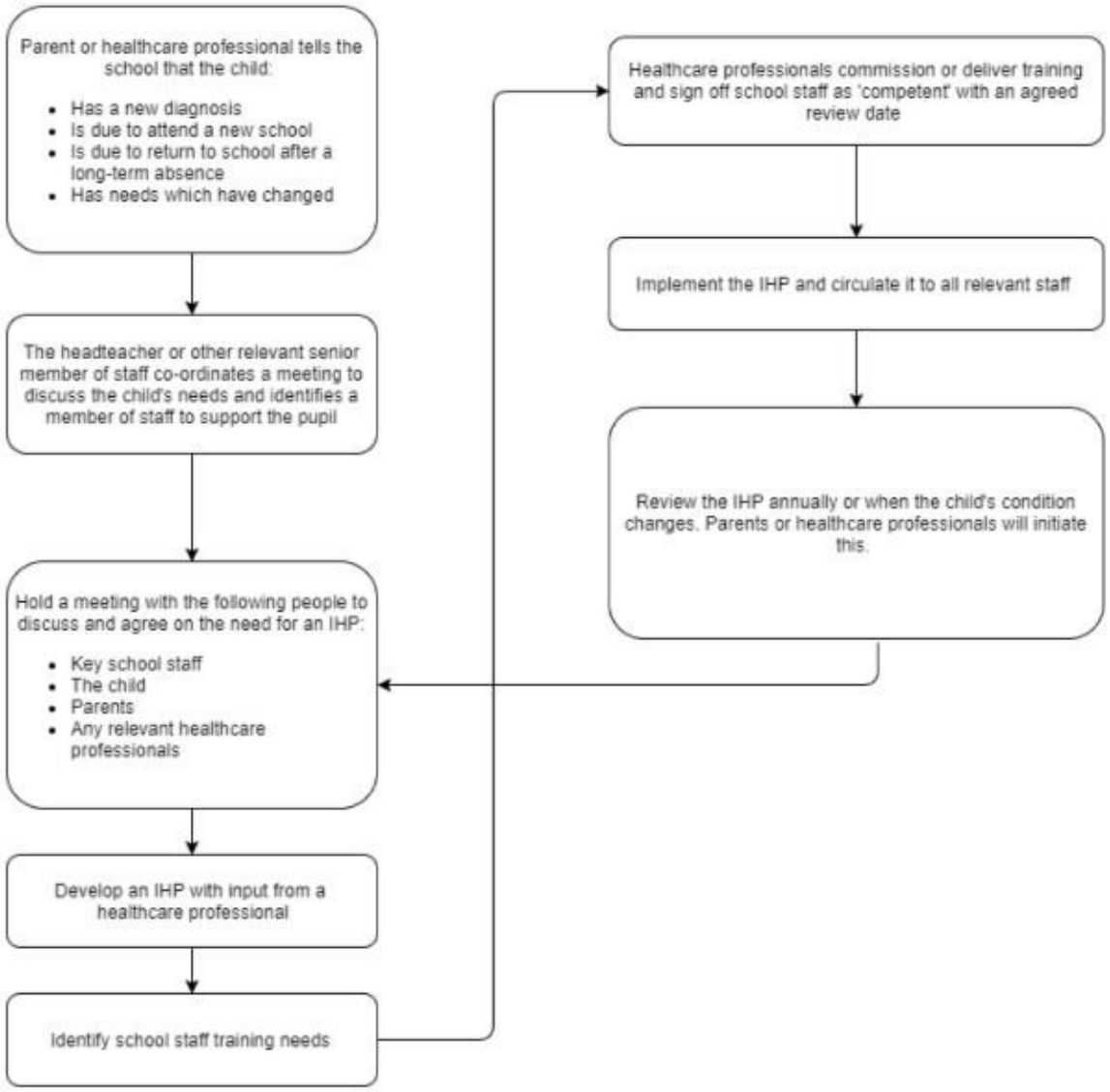
a) All complaints should be raised with the school in the first instance by talking to the class teacher or phone the school office/ email at school@burstow.surrey.sch.uk

b) The details of how to make a formal complaint can be found in the School Complaints Policy.

14) Definition

'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered*.

Appendix 1: Being notified a child has a medical condition



Appendix 2 – First Aid Procedures for September 2026

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999).
If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

8.2 First Aid Procedures

In-school procedures

In the event of an accident resulting in injury:
a) The closest member of staff present will assess the seriousness of the injury and seek the assistance of an office First Aider, if needed.

b) The office First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives.

c) The office First Aider will assess whether it is safe and appropriate for the injured person to be moved or placed in the recovery position, taking account of the nature of the injury.

Where a fracture, spinal injury, neck injury or other serious injury is suspected, the injured person should not be moved unless they are in immediate danger (for example from fire or another life-threatening hazard). The First Aider should keep the child as comfortable and still as possible while carrying out an assessment and seeking further medical advice or emergency assistance where appropriate.

Where an injury is suspected to be serious, wherever practicable a second trained office First Aider should be involved in the assessment before decisions are made regarding next steps.

Where appropriate, pain relief may be offered in accordance with the school's medication procedures and following parental consent

d) If the office First Aider judges that a pupil is too unwell to remain in school, parents will be contacted via the office and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents

e) If emergency services are called, the office staff will contact parents immediately

When assessing an injury, First Aiders will consider whether emergency services should be contacted immediately. Factors may include, but are not limited to: suspected fractures where safe movement cannot be achieved, suspected spinal injuries, head injuries with concerning symptoms, loss of consciousness, breathing difficulties, seizures lasting beyond the child's care plan, severe bleeding, or any situation where the child's condition gives cause for significant concern. Where there is uncertainty, staff should err on the side of caution and seek advice from the emergency services.

f) The First Aider will fill in a form for the emergency services of time and place of injury or event and the treatment given thus far.

g)The office First Aider will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury

For significant injuries, the accident record should include the observations made, decisions taken, rationale for those decisions and the time key actions occurred (including parent contact and emergency service contact where applicable). Following any serious first aid incident, school leaders will review the response to identify any learning, update risk assessments where necessary and amend procedures or training if improvements are identified. There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

First aid procedures:

Bones - Check and treatment for possible breaks/ fractures

Checking for broken limbs

Symptoms

- A visibly out-of-place or misshapen limb or joint.
- Swelling, bruising, or bleeding.
- Intense pain.
- Numbness and tingling.
- Broken skin with bone protruding.
- Limited mobility or inability to move a limb or put weight on the leg.

Take these actions immediately while waiting for medical help:

- Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- Immobilize the injured area.
- Apply ice packs to limit swelling and help relieve pain.
- Treat for shock.

If a fracture is suspected and safe movement cannot be achieved, staff should seek medical assessment before transporting the child.

Treatment for head injury procedure
Checks for head injury:

When a head injury is reported:

- Immediate Assessment:
    - When a child reports a head injury or if staff witnesses a head bump, the first responder should immediately assess the situation. Ensure the safety of the child and those around them.
- Reassure and Comfort:

        - Comfort and reassure the child, providing them with a sense of safety and security.
    - Move to a Safe Area:
        - If necessary, move the child away from any hazards to a safe, well-lit area.
    - Inspect for Signs of Serious Injury:
        - Check for any signs of serious injury, such as loss of consciousness, severe bleeding, or difficulty breathing. If any of these signs are present, seek emergency medical assistance immediately.
    - Conduct a Visual Examination:
        - Gently examine the child's head for signs of injury. Look for any cuts, bumps, or visible wounds. Avoid pressing on the injured area.
    - Monitor the Child:
        - After the visual examination, closely monitor the child for signs of concussion, which may include dizziness, confusion, nausea, vomiting, changes in behaviour, or loss of balance.
    - Inform Parents/Guardians:
        - For minor bumps, first responders complete form and give to class teacher
        - If there are more serious concerns or if there is a physical bump, mark or displaying other symptoms, the office First Aiders will contact the child's parents/guardians to inform them of the incident. Provide details of the injury and the actions taken.
    - Document the Incident:
        - Accurately record the details of the head injury, including the date, time, location, circumstances, and the child's condition. Maintain these records in accordance with school policies and privacy regulations. This is in the accident book.
    - Seek Medical Advice:
        - Depending on the severity of the injury and the child's symptoms, it may be necessary to seek medical advice from a healthcare professional. If there is any doubt about the seriousness of the head injury, consult with a healthcare provider promptly.
    - Educational Support:
        - If the child is returning to the classroom after a head injury, communicate with the teaching staff to ensure they are aware of any necessary adjustments, accommodations, or restrictions that may be required to support the child's recovery.
    - Regular Review:
        - Periodically review this head injury procedure to ensure it aligns with the latest best practices in first aid and head injury management. Update staff and parents as needed.

It is crucial to emphasise that head injuries, even seemingly minor ones, should always be taken seriously. The safety and well-being of the child are paramount, and this procedure should be consistently followed to ensure that any head injury is appropriately managed.

Treatment of seizures

There are many types of seizures. Most seizures end in a few minutes.

These are general steps to help someone who is having any type seizure:

- Stay with the person until the seizure ends and he or she is fully awake. After it ends, help the person sit in a safe place. Once they are alert and able to communicate, tell them what happened in very simple terms.
- Comfort the person and speak calmly.
- Check to see if the person is wearing a medical bracelet or other emergency information.
- Keep yourself and other people calm.

Seizures do not usually require emergency medical attention. Only call 999 if one or more of these are true:

- The person has never had a seizure before.
- The person has difficulty breathing or waking after the seizure.
- The person has another seizure soon after the first one.
- The person is hurt during the seizure.
- The seizure happens in water.
- The person has a health condition like diabetes, heart disease, or is pregnant.

Always follow the child's Individual Healthcare Plan. Where no plan exists, emergency services should normally be called if a seizure lasts longer than five minutes or if there are concerns about the child's recovery.

If the person already has a treatment plan - follow it.

- In a classroom or playground put the person in a safe position on the ground
- Time the seizure
- (If the person is being sick tilt their head to the side so that they do not choke)
- Call for support
- Clear other surrounding objects away from the person
- Ask other children calmly to go with an adult to another safe space
- Talk to the person, reassuring them as they might still have their sense of hearing
- If the seizure is longer than 3 minutes consider calling an ambulance and then the parent/ next of kin. If it is longer than 5 mins and they have Buccolam as part of their treatment plan, do not put your finger inside their teeth but deliver the medication into the buccal cavity outside of the teeth in the cheek of the lower jaw.
- At the end of the seizure, show dignity and check if the person has wet themself from the spasm release of muscles. Cover until such time as they can get to a toilet.
- The person will be tired after the event and may need to rest. They will need to be kept warm for this.

- Write the event onto a triage form with date, time, place or event, treatment given, name, address, contact number & person's doctor. Copy this for the next of kin or emergency services.

Contacting Parents

Where possible, staff will explain the suspected seriousness of the injury and the reason for requesting immediate collection or emergency assistance so parents can make informed decisions.

Whenever parents are contacted following a significant injury, staff will communicate as clearly as possible:

- the nature of the injury;
- what has been observed;
- what first aid has been given;
- whether emergency services have been contacted;
- why decisions have been made;
- what action parents need to take.

Appendix 4

BURSTOW PRIMARY SCHOOL

IHP to be used for individual health needs including adrenaline auto injectors use and asthma

Individual healthcare plan

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

Family Contact Information

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

(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Asthma form and medical dosage requirements

Child's Name_____

Condition or illness_____

Please tick the appropriate box

□My child will be responsible for the self-administration of medicines as directed below.

□I agree to members of staff administering medicines/providing treatment to my child as directed below.

Signed_____Date_____

Name of medicine	Dose in Mls	Actual Time to be given	Completion date of course if known	Expiry date of medicine	Signature

Note: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.

SCHOOL OFFICE TO LOG DATE AND TIME OF MEDICINE ADMISNITRATED ON RESERVE

Date	_____/_____/_____	_____/_____/_____	_____/_____/_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Date	_____/_____/_____	_____/_____/_____	_____/_____/_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	_____/_____/_____	_____/_____/_____	_____/_____/_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	_____/_____/_____	_____/_____/_____	_____/_____/_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Telephoning for an ambulance

You need to say:"I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Protocol for the administration of Paracetamol

- Paracetamol can be administered to children of any age, dose must be suitable for their age and weight

- Verbal parental consent must be gained at the time of administration, this is as well as a completed and signed ad-hoc administration form. If the parents cannot be contacted paracetamol cannot be administered. Conversation with parent/carer must be recorded.

- If paracetamol is administered at any time during the school day parents will be informed of the time of administration and dosage.

- The school will keep records of the administration of paracetamol as for prescribed medication.

- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

Appendix 5

Notification to Parents of a Bumped Head Injury Requiring After Care

Child's Name_____ Class _____

Your child has sustained an injury to their head during school time.

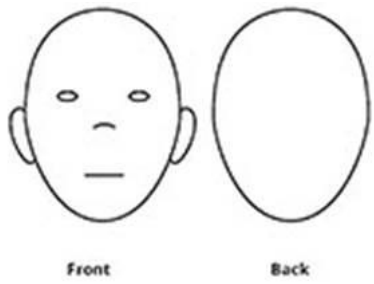
Brief details of how the injury was sustained and where on the head the injury is:

_____

_____

_____

_____



Treatment given:

_____

_____

_____

<u>Please note</u>: You should report to a doctor immediately if your child shows signs of dizziness, nausea, drowsiness or significant change in behaviour after an injury to their head.

Treated by: _____

Date: _____ Time: _____

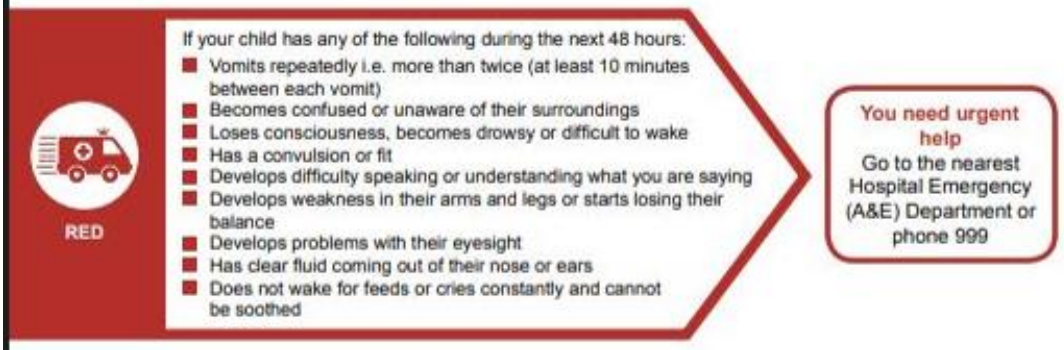
Passed to (Name of Office Staff Member) _____

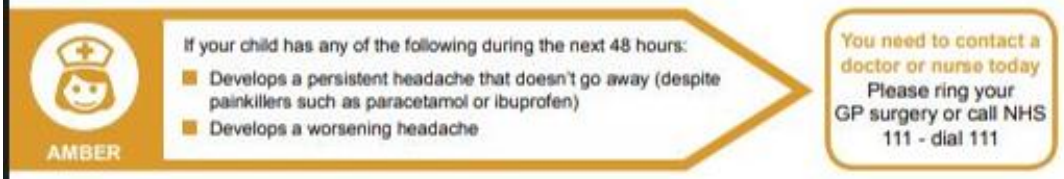
Call home made Yes ☐ No ☐ Class teacher informed Yes ☐ No ☐

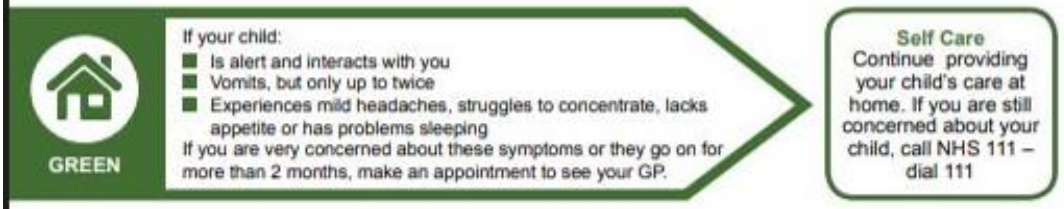
Head Injury Advice Sheet

Advice for parents and carers of children

How is your child?







How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

Notification to Parents of a pupil requiring after care

Child's Name_____ Class _____

Your child has sustained the following injury during school time:

_____

_____

_____

_____

Brief details of how the injury was sustained:

_____

_____

_____

_____

Treatment given:

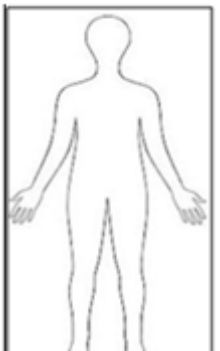
_____

_____

_____

Please use body diagram to indicate area of injury

Front	
Back	



Please note: All cuts should be re-dressed as soon as possible

Treated by: _____

Date: _____ Time: _____

Passed to (Name of Office Staff Member) _____

Call home made Yes ☐ No ☐ Class teacher informed Yes ☐ No ☐