






## EMERGE SCHOOL

# First Aid and Medication Policy 2025 - 2026

 **Our Vision:** *A culture rooted in safety, where people feel seen, heard, included, and connected through authentic relationships.*

 **Our Mission:** *To create a safe and nurturing environment where everyone feels a sense of belonging, is empowered in their growth and learning, and is encouraged to embrace who they are and who they aspire to become.*

 **Our Values:** *At Emerge School, our values are the foundation of who we are, how we work, and what we believe in. They shape how we support young people and how we support each other.*

We are proud to uphold these four core values:



**Voice:** *empowering every voice to speak, shape and be heard*



**Connection:** *rooted in relationships, thriving through authenticity*



**Growth:** *evolving with purpose, innovating with heart*



**Inclusion:** *where every story begins, and every person matters*

Excel & Emerge Care was created to give children and young people with complex needs a safe, supportive place to grow and heal. Through residential care, education, and therapeutic support, we build stability, trust, and a future where children and young people can truly flourish

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### 1. INTRODUCTION AND GENERAL PRINCIPLES

The staff at Emerge are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions, allowing them full access to education, including school trips and physical education. This policy is designed to ensure that adequate first aid provision and medical care provision, including the management of medication, is in place within our school to support individual pupils and/or staff members with medical needs. This policy complies with DfE statutory guidance for “Supporting pupils at school with medical conditions” and guidance provided by The Human Medicines Regulations with regards to emergency inhalers and adrenaline auto-injector devices.

### 2. AIMS

To provide a clear policy that is understood and accepted by all staff, parents/carers and children, providing a sound basis for ensuring that children with medical needs receive proper care and support within the school, and that for such children attendance is as regular as possible. The policy

of Emerge is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education.

The policy includes:

- A clear statement of parental responsibilities in respect of medicines.
- Roles and responsibilities of staff administering medicines or first aid.
- Identification of areas designated for medical and first aid care.
- Procedures for managing prescription medicines which need to be taken in the academy day.
- Procedures for managing prescription medicines on outings and trips.
- Written permissions from parents/ carers for medicines.
- Circumstances in which children may take non-prescription medicines.
- Assisting children with long term medical needs.
- Staff training, including the identification of trained staff.
- Record keeping.
- Safe storage of medicines.
- The school's emergency procedures.
- Risk assessment and management procedures.
- Management of medical conditions.

### **3. RESPONSIBILITIES**

#### Parent and guardians

- Parents or guardians have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed. This includes injuries causing broken bones etc where there is a need for reasonable adjustments within school.
- If their child has a more complex medical condition, they should work with the Inclusion Lead or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carer's responsibility to make sure that their child is well enough to attend school.

#### School Staff

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so.
- Although administering medicines is not part of the teachers' or support staff's professional duties, they should consider the needs of pupils with medical conditions that they teach/support.
- School staff will receive sufficient and suitable training from appropriate external providers and achieve a necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- Staff members who conduct medical procedures will be fully covered by the school's public liability insurance document in accordance with "Supporting pupils at school with medical conditions."
- The Senior Leadership Team and the Board of Directors will ensure that the policy is developed and effectively implemented with partners, including ensuring staff awareness of the policy and understanding of their roles.
- The Directors will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- All staff must familiarise themselves with the information held in the medical file of the class that they are teaching/ supporting.
- All staff must report all incidents or accidents to the relevant class teacher and complete appropriate accident records, e.g. slips or forms and log onto CPOMs.

#### Senior Leadership Team

- The school has a named lead for Safeguarding and a subsequent Safeguarding team.
- SLT must ensure that the policy and training of staff meet the needs of children.
- SLT are responsible for ensuring that sufficient staff have received suitable training before taking on the responsibility of looking after children with specific medical conditions.
- SLT ensures that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

## **4. STRATEGY – IDENTIFICATION AND AWARENESS**

Parents/ carers must inform the school of any medical condition of their child that may be a cause for concern, including injuries or fractured/broken bones where reasonable adjustments are required.

- When the school receives medical confirmation, from a health professional, regarding the condition, then a meeting will be held with parents/carers and the Inclusion Lead and/or class teacher/ key worker to develop the health care plan and/or a risk assessment.
- Medical lists will be updated regularly.
- School staff must be suitably trained in identifying pupils where a medical condition may be developing.
- School staff must report any concerns they have on the medical welfare of any pupil and share this information with all relevant parties, including the information in the medical file stored in each classroom.

## **5. STAFF TRAINING**

The school holds training on common medical conditions in line with the advice in 'Supporting pupils at school with medical conditions' (December 2015). All nominated personnel will undertake training in first aid, administration of medicines and awareness of medical problems in pupils and a record of trained personnel is kept online.

- A log of staff training is kept in the school office and reviewed to ensure that training is current and in date.
- Specialist staff training is provided to support the administration of emergency medications such as Epi-pens or insulin if it is identified during the development of an individual healthcare plan that this is needed.

- Staff will receive support from medical professionals until they are trained to deal with the medical need.
- Only staff who have received relevant training should administer medication.
- Training is reviewed regularly and updated as necessary through appropriate external services, e.g. NHS, St John Ambulance etc.

## **6. ADMINISTRATION OF MEDICINES**

### PRESCRIBED MEDICINES

In normal circumstances it is assumed parents/ carers will administer the majority of medicine doses in the home. If medicine is needed to be taken DURING the school day then.

- Medications prescribed 'four times a day' will be administered and witnessed by school staff following the completion of a short-term Individual Health Care Plan.
- All prescribed medicines must be signed in and out via the school office (Appendix 2)
- Prescribed medicines should only be brought into the 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.
- Medicines prescribed 'three times a day' should be administered "before the start of the day, at the end of the day and at night".) In extreme cases, this can be discussed with the Headteacher. However, parents and carers are all permitted to attend the school to administer medication if they so desire.
- The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage. It is not usual to administer prescribed Calpol unless for the purpose of a long-term medical need.

### NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission from parents/ carers in extreme circumstances such as residential trips or day trips, e.g. travel sickness medication. Staff will check the medicine has previously been administered without adverse effect and a short term Individual Healthcare Plan (see Appendix 3) must be completed.

### ADMINISTERING MEDICINES

The school recognises that no child under 16 should be given medicines without their parent's/ carer's written consent.

- Following written consent using an Individual Healthcare plan, any member of staff administering medicines to a pupil should check:
  - The child's name.
  - Name of medication.
  - The prescribed dose.
  - Expiry date.
  - Written instructions provided by the prescriber on the label or container.
  - That administering of medicine is witnessed-two people to be present.
- If in doubt about any procedure, staff will check with parents/carers or a health professional before taking further action.

- Where staff are administering prescribed medicines, they will follow the flow chart detailed in Appendix 1. 6
- A written record must be kept following administration of medicines to pupils, using the medication record form (see Appendix 2). This must be countersigned by the staff member witnessing the administering of medication.
- If a child refuses to take a medicine, staff will not force them to do so but will record this and parents/carers will be notified of the refusal.
- If due to reasons beyond the school's control medication is not administered at the agreed time, it will be administered as soon as possible.

## **7. LONG-TERM MEDICAL NEEDS**

Where a pupil has a chronic illness, medical or potentially life-threatening condition, the school will initiate a long-term health care plan (see Appendix 3) to meet individual needs and support the pupil using the flowchart to support (see Appendix 5).

This will be drawn up by health care professionals in consultation with the child's parents or carers and will contain the following information:

- o Definition and details of the condition.
- o Special requirements e.g. dietary needs, pre-activity precautions.
- o Treatment and medication.
- o What action to take/not to take in an emergency.
- o Who to contact in an emergency.
- o Staff training where required.
- o The role the staff can play.
- o Consent and agreement.

## **8. RECORD KEEPING**

Parents/carers should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions.

- Medication should be signed into the school by school staff and signed out by parents/carers on the collection of their child. (Appendix 1 – Flowchart) using the Weekly Medication Checklist (Appendix 2)
- Requests for staff to administer medication should be written on Individual Healthcare plans.
- Individual Healthcare Plans **MUST BE SIGNED** by school staff and parents/carers on completion.
  - o Completed forms should be uploaded to CPOMs and kept in the class medical folder and referred to when administering medication.
- Requests for updated medical conditions including asthma, are distributed to parents/carers at the beginning of each academic year, these are collated by the Inclusion Lead (SENCO) and registered and recorded in each class medical folder and in whole school medical records. All staff have access to this information and actions to take in an emergency.
- Children with food allergies have their photographs and details displayed in the medical folder to be seen by all staff to ensure that food products are safe for children.
- Any minor incidents or injuries are recorded using a duplicate book which is kept in the First Aid cupboard.

- Head bumps are also recorded using a slip and a copy sent home to parents/ uploaded to Class Dojo and CPOMS.
- Serious head and other injuries are recorded using the Local Authority Accident Report Form, the incident logged on CPOMS and the Headteacher and parents/carers are informed.

## **9. REPORTING**

Parents/carers are to be informed of all accidents (written form sent home and/or verbal explanation).

- In the event of head injuries, where staff feel it appropriate, parents/carers will be contacted and written form sent home.
- Any serious injuries or those that require hospital attention are to be recorded on the Local Authority Accident Report Form by the person witnessing the incident, which is available from the SLT office and sent to the Local Authority within twenty four hours of the accident by school staff. These are also to be logged onto CPOMS and the Headteacher alerted.

## **10. STORING MEDICINES**

Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.

- Non-emergency prescribed medication is stored with the short-term Individual Healthcare plan in the designated medical space/ medical folder.
- Controlled drugs should be stored behind two locked cupboards
- Medication requiring refrigeration is stored in the designated medical space fridge.
- Emergency medications such as Epi-pens and asthma inhalers should be readily available and clearly labelled in the class teacher's cupboard and children should know where their medicines are stored; they should not be locked away. Parents/carers are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The Inclusion Lead will also check medication expiry dates half termly.

## **11. DISPOSAL OF MEDICINES**

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal, they should also collect medicines held at the end of each academic year.

- Any medicines that have not been collected should be taken to a local pharmacy for safe disposal by the Inclusion Lead.
- Sharps boxes should always be used for the safe disposal of needles. Parents/carers should obtain these from their child's GP and return to a pharmacy for safe disposal or arrangements should be made with the school Inclusion Lead in the case of failure to collect.

## **12. RISK ASSESSMENTS**

Where an individual risk assessment is deemed necessary for a medical need, e.g. following a broken bone, where a child has a cast or experiences epileptic seizures these will be developed in collaboration with parents/carers and any other external health agencies by the school staff, including class teacher/Inclusion Lead where appropriate. A standard risk assessment format will be used by all staff (see Appendix 6)

## **13. ACCIDENTS AND EMERGENCY PROCEDURES**

All incidents and injuries are dealt with by designated First Aiders who have received appropriate training in the procedures when dealing with a medical emergency.

- In the event of a medical incident, such as asthma or anaphylactic shock, there will be school staff trained in supporting this need in line with relevant care plans. Should this be a 'first time occurrence' the emergency procedure flowchart would be followed (Appendix 7, 7a, 7b)
- Where a parent is telephoned to make them aware of an accident (non-emergency) this is to be done by staff.
- All staff are aware of pupils with a health care plan and understand the need to follow agreed emergency support.
- All staff know how to call the emergency services.
- In the event of an emergency, every effort will be made to contact a parent/carer so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent/carer arrives. Health care professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- Accidents that occur off the school premises will be recorded on the venue accident form during the visit and on school-based records upon return.

## **14. INTIMATE CARE**

In the event of an injury/soreness in an area of the body that could be described as intimate, two or more first aiders must be present for the examination/first aid procedure. Where intimate care is provided all reasonable steps will be taken to ensure the safety and dignity of the child and the staff member providing the care. All appropriate training will be completed in advance of any care being completed and appropriate care plans and records will be implemented.

## **15. EDUCATIONAL VISITS**

The school actively encourages children with medical needs to participate in trips and visits.

- Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits.
- Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils.

- Additional staff/adults will be considered for this purpose.
- Prescribed medication will be administered, providing parents/carers have completed an Individual Healthcare plan. Accompanying staff will be aware of any medical needs and relevant emergency procedures.
- A copy of health care plans will be taken on all visits as well as emergency medication that may be required.
- Prior to an overnight school trip, parents/carers must complete an up-to-date medical questionnaire about pupil's current general health and medication.
- Prior to an overnight school trip, parents/carers are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol, analgesia or paracetamol (for upper KS2/KS3) if required. Where this is refused, parents/carers are requested to discuss alternative support measures with staff.

## **16.ABSENCE**

Our school has a designated Inclusion Lead responsible for dealing with pupils who are unable to go to school because of medical needs.

Parents/carers should let the local authority know if their child will be or is likely to be away from school for more than 15 working days.

School staff will:

- Supply the person who will help provide education for your child with information about their needs, capabilities and a programme of work.
- Provide support to help them reintegrate into the academy after an illness.
- Ensure that they are kept informed about academy social events and extra-curricular clubs.

## **17.MEDICAL CONDITIONS**

### **ASTHMA**

The school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

- Parents/carers have a duty to inform staff if their child is asthmatic and an asthma care plan (see appendix 4b) will be developed with support from health care professionals.
- Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the teacher's cupboard and accompany the child if they are educated outside the school premises.
- Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required, and the pupil may need support to use this.
- Where a child has exercise induced asthma, they will take their reliever inhaler 10 minutes before exercise and then commence with gentle warm up exercises. The trigger of exercise will be recorded on the asthma care plan.
- A record sheet to record the frequency of an inhaler use can be found in each class medical folder. This will be completed for all pupils (see appendix 8).
- Parents should be notified when a child has used an inhaler using the notification letter online communication app. (See Appendix 9).
- Pupils with asthma are listed in the Asthma Register, found in class medical folders.

In 'severe' cases (as identified on care plan), inhalers should always be in the immediate vicinity of the child e.g. dinner hall, playground, assembly hall.

### **Emergency Salbutamol Inhaler**

From 1st October 2014 the Human Medicines Regulations 2014 allows schools/academies to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler will ONLY be used by children, for whom written parental consent for use of the emergency inhaler has been given and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will only be used if the pupil's inhaler is not available, for example, because it is empty or broken.

The inhaler and spacers will be clearly labelled and stored in the medical area along with:

- A list of children with parental consent for emergency inhaler use. (Parental Consent for emergency inhaler (Appendix 4b) will be stored in the class medical file.
- Asthma Emergency letter (Appendix 9), which will be sent home in the case of use.
- School Emergency inhaler usage logbook (Appendix 10), kept with the inhaler – Staff must record usage.
- Staff must also record the usage in the main asthma register located in the child's base class stating that it is the school's emergency inhaler that has been used.

**TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED AND MUST BE SENT HOME WITH THE CHILD (FOR FUTURE PERSONAL USE)- school nurse advises that emergency inhaler can be re-used if initially used with a spacer**

Inclusion Lead (SENCO) is responsible for ensuring that:

- Inhalers are checked half termly for expiry date – parents/carers are responsible in ensuring that medication is replaced within expiration date.
- Replacement inhalers are obtained before the expiry date.
- Replacement spacers are re-ordered and replaced after each use.
- Overseeing that the emergency inhaler is cleaned.
- Empty or out of date Inhalers are disposed of at the local pharmacy.

All Staff responsibilities:

- The blue plastic inhaler 'housing' is cleaned, dried and returned to the designated medical area.
- Inform the Inclusion Lead when the spacer is used so that a new one can be ordered.
- Completing the School Emergency Inhaler Usage Logbook (Appendix 10)
- Staff must also record the usage in the Asthma Register located in the child's base class, stating that it is the school's emergency inhaler that has been used.
- Taking an emergency inhaler on academy trips if asthmatic children are attending.

### **HEAD INJURIES**

Pupils who sustain a head injury MUST be reviewed by a First Aider.

- If a pupil has a visible wound, swelling or adverse reaction, parents/carers will be informed and are welcome to assess their child personally.
- Where there are no residual effects, the pupil can remain in the school whilst being observed by all supervising/responsible staff.

- Where possible, a head injury advice sheet may be sent home with the routine accident record slip (see Appendix 11).

### **EPILEPSY, ANAPHYLAXIS AND DIABETES**

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support, they may require during the school day.

- Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment.
- An individual health care plan will usually be compiled, detailing the course of action to be taken (see Appendix 4a – Epilepsy and 4c – Anaphylaxis).

### **EMERGENCY ADRENALINE AUTO-INJECTOR DEVICES**

From October 2017, the Human Medicines Regulations 2017 allows schools in England to purchase adrenaline auto-injector (AAI) devices without a prescription for use on children who are at risk of anaphylaxis.

An emergency adrenaline auto-injector device will ONLY be purchased where there is an identified need, as it is not a requirement in schools. The emergency device will ONLY be used by children with a current diagnosis for whom written parental consent for use of the emergency device has been given (see Appendix 13) and who have a prescribed device.

The emergency device will only be used if the pupil's own personal device is not available or not working and will be clearly labelled and stored in an emergency anaphylaxis kit, which includes the following:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturers information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

The emergency anaphylaxis kit will not be locked away and will be stored in an appropriate central location dependent on the location of the child within the school.

#### **Inclusion Lead is responsible for ensuring that:**

- Emergency devices are checked and recorded.
- Dispose of the device after use, following manufacturers guidelines, via a sharps bin or through attending paramedics.
- Replacement devices are obtained before the expiry date and following use of the device.
- To maintain a training log and ensure that all training is renewed prior to expiry.

#### **All trained staff responsibilities:**

- Training is attained and maintained as current.

- Inform the Inclusion Lead if the device has been used or there are any issues with the device/kit.
- Completing the school emergency AAI device usage logbook.
- Staff must also record the usage in the emergency medication log (see Appendix 14) and the personal log kept in the class medical file, stating that it is the emergency device that has been used.
- Taking an emergency device on academy trips where identified children are attending.

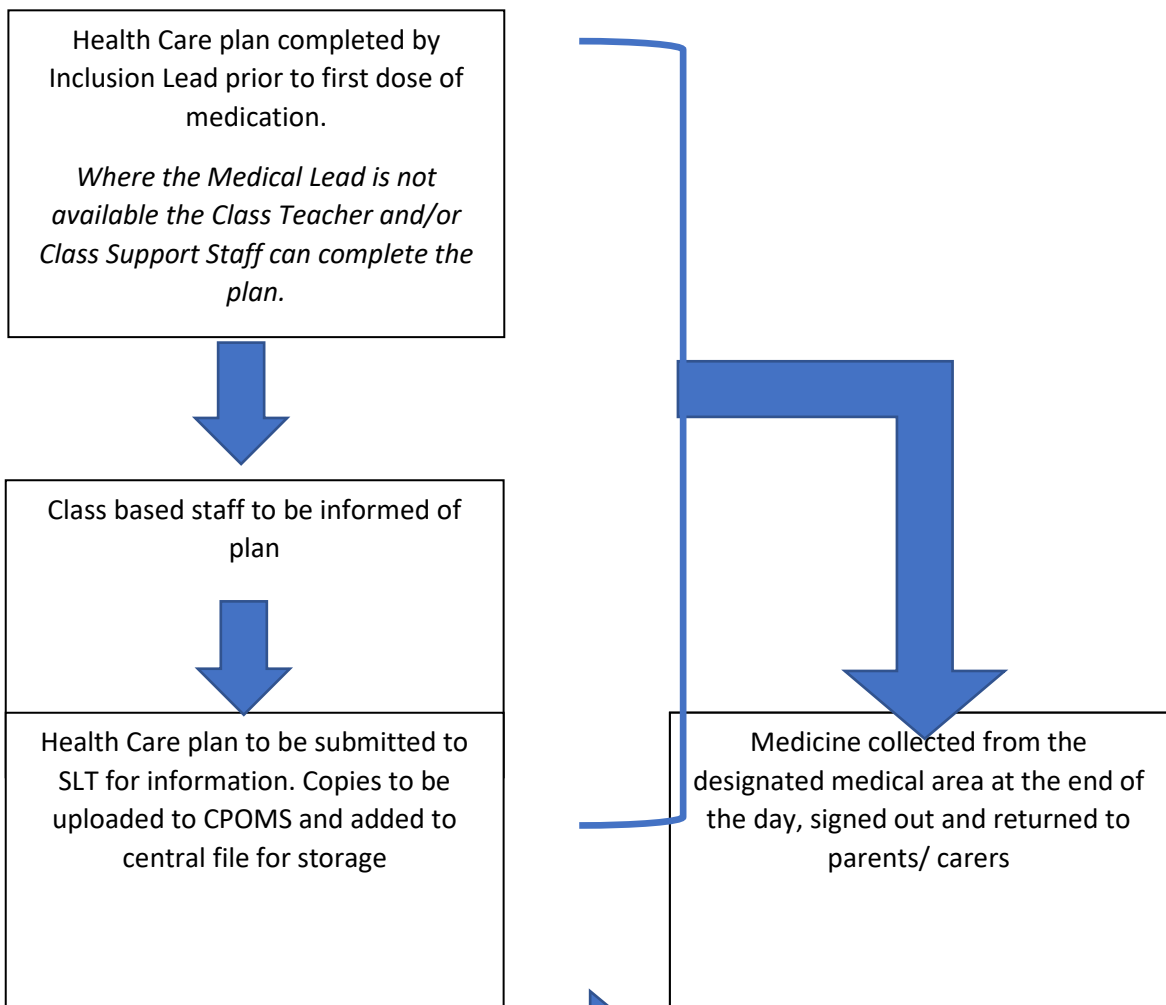
**ALLERGIES (FOOD AND OTHER)**

Parents/carers have a duty and responsibility to notify the school if their child has any allergies and share medical documentation regarding to any diagnosis and/or treatment.

- Information will be shared with all staff within the school to ensure that the child does not come into contact with any triggers.
- An individual health care plan will usually be compiled in any case where medication would be required.

**18.APPENDICES**

Appendix 1 – FLOW CHART FOR ADMINISTERING MEDICATION





Appendix 2

## WEEKLY MEDICATION CHECKLIST

<b>CHILD'S NAME:</b>		
<b>WEEK COMMENCING:</b>		
Please record any medication brought into the school in the table below.		
<u>MEDICATION:</u>	<u>SIGNED IN: (Initial and Date)</u>	<u>SIGNED OUT: (Initial and Date)</u>

Appendix 3



## DAILY RECORD OF MEDICATION ADMINISTERED

<b>CHILD'S NAME:</b>						
Please record when medication is administered in the table below.						
DATE:	TIME:	MEDICATION:	DOSAGE:	NAME AND SIGNATURE:	WITNESSED BY: (Name & Sign)	INFORMATION SHARED WITH PARENTS/CARERS:



## MISSED MEDICATION RECORD

<b>CHILD'S NAME:</b>						
<b>Please record when medication has been missed in the table below.</b>						
DATE:	TIME:	MEDICATION:	DOSAGE MISSED:	IMPACT OF MISSING DOSAGE:	NAME AND SIGNATURE:	INFORMATION SHARED WITH PARENTS/CARERS:

Appendix 4

**Individual LONG\*/ SHORT\* Term Healthcare Plan (\*DELETE ONE)**

Name: ..... Date of Birth: .....

Parental contact number: .....

Medical condition: .....

Symptoms: .....

Possible triggers: .....

Usual procedure following symptom: .....

Prescribed medication: .....

Expiry date: .....

Side effects: .....

Dosage required/timing: .....

Where medication is stored: .....

Member of staff responsible for replenishment of medication: .....

Staff trained to give medication: i) .....

ii) .....

iii) .....

Member of staff responsible for Home/School liaison: .....

Emergency procedure if symptoms lasts for more than ..... minutes.

1. Member of staff to stay with to ensure safety.
2. Quietly clear the classroom/area of students if you think this is necessary.
3. If needed, telephone 999, ask for Ambulance Service, give name of student, address and phone number of school.
4. Telephone parents.
5. Inform Headteacher and Deputy Head.
6. Stay with ..... until ambulance arrives.
7. If parents/carers have not arrived by this time a member of staff will accompany ..... to the hospital in the ambulance

Parent/Carer Signature: ..... Date: .....

School Signature: ..... Date: .....

Appendix 4a

**Individual Health Care Plan EPILEPSY**

Name: ..... Date of Birth: .....

Parental contact number: .....

Type of seizure/s experienced: .....

Symptoms: .....

Possible triggers: .....

Usual procedure following seizure: .....

Prescribed anti-epileptic medication: .....

Expiry date: .....

Side effects: .....

Where medication is stored: .....

Member of staff responsible for replenishment of medication: .....

Staff trained to give medication: i) .....

ii) .....

iii) .....

Member of staff responsible for Home/School liaison: .....

Emergency procedure if seizure lasts for more than ..... minutes.

1. Member of staff to stay with ..... to ensure safety.
2. Quietly clear the classroom/area of students if you think this is necessary.
3. Trained member of staff (see above) to give rectal diazepam/buccal midazolam with witness of same sex present (if possible).
4. If needed, telephone 999, ask for Ambulance Service, give name of student, address and phone number of school.
5. Telephone parents.
6. Inform Headteacher and Deputy Head
7. Stay with ..... until ambulance arrives.
8. If parents/carers have not arrived by this time, a member of staff will accompany ..... to the hospital in the ambulance.
9. Fill in seizure record form for the student file and send copy to parents/GP.

Parent/Carer Signature: ..... Date: .....

School Signature: ..... Date: .....

## CARE PLAN

This care plan needs to be reviewed once a year or sooner if there are any changes. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with school policy.

<b>Child's Name:</b>		<b>Emergency Contact:</b>	
<b>Date of Birth:</b>		<b>Medication: Expiry Date:</b>	
<b>What signs show that your child needs their inhaler?</b>			
<b>Does your child tell you when he/she needs medicine?</b>		<b>What are your child's triggers (things that make their asthma worse)? Please tick</b>	
Yes	No		
<b>Does your child need help taking his/her medicines?</b>		Exercise / weather – <i>if exercise or weather are a trigger you can have 2 puffs prior to PE or outdoor activity.</i>	
Yes	No		
Other:			
Asthma Control:			
<b>Stage 1: Well controlled.</b>	No emergency inhaler needed.		
<b>Stage 2: first signs of symptoms like: cough, wheeze, shortness of breath.</b>	Give 2 – 4 puffs with spacer.	Allow 5 minutes after first 2 puffs for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 3.	
<b>Stage 3: Asthma attack. Worsening symptoms than in stage 2. Contact parents/carers and recommend a medical review needed.</b>	Give 6-8 puffs with spacer.	Allow 5 minutes for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 4.	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.
<b>Stage 4: Severe Asthma attack. Symptoms not improving.</b>	<b>EMERGENCY</b> Give 10 puffs. With spacer.	You must call 999. After the 10 puffs, One further puff can be given every minute until help arrives.	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.
<b><u>Emergency reliever inhaler</u></b>			

If the school holds an emergency inhaler and spacer, I give permission for my child to use this should their own inhaler not be available.

Parents/ carers signature /date:

School signature/date:

School /LAC Nurse signature/ date:

## ASTHMA CARE PLAN AND MEDICATION: CONSENT

If your child has been diagnosed with asthma and has been prescribed reliever therapy (Blue inhaler) please complete the first part of this form which gives your consent for academy staff to give this if required.

I hereby give my consent for academy staff to give my child reliever therapy for the treatment of an asthma attack/prior to PE if required. I understand that I will be informed when treatment has been given other than for routine treatment by my request.

Name of child: .....

Date of birth: .....

Name of Inhaler: ..... Number of Puffs: .....

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If your child has an asthma attack, the school's emergency procedure will be followed.

A copy of your child's academy asthma care plan will be sent to you.

*Please ensure that your child has a **SPARE reliever inhaler and spacer** kept in the school and that your child's inhaler is within its **expiry date**.*

*If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections please contact your School /LAC Nurse.*



Appendix 4c

**Individual Health Care Plan ANAPHYLAXIS**

Name: ..... Date of Birth: .....

Parental contact number: .....

Allergies/Triggers: \_\_\_\_\_

Possible early signs/symptoms: .....

Usual procedure following reaction:.....

Prescribed medication: .....

Expiry date: .....

Side effects: .....

Where medication is stored: .....

Member of staff responsible for replenishment of medication: .....

Staff trained to give medication: i) .....

ii).....

iii) .....

Member of staff responsible for Home/School liaison: .....

Emergency procedure.

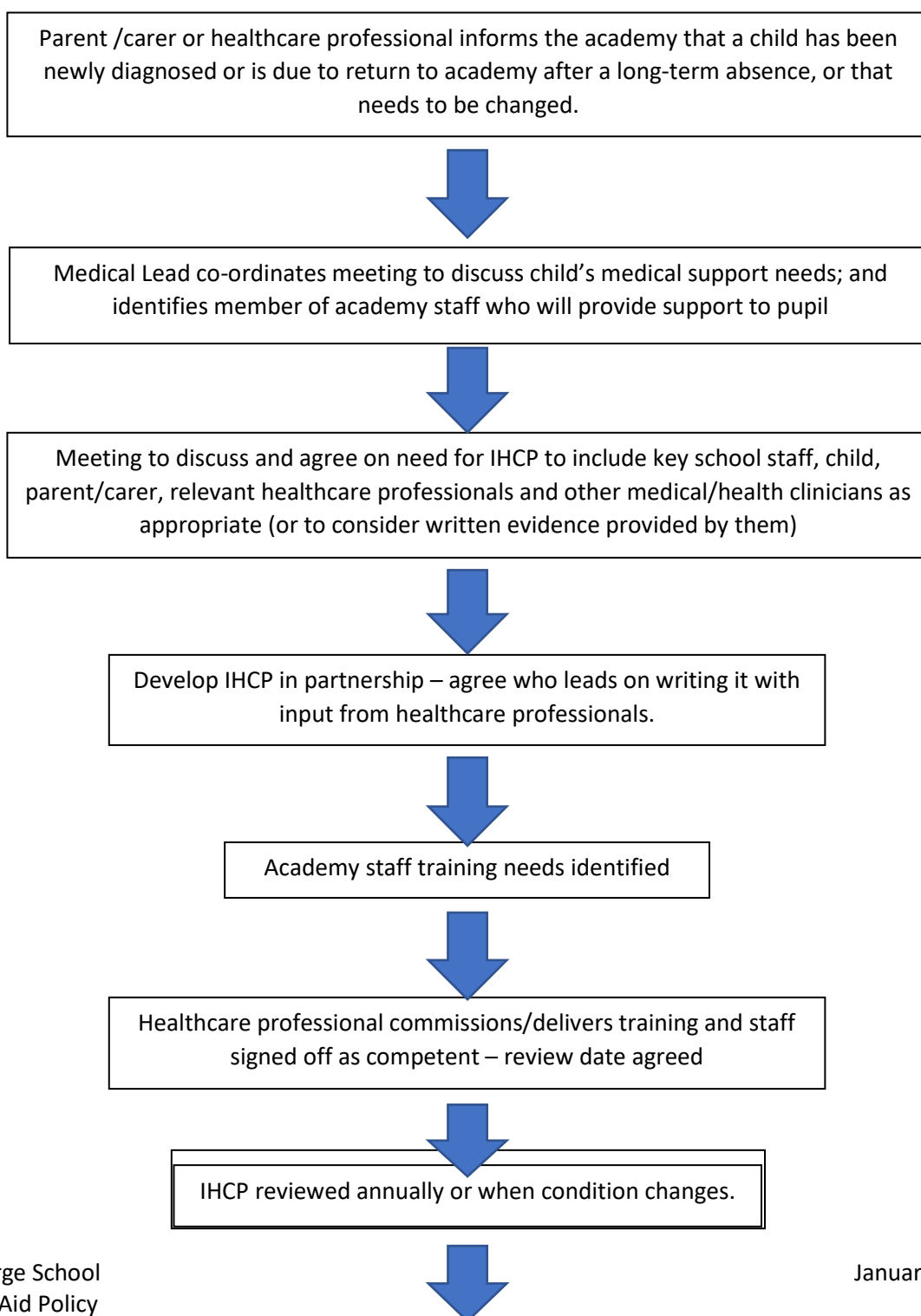
1. Member of staff to stay with ..... to ensure safety.
2. Quietly clear the classroom/area of students if you think this is necessary.
3. Trained member of staff (see above) to give adrenaline auto-injector.
4. Telephone 999, ask for Ambulance Service, give name of student, address and phone number of school.

Parent/Carer Signature: ..... Date: .....

School Signature: ..... Date: .....

Appendix 5

## FLOW CHART FOR DEVELOPING INDIVIDUAL HEALTH CARE PLANS

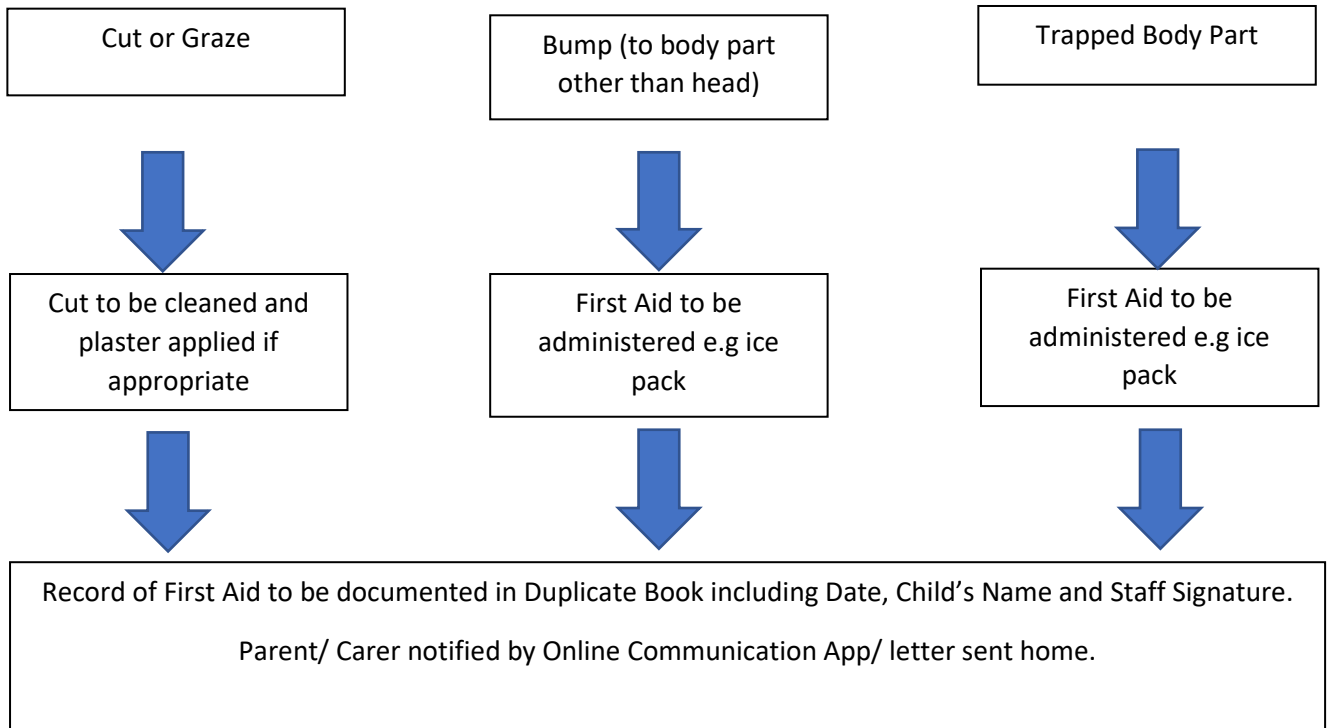


## RISK ASSESSMENT

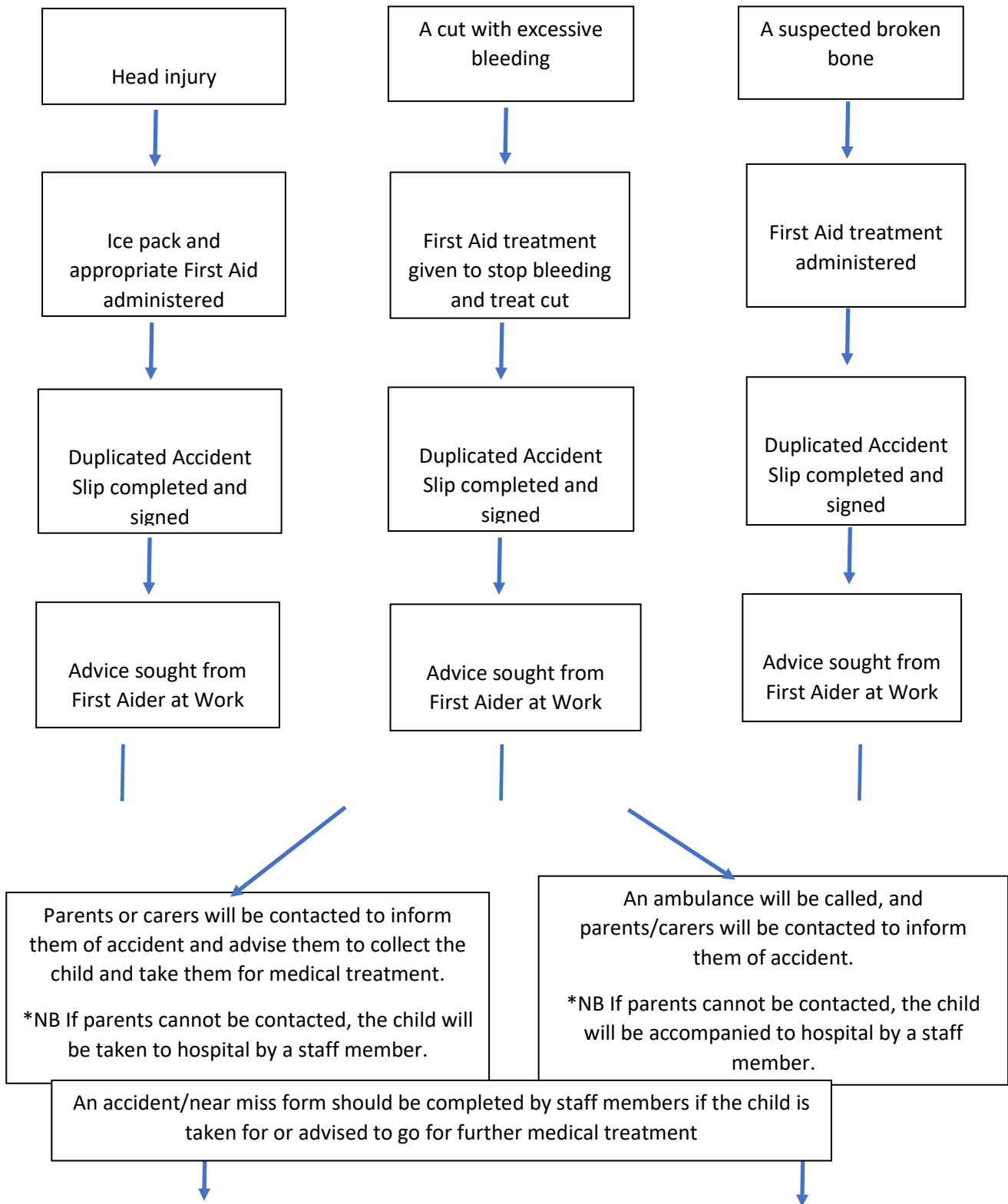
Directorate & Team: Emerge School						Completed By: D.Clowes & Diane Laing			Date: Review Date:		
Activity Workplace: Broken Hand - ABC					Manager: I. Scragg						
Hazard		Initial risk			Action plan			Residual risk			
Details of hazard	Who is affected and how?	Likelihood	Consequence	Risk L/M/H	What controls are already in place	Further action required	By whom	By when	Likelihood	Consequence	Risk L/M/H
Injury caused by slip, trip or fall	ABC	2	3	Med 6	<ul style="list-style-type: none"> <li>CHILD to abstain from PE for remainder of the half term.</li> <li>CHILD to be able to go outside with adult supervision and with a classroom buddy.</li> <li>CHILD to abstain from using any games/ sports/ outdoor equipment</li> </ul>	SLT to discuss with class teacher and support staff to alert them to CHILD's condition and share RA.  CHILD'S carer will be taking CHILD to Hand Clinic on 11.11.22 – more info to follow	DC/DL				
Injury caused to another child through accidental contact with the cast	All children	2	2	Low 4	<ul style="list-style-type: none"> <li>CHILD to have a safety talk – no running around, keeping arms low etc.</li> <li>CHILD to be able to go outside with adult supervision and with a classroom buddy.</li> <li>CHILD to abstain from using any games/ sports/ outdoor equipment</li> <li>CHILD to abstain from PE for remainder of the half term.</li> </ul>	SLT to discuss with class teacher and support staff to alert them to CHILD's condition and share RA.  CHILD'S carer will be taking CHILD to Hand Clinic on 11.11.22 – more info to follow	DC/DL				
Inability to eat due to positioning of cast	ABC	5	2	High 10	<ul style="list-style-type: none"> <li>During lunchtime, staff to assist with cutting up food and putting food on cutlery if needed.</li> <li>CHILD to be encouraged to use their hands where appropriate (sandwiches/ pizza etc)</li> </ul>	SLT to discuss with class teacher and support staff to alert them to CHILD's condition and share RA.  DL to ensure CHILD has a buddy	DC/DL				
Inability to wash hands properly	ABC	5	2	High 10	<ul style="list-style-type: none"> <li>CHILD to be supported when washing hands to ensure they can wash their fingers.</li> <li>CHILD to use wipes/ hand sanitiser if appropriate</li> </ul>	SLT to discuss with class teacher and support staff to alert them to CHILD's condition and share RA.  DL to ensure CHILD has a buddy	DC/DL				

Appendix 7

### EMERGENCY PROCEDURE FLOW CHART



Appendix 7a



Appendix 7b

## ASTHMA ATTACK

In normal class circumstances the child should be given their normal treatment (as per Medical Care Plan) When the child is not in their classroom, their inhaler will be available to them.



Parents/carers should be informed at the end of the day



If the attack is severe an ambulance should be called (999) and parents/carers should be contacted immediately.

Appendix 8

## INHALER USAGE RECORD SHEET

**Child's Name:** \_\_\_\_\_

Date:	Time:	Activity:	Number of Puffs:	Signed:	Information shared with parents/ carers (letter)

Appendix 9

## PARENTAL LETTER

Date:

Dear parent/guardian of: .....

Your child has had problems with his/her breathing today which has required the use of their **own inhaler/school's emergency inhaler**. (delete as appropriate)

Since this may indicate your child's asthma is not well controlled at this time, you are strongly advised to see your own doctor or practice nurse as soon as possible. If your child needs to use their reliever medication 3 times a week or more, seek a medical review.

Date:	Time:	Number of Puffs:	Where/ Activity: (e.g classroom/PE)	Given by:

Yours sincerely,

If your child needed to use the school emergency inhaler, would you please ensure they have their own labelled inhaler and spacer in school.

**If your child is needing to use their reliever inhaler more than 4 hourly, please seek an urgent medical review.**



Appendix 11

## HEAD INJURY GUIDANCE FOR PARENTS/CARERS



### Head injury observation instructions for parents and guardians

Following a head injury, you should keep your child under adult supervision for the next 24 hours. If any concern arises that he/she is developing a problem, please seek advice from your GP or the Emergency Department.

#### **The signs that you should look out for are:**

- If your child becomes unusually sleepy or is hard to wake up.
- Headache all the time, despite painkillers.
- Repeated vomiting.
- Weakness of arms or legs, e.g. unable to hold things.
- Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- Confusion (not knowing where he/she is, getting things muddled up).
- Fluid or blood coming from ear or nose.
- Fits (convulsions or seizures)
- Any other abnormal behaviour.

**Your child should be allowed to sleep as normal. We would encourage you to arrange to observe him/her on a couple of occasions overnight to check:**

- Does he/she appear to be breathing normally?
- Is he/she sleeping in a normal posture?
- Does he/she make the expected response when you rouse him/her gently? (e.g. pulling up sheets, cuddling teddy-bear)

***If you cannot satisfy yourself that your child is sleeping normally, he/she should be wakened fully to be checked. If you are concerned about any of the above or have any other worries, please contact UHNS Emergency Department***

Appendix 12

## PERSONAL AAI USAGE RECORD SHEET

### Adrenaline Auto-Injector Device Record

**Child's Name:** \_\_\_\_\_

Date:	Time:	Trigger:	Serial Number:	Signed/ Witness:	Information shared with parents/ carers (letter)

Appendix 13

## EMERGENCY AAI DEVICE CONSENT

### Use of emergency adrenaline auto-injector device at Emerge School

#### Child showing symptoms of anaphylaxis

I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector (AAI) device.

My child has a working, in-date AAI device, clearly labelled with their name, which will be kept in school.

In the event of my child displaying symptoms of anaphylaxis, and if their AAI device is not available or is unusable, **I consent** for my child to receive the school adrenaline auto-injector (AAI) device held by the school for such emergencies.

Child's name: ..... Class: .....

Parent/Carer with parental responsibility Name (PRINT):  
.....

Signed: ..... Date: .....

Parent/ Carer's address:  
.....  
.....

Contact Telephone number: .....

Appendix 14

## SCHOOL EMERGENCY ADRENALINE AUTO-INJECTOR DEVICE USAGE LOG

Child's Name:	Date/ Time:	Trigger:	Serial Number:	First Aider Name/ Witness:	Letter Home:	Class Medical File Completed:

## Appendix 15

Record of all medication stored in school – weekly audit.

Name of auditor

Date of Audit

<u>Medication name</u>	<u>Dosage to be administered</u>	<u>Child to be administered to</u>	<u>Date signed in</u>	<u>Expiry date</u>	<u>Date disposed off safely or returned to parent.</u>	<u>Notes</u>

Review Date	<b>September 2025</b>
Reviewed By	Danielle Clowes & Andy Gould
Next Review	<b>September 2027</b>
Summary of Changes	First Edition February 2025- Deputy Headteachers details updated. Sept 25 Updated appendix 15 to include medication audit and Headteacher details. <b>January 2026</b> – Approved by Headteacher- Sarah Mason

**Approved by:**



**Head Teacher:**

**Date: 06.01.2026**