

First Aid and Managing Medicines Policy



Approved by:	Board of Directors	November 2020
Signed by:	Chair of Directors	November 2020
Written by:	Alison Gallagher, SENDCo	October 2020

FIRST AID and MANAGING MEDICINES POLICY

First Aid can save lives and prevent minor injuries becoming major ones

This Policy should be read in conjunction with Fairfield High School Health and Safety and Safeguarding Policies

Rationale

- To ensure an effective response to injuries and sudden illness in students and staff.
- To ensure students and staff on regular medication, or with chronic conditions, are supported whilst in school.

Aims and Objectives

- To ensure there are sufficient trained First Aiders who can give immediate help to casualties with common injuries or illnesses and, where necessary, ensure that an ambulance or other professional medical help is called. (See Appendix 1 – Calling the emergency services).
- To ensure First Aiders renew their First Aid at Work (FAW) certificates every three years with a refresher course. Should the First Aid certificate lapse, then the member of staff will have to attend a complete course to regain their full certificate.
- To provide First Aid equipment and provision in accordance with Health & Safety recommendations.
- To ensure that all staff are aware of the appointed First Aiders (see Appendix 2).
- To ensure all staff are aware of correct reporting and recording procedures relating to accidents (See Appendix 3 (RIDDOR) and Appendix 4 (COSHH)).
- To ensure students and staff on regular medication, or with chronic conditions, are treated and medicated appropriately whilst in school.

Guidelines

- The Appointed Person in charge of First Aid and Managing Medicines is Jackie Trietline (JT), with Cheryl Harley (CH) and Sharon Smith (SS) as deputies.
- JT will be in charge of ordering and maintaining stock and maintaining medical files, with Nicki Emmett (NE) overseeing as Health and Safety Officer
- There is a designated Medical Room for First Aid.
- All treatments must be in accordance with medical guidelines recommendations.
- Names of qualified First Aiders will be displayed in the Medical Room, in the main school Office and in every classroom. The list of First Aiders will be clearly marked on a poster with a white cross on a green background at the top of the page.

- First Aid kits are located in the Office, Food Tech Room, DT/Art Room and PE Office.
- Grab bags for the minibuses and school trips are located in the Office and need to be signed out when used, with a form filled in and returned to JT if any medication has been used so that the bags can be replenished ready for the next time they are required (see Appendix 5).
- Students requiring First Aid treatment should be dealt with initially by the member of staff involved. Where there is doubt or in more serious circumstances a message should be sent by reliable means to either the School Office or direct to a qualified First Aider.
- Out of normal school hours arrangements are as follows:
 - The PE staff are on duty if there is a fixture either at FHS or at another venue.
 - JT (or any other available trained member of staff) is to administer First Aid after school hours for Study Hour, after-school clubs and revision classes during JT's normal working hours.
 - Specific arrangements must be made to have a qualified First Aider on site at all times for holiday clubs and activities and holiday revision sessions
 - For Duke of Edinburgh activities and school visits or trips or any type, at least one leader must have a First Aid qualification.
- Minor accidents should be recorded in the Accident Book and, if necessary, reported to parents via Reception.
 - An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
 - As much detail as possible will be supplied when reporting an accident.
 - Information about injuries will also be kept in the student's educational file.
 - Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- An accident that happens to students, staff or visitors (any person on site – e.g., staff from other schools, parents, governors, and contractors) must be reported via RIDDOR if the accident is fatal or the person is taken to hospital by ambulance and the accident arose out of, or in connection with, work.
- Statutory accident records must be kept for at least three years.
- Serious accidents must be reported to the Head Teacher and SLT and reported according to RIDDOR guidelines. (See Appendix 3).
- In the case of chemical injury, the school must follow the COSHH guidelines for reporting this. (See Appendix 4).
- First aiders must deal with the disposal of bodily fluids and other medical waste appropriately, providing facilities for the hygienic and safe practice of First Aid (See paragraph below).
- All members of staff and regular visitors to school **must** complete a confidential questionnaire annually listing any health issues they may have. This information is kept in a sealed envelope in personnel files for personnel cabinet (in a separate folder for regular visitors) and only opened in case of an emergency (see Appendix 6).
- All members of staff and regular visitors to the school need to let immediate colleagues/line managers/contacts know if there is an **on-going medical condition** which could happen unexpectedly in order for any First Aid intervention to be administered swiftly and appropriately. Such conditions could be Asthma, Diabetes, Allergies and Epilepsy, for example.
- The Head Teacher must be informed if it is felt necessary to send or take anyone home due to illness or injury, or if there are any other concerns for the welfare of staff or students.
- Administration of pre prescribed medicines and light pain medication (Paracetamol) can be covered under the school's insurance policy providing that expressed written consent is

provided by the parent/guardian of the pupil. (Appendix 8). Please note that there is an exclusion of administering intravenous medicine and the prescribing of medicine. This must be carried out by a medical professional. Staff who are to administer medicine must be fully trained to do so. Should a parent not wish to give their consent, they will need to administer any medication themselves.

Dealing with bodily fluids

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

- When dealing with any body 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 body fluids must be cleaned up immediately.
- Bodily fluids include: Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

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 body fluid spillages. All contaminated material should be disposed of carefully and taken to the local Doctors' Surgery. Avoid getting any body fluids in your eyes, nose, and 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.

A typical First Aid Kit should consist of the following items;

- SAMPLE sheet to note down symptoms and timings (see Appendix 15)
- 1 leaflet containing general First Aid advice
- 2 small (eye pad) bandages
- 6 medium bandages
- 6 medium and two sterile wound dressings
- 2 large bandages
- 4 triangular bandages
- 6 safety pins
- 1 pair of disposable gloves in each size
- 6 antiseptic wipes
- 20 plasters of assorted sizes
- Spare blue inhaler
- One pair of anti-rust blunt-ended scissors
- Anti-histamines
- Quick-clot gauze
- Sam-splint
- Military Velcro bandage

NB – In First Aid Kits in Food and DT, there will also be a First Aid Record Form to complete, to be returned to JT on a monthly basis.

This list can be used to check that all First Aid Kits are suitably stocked. Stock levels will be monitored regularly and re-ordered as required by JT. Any items which have passed their expiry date should be discarded safely, and regularly checked by JT. If staff members have used any items

in the Trip Kits, First Aid Kits and Grab Bags, they should inform JT of what needs to be replaced immediately after the administration of First Aid using the attached form. (See Appendix 5).

Additionally, there is a Defibrillator located in the Office. JT will ensure the batteries and pads are in date and order new ones when necessary.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other students and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks 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
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
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	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis 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	

MANAGING MEDICINES

Annual Medical Questionnaire for Students

A Medical Conditions Information Request Form (Appendix 7) and a Health Care Plan Questionnaire (Appendix 8) are given out to all new Year 7 students in their joining pack. Through these, parents can inform the school of their child's medical conditions, such as asthma, epilepsy, allergies, etc. JT will make a list of asthma, diabetes, asthma and epilepsy sufferers, etc., for reference purposes and will ask parents to complete a form agreeing to the school administering medication to their child. (Appendix 9)

Regular Medication and Care Plans

Students who require medication to be taken in school have it stored in individual box files in the Office. Medication is occasionally stored in other locations if required (if refrigeration is necessary, for example). This information, along with the student's Health Care Plan and Record Form, noting medication type, quantity, dosage and expiry date is recorded and stored in the named box files. Duplicates of this information are stored in the Medication and Health Care Plans file in the Office. The Medical Record Forms (Appendices 12, 13 and 14) should be completed on each occasion that a student requires medication. At the end of each calendar month, students need to have a new record form prepared for medication to be administered in the next month. Completed forms can be placed in the Medication and Health Care Plans file in the Office to be filed by JT.

Parents are expected to have responsibility for replacing and/or replenishing medication when it reaches its expiry date or runs out. All expired medication will be returned to parents and should be discarded of safely.

If students requiring regular medication take part in school trips, it is essential a medical information form be completed by their parent/carer with the necessary information regarding their condition, and the administration of any necessary medication. See yellow Fairfield High School Trip Administration Form.

Students' Medical Information

All students' medical information, whether medicated or not, is stored in the Medication and Health Care Plan file in the Office.

For students taking medication for short periods, information will be completed on medical record forms. Blank and completed forms are kept at the back of the Medication and Health Care Plans file, and current forms are on the notice board in the Office.

1. Dealing with asthma

Parents of students with asthma will be required to send in a Care Plan annually with information such as what triggers an attack, do they have brittle asthma, do they have a spacer, etc. There is a separate Asthma Policy (see Appendix 10). Parents/carers will be informed that students must carry an inhaler with them at all times, particularly in PE lessons, and that there must be a spare inhaler in school. PE staff should always ensure they have a spare inhaler nearby in case of emergency.

2. Dealing with epilepsy

Parents of students with epilepsy will be required to send in a Care Plan annually with information such as what triggers an attack, etc., and any specific care arrangements.

3. Dealing with allergies

Parents of students with allergies will be required to send in a Care Plan annually with information such as what triggers an attack, etc. and any specific medication required. Parents/carers will be informed that students must carry an Auto injector (Epipen) and/or antihistamine with them at all times, and that there must be a spare Auto injector and antihistamine in school.

4. Dealing with diabetes

Parents of students with diabetes will be required to send in a Care Plan annually with relevant personal information and any specific procedures to follow, or signs to look out for. There is a separate Diabetes Policy in Appendix 11.

Diabetic students with a reading of 4 mmol/l should be accompanied to the office by another student and given the drinks or fast acting carbs provided from home to help raise their levels. In cases where students have readings 3 mmol/l or lower, the office should ring home to alert parents or carers. Normal blood glucose readings for students with diabetes are between 4 -7 mmol/l and a diabetic with readings under 4mmol/l would be feeling dizzy, have blurred vision or 'out of it' – but may not realise this due to low sugar levels. The classic signs of a hypo are behaving out of character, becoming grumpy and rude, slurring words, wobbling etc. Students should be encouraged to have a fast acting carbs provided by parents, such as jelly babies, glucose tablets or a drink such as Lucozade to raise their blood sugar levels. After taking the fast acting carbs the student should wait about 10 minutes and check their readings again to see if they need to take more fast acting carbs, and should repeat this until their readings are 4 mmol/l or higher. When the reading becomes higher than 4 mmol/l students should have a slow acting carb snack such as a sandwich to sustain their sugar levels.

Equally, students with readings over 14mmol/l should be accompanied to the office by another student and encouraged to test for ketones and then work out if they need a corrective dose of insulin. The office should ring home to alert parents or carers. Symptoms of hyperglycaemia in people with diabetes tend to develop slowly over a few days or weeks. In some cases, there may be no symptoms until the blood sugar level is very high. Symptoms of hyperglycaemia include increased thirst and a dry mouth. This can become serious as persistent high readings can result in DKA and possibly a coma.

5. Ongoing medical conditions

School staff and regular visitors to the school need to let immediate colleagues/line managers/contacts know if there is an **on-going medical condition** (such as in Points 1 – 4 above) which could happen unexpectedly in order for any First Aid intervention to be administered swiftly and appropriately.

Appendix 1 – Contacting the emergency services

Contacting the emergency services

If a member of staff feels it is necessary to call the emergency services, the Head Teacher and/or SLT must be informed immediately.

To request an ambulance – dial 9 for an outside line and then 999, ask for an ambulance and be ready with the information below.

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

1. **FHS telephone number** – 01981 550 231
2. **Your name**.....
3. **FHS location** - Fairfield High School, Peterchurch, Herefordshire
Postcode - HR2 0SG
Ordnance Survey map reference – SO 34472 38131
Location of school – off the B4348, signposted Fairfield and Urishay
Inform Ambulance control that there are two entrances to the school and that they will be met at the gate by someone who will then lead/direct them to the casualty/emergency
4. **Provide the exact location** of the patient within the school setting
5. **Provide the name, date of birth, existing medical conditions of the student** and a brief description of their symptoms, using SAMPLE sheet if appropriate (see below)
6. **Give the emergency services a printed SIMs sheet with students' details**, including medical information and parents' contact details, etc.
7. Put a copy of this form by the phone

Appendix 2 - List of First Aiders

NAME	LOCATION	EXTENSION NUMBER
Mrs Jackie Trietline	School Office	204
Mrs Cheryl Harley	School Office	203
Miss Tracey Mcleod	School Office	201
Mrs Sharon Smith	Finance Office	316
Miss Ellie Farnham	PE Office / Sports Hall	
Ms Sally Ann Bebbington	PE Office / Sports Hall	
Mr Owen Lloyd	PE Office / Sports Hall	
Mr Nathan Jarrold	PE Office / Animal Care	
Mr Conor Giggle	History 4A	
Miss Rachel Todd	History H4 / G1	
Mrs Helen Rodgers	Geography G2	
Mrs Samantha Price	MFL L2	
Ms Sandra McMaster	English H5	
Mr Trevor Kerr	Science	
Mrs Rhiannon Clarke	Design and Technology D2	
Mrs Pippa Hart	Nigel Davis Wing	
Mrs Tracy Deeley		
Mr Ben Rodgers		
Miss Jodie Fox		
Mrs Gerri Llewellyn		

Appendix 3 – RIDDOR guidelines

RIDDOR

Meaning: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).

RIDDOR requires for work related accidents, diseases and dangerous occurrences to be written up or reported on when they occur. It applies to all work activities but not all accidents. This is a legal requirement.

All reports can be made by telephoning the incident centre on 0300 003 1747 and then following their instructions. The centre will send a copy of the information that they have and when it is received it will need to be read and checked. If any information is incorrect the centre should be contacted and notified of any necessary amendment.

Incidents on site that are to be reported are:

1. Deaths
2. Accidents resulting in over 3 days injuries
3. Major injuries
4. Infectious diseases
5. Dangerous occurrences
6. Gas incidents

If there is any uncertainty of a reportable case then you can either contact the incident centre or OFSTED for advice.

Infection Control Guidelines

To be followed with no exception:

1. If there is a risk of contact with blood or bodily fluids staff must always wear disposable gloves and aprons which are supplied by the school.
2. When cleaning up always use paper towels and disinfectant.
3. Always wash any bedding and equipment that may have been used during this time separately and immediately after the student has left. Everywhere must be disinfected equipment, areas and flooring.
4. Always ensure that hands are washed to stop the spread of infection
5. The correct procedure for disposing of clinical waste must be followed at all times

If a series of accidents or occurrences were to take place, then risk assessments should be followed to address the situation and resolve why and how they have occurred.

Appendix 4 – COSHH Guidelines

COSHH

Meaning: The Control of Substances Hazardous to Health Regulations.

From 6th April 2005 a new focus on good approach will help employees meet their duties under COSHH.

COSHH records are there to allow all to be aware of the substances that are supplied within the setting to be used e.g. for cleaning, washing, disinfecting etc.

This information must be communicated and all staff must be aware of the information of all substances used within the school and how they are used, the correct measures to be used, the protective clothing that might have to be worn and where it has to be stored.

If you fail to adequately control hazardous substances, your employees or others may become ill. Effects from hazardous substances range from mild eye irritation to chronic lung disease or on occasions death.

It is important that the school follows through the COSHH requirements and adheres to them at all times.

There is an eight step guide to follow to ensure that COSHH requirements are being followed:

1. Assess the risks; what risks can any hazardous substances have to your health or the students when used in the school.
2. Decide what precautions are needed, whether the staff need to wear protective clothing and that they meet the requirements
3. Prevent or adequately control exposure; prevent all staff and students being exposed to any hazardous substances, make sure staff read labels and understand what the substances are used for.
4. Ensure that control measures are used and maintained, make sure staff are aware of how much to use of cleaning substances or how much needs diluting.
5. Monitor the exposure, make sure the chemicals and cleaning equipment is being used properly.
6. Carry out appropriate health surveillance, carry out assessments and check all specific requirements and keep updated relevant information that may change within law.
7. Prepare plans and procedures to deal with accidents, incidents and emergencies, each policy and procedure is written for staff to read and they are all available for the Parents/Guardians to read as well.

Appendix 5 – Trip Kits, Grab Bags and First Aid Replenishment Form

FAIRFIELD HIGH SCHOOL REPLENISHMENT FORM

Name of Trip	Name of staff & signature	Number of packs	Date taken	Date returned	Any items to be replaced

Appendix 6 - Staff existing conditions medical information form

FAIRFIELD HIGH SCHOOL – PETERCHURCH

Staff Existing Conditions Medical Information Form, including any known allergies

If you have any medical conditions that the school should be aware of, please fill out the form below, place it in the brown envelope provided and return to JW along with your updated data sheet for filing in personnel files. If you are happy for this to be recorded on Staff SIMS as well as in your personnel files, please indicate below.

The information will be kept securely sealed and should you become unwell at school, a trained First Aider will open the envelope to ensure you get the best possible treatment. Please also remember to update the form if you have any further diagnoses or any change in your medication or your condition.

Please return the envelope to JW in the school office (so we know we have heard from all staff members) where it will be securely filed and only available to a first aider/paramedic should the need arise.

If you do not have any such conditions, please write NIL RETURN on the form and enclose in the brown envelope. However, if this changes at any time, please contact JW to update your medical information.

Name (block capitals please)

CONDITION	MEDICATION	TAKEN HOW OFTEN?	WHEN WAS THE LAST TIME YOU CONSULTED A DOCTOR OR WENT TO HOSPITAL REGARDING THIS?	ARE THERE ANY EARLY SIGNALS ANYONE SHOULD BE AWARE OF?
DIAGNOSED WHEN?	WHERE EXACTLY IS THE MEDICATION KEPT WHILST YOU ARE IN SCHOOL?		IS THERE ANY OTHER INFORMATION WE SHOULD BE AWARE OF?	

I am happy for this information to be recorded on STAFF SIMS YES/NO

Signature..... Date

Appendix 7 – Medication Information Conditions Request

Parental consent for the organisation to administer medication for long term conditions

Staff will not give your child any medication unless you complete, sign and return this form.

Details of young person

Surname.....Forename.....

Address.....

Condition or illness

Allergies

If you require you child to take any long term medication during school hours please state the:

Name or type of medication (as described on the container).....

How long is your child required to take this medication?

Date dispensed.....

Full directions for use

Dosage and method.....

Timing and frequency.....

Special precautions.....

Self-administration YES/NO

Care Plan attached YES/NO

Procedure to be taken in an
emergency.....

.....

Parents/carers are responsible for ensuring that the school has the most up to date Care Plan and for informing school of any changes in the child's condition, medication or Care Plan.

Parents/Carers are responsible for ensuring that any medication kept in school is in date and that spares are available if needed.

Signature

Parent/Carer.....Date.....

PRIVACY NOTICE

Fairfield High School is the Data Controller under data protection law and will process personal data as set out in the above form. The legal basis for processing this data is your consent, which can be withdrawn at any time by contacting jwinney@gvsc.org.uk . Your data and your child's data will be kept in a secure manner in line with the School's retention policy. The information you provide will only be used for the stated purpose.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office <https://ico.org.uk/>

Further information about the processing of your data can be found on our website at <http://www.fairfield.hereford.sch.uk/wp-content/uploads/2018/07/Privacy-Notice-GDPR.pdf> You can contact the school's Data Protection Officer Ms Samantha Smith at igschools@herefordshire.gov.uk 01432 260282

Name of 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 student'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

--

Appendix 9 – Parental agreement for school to administer medicine

PARENTAL CONSENT RECORD ACADEMIC YEAR 2019-20

Student's Name: _____ **Form** _____ **Student's DOB:** _____

We use personal information about you and your children in a number of different ways; for some of these we need your consent. If you do not wish us to use your information in any of the ways set out below that is not a problem, we are able to accommodate your preferences. Similarly, if you wish to change your mind at any time and alter these preferences you can let us know by emailing Mrs Winney jwinney@gvsc.org.uk or calling into the school office. We will ask you to update your preferences annually. **Please tick each corresponding box to indicate your preference; should you require any further information with regard to the options set out please contact Mrs Winney in the first instance.**

Sharing information with you		
We want to be able to communicate quickly and effectively with you about events and activities in school, and any unforeseen events e.g. school closures due to bad weather. All letters that go home are also posted on our website, together with updated information about school; we also use Twitter and have a Fairfield Facebook page.		
Do you consent to:	YES	NO
• receive a copy of / be notified about the school newsletter and receive general letters by email		
• receive notifications from school via text		
• receive notifications from school via mySchoolApp (if you have downloaded it)		
• receive notifications via email or text relating to PTFA events and fundraisers		
Learning beyond the classroom and sporting events		
During the school year we like to enhance our students' learning experience by visiting local sites, within walking or a short (minibus)driving distance of the school, that relate to topics being studied or events being celebrated (for example – the local church, river, woodland, senior citizens residential home). These visits take place during school hours, are fully risk assessed and have an appropriate staff to pupil ratio. We will notify you before these events take place but may not seek individual consent on each occasion. Students will not be transported in staff cars without explicit parental consent, except in an emergency.		
Do you consent to:	YES	NO
• your child taking part in local visits and excursions during school hours throughout the academic year		
• your child taking part in after school fixtures and matches as arranged by the PE department. On such occasions you will need to make arrangements for your child to be collected at the appropriate time.		
You will be given separate detailed notification about any longer school trips, excursions and sporting events that take place further afield and / or outside school hours and asked for your specific consent and any financial contribution that may be required.		
Emergency medical treatment		
There is a separate form to detail specific medical conditions and to give us any information about medicines we may need to hold securely for your child. Fairfield has a number of staff with basic First Aid training who are able to make an initial assessment of minor injuries (e.g. a grazed knee). If we do not think a child is medically fit to remain in school, we will always inform you. If we have any serious concerns, we will always call an ambulance.		
Do you consent to:	YES	NO
• your child receiving medical or dental treatment by a medical professional in the event of an emergency.		

<ul style="list-style-type: none"> First Aid trained staff from Fairfield administering paracetamol/ibuprofen (e.g. for headaches/period pains) or antihistamines (e.g. for hay fever/stings) 		
Technology to enhance learning opportunities		
<p>The school uses the internet and some on line applications to aid and enhance learning both in the classroom and at home. This engages students, records their attainment while at the same time broadening their technological skill sets. The school has a stringent filtering system for online activity but students will be researching information and surfing the web on an individual basis. All students are expected to follow the Acceptable User Policy.</p>		
Do you consent to:	YES	NO
<ul style="list-style-type: none"> your child using school approved on-line applications such as – myMaths, BBC Bitesize, Duolingo, Spellzone, Dynamic Learning, Kahoot, Memrise, SurveyMonkey etc. 		
<ul style="list-style-type: none"> your child using the internet when required in class and for individual study 		
Use of photographs and film clips of students to record, promote and display events and achievements		
<p>We use images in a variety of ways, to promote a sense of community and belonging, to celebrate events and achievements, to highlight activities and to publicise and promote the school. Photography or filming will only take place with the permission of the head teacher and under appropriate supervision. When filming or photography is carried out by the news media, children will only be named if there is a particular reason to do so (e.g. they have won a prize), and we will not normally use surnames. Personal information such as home addresses will never be given out. Images that might cause embarrassment/distress will not be used nor will images be associated with sensitive material or issues.</p>		
Do you consent to:	YES	NO
<ul style="list-style-type: none"> the use of your child's image in school 		
<ul style="list-style-type: none"> the use of your child's image in our school newsletter 		
<ul style="list-style-type: none"> the use of your child's image on school social media accounts (Facebook, Twitter) 		
<ul style="list-style-type: none"> the use of your child's image on our school website 		
<ul style="list-style-type: none"> the use of your child's image in the local and national press 		
<ul style="list-style-type: none"> the use of your child's image for years to come as part of the school's ongoing history; today's events are tomorrow's history and we use images of children taking part in activities and school events to preserve and display the history of the school for future years and generations. 		
<ul style="list-style-type: none"> the use of your child's image in our marketing information (including after your child has left the school) 		
<p>You will be given separate detailed notification at the appropriate time concerning annual photographs taken of children individually, with siblings, in class groups, teams and clubs and whole year group or school photographs which will seek the relevant consents and provide further information.</p>		

Name of Parent/Carer: _____ **Signature:** _____ **Date:** _____

The aim of the policy is:

- For all students with asthma enrolled in Fairfield High School to receive appropriate attention as required.
- To provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Fairfield High School:

- Welcomes students with asthma.
- Encourages and helps children with asthma to participate in all aspects of school life.
- Recognises the need for immediate access to inhalers.
- Keeps a record of all students with asthma and the medicines they take.

Background

The majority of children with asthma will be taking regular inhaled therapy. This normally consists of steroid or steroid combination inhalers which are normally kept at home.

The inhalers which should be kept in school are relievers, usually coloured blue. The most commonly used is the metered dose inhaler which is used with a spacer.

Access to and Storage of Inhalers in School

- Students with asthma must be able to access their own relieving medication:
- Students who are able to use their inhalers themselves should be allowed to carry them with them.
- If a student is too immature to take responsibility for their own inhaler, staff should make sure the inhaler is provided then stored in a safe but readily accessible place, clearly marked with the student's name.
- Inhalers should never be in locked storage.
- Inhalers should always be easily available during physical education, sports activities and educational visits. The school will have spare inhalers in the PE First Aid box and in the Office for emergency use only.
- Students with asthma need to be able to access their reliever medicine freely, including whilst away from school on education visits. Students should be reminded to carry their own reliever inhaler at all times.
- All asthma medicine taken to school should be clearly labelled with the student's name clearly labelled.
- Staff should ensure that students only receive their own medication. Students' inhalers should not be used for other asthma sufferers except in an emergency.
- All medication should be stored in their original containers.

- All medication should be sent home with students at the end of the school year and should not be stored in school during the summer holidays.
- Out of date medication should be returned to parents, who should be asked to return the item to a pharmacy for safe disposal.
- When a student leaves the school, their medication should be returned to parents
- The school will buy a spare inhaler for each First Aid Kit and Grab Bag.

Record Keeping

- At the beginning of the school year or when a student joins the school, parents/carers are asked if their child has any medical conditions.
- All parents/carers of students with asthma are then sent an Asthma Card to give to their child's doctor or nurse to complete. Parents/carers are asked to update the card if their child's medicine, or how much they take, is changed throughout the year.

Exercise and Activity

Students with asthma are encouraged to participate fully in PE lessons. All teachers know which students in their class have asthma from the school's asthma register. If a student needs to use an inhaler during a lesson they will be encouraged to do so.

The health benefits of exercise are well documented and this is true for students with asthma. All sport coaches in after school clubs will be aware of those students with asthma and know what to do in the event of an asthma attack.

School Trips

- Accompanying staff will be made aware of the students with asthma.
- Accompanying staff will carry inhalers for children.

Asthma Attacks (1)

Signs to indicate an acute attack should be treated as an emergency. The following signs should be noted:

- Extreme breathlessness and/or coughing.
- Reliever medicine does not work.
- The student has difficulty with talking and/or is unable to talk in sentences without taking a breath in the middle.
- The student is becoming exhausted or distressed.

Asthma Attacks (2)

All staff who come into contact with students with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK **‘What to do in an Asthma Attack’**. This procedure will be visibly displayed in the staffroom and every classroom (see attached document below).

What to do in an asthma attack

- 1 Sit up – don't lie down. Try to keep calm.
- 2 Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 If you feel worse at any point while you're using your inhaler OR you don't feel better after 10 puffs OR you're worried at any time, call 999 for an ambulance.
- 4 If the ambulance is taking longer than 15 minutes you can repeat step 2.

IMPORTANT! This asthma attack information is not designed for people using a SMART or MART medicine plan. Speak to your GP or asthma nurse to get the correct asthma attack information for them.

Any asthma questions or concerns?
Speak to our expert Helpline nurses,
Monday to Friday from 9am to 5pm

0300 222 5800
www.asthma.org.uk



This is the link for supporting children with medical conditions at school.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

This is the link for the use of emergency salbutamol inhalers in schools

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Appendix 11 - Fairfield High School Diabetes Policy

1. What is Diabetes?

Type 1 diabetes is a condition resulting from destruction of the insulin-producing cells of the pancreas in children and young adults. Insulin is a hormone which helps the body to use glucose contained in foods. Without insulin, the glucose from the food cannot be used and the level will rise in the bloodstream. This causes tiredness, weight loss, excessive thirst and frequency of passing urine.

1.1 How is it managed?

Although diabetes cannot be cured, it can be treated effectively. The aim of treatment is to keep the blood glucose levels close to normal range (4-7 mmol/l). This involves:

- Usually at least 4 injections of insulin a day or the use of an insulin pump.
- Regular meals containing carbohydrate and possibly snacks in between.
- Finger prick blood checks before each meal and at any other time when necessary.

Good blood glucose control will reduce the risk of later complications. When a child is treated and cared for in a supportive environment, they should feel well and will be full of energy again. This will enable them to concentrate in school and, therefore, achieve their educational potential.

High or low blood glucose levels will affect learning.

2. Care required within school

Schools are not required to do anything over and above care that is generally provided in the home. Support will always be provided by parents and by the Herefordshire Children's Diabetes Team.

Problems can occur if blood glucose levels are not kept within target levels and it is therefore essential that all school staff have an awareness of this medical condition and the child's needs during the school day.

2.1 Blood glucose checking

Regular finger-prick blood glucose checking is essential to monitor the effectiveness of diabetes management. If blood glucose (BG) levels are too high or low this can cause short-term and long-term problems including affecting eyes and kidneys.

Children and young people generally have their blood glucose levels checked before a morning snack, before lunch, before and after sport and sometimes before leaving school to go home. This is done using a finger prick device (with a self-contained drum of lancets). These devices are intended for self-monitoring on an individual person only. The results need to be acted upon if outside the target range (either less than 4mmol/l or greater than 14 mmol/l). Details for the individual can be found in the student's Care Plan.

A blood glucose level below 4 mmol/l is too low - this is also called hypoglycaemia. A blood glucose level above 14 mmol/l is too high and is called hyperglycaemia.

Some young people using insulin pump therapy also use continuous glucose monitoring. These devices will show current glucose levels and will set off an alarm when glucose levels are outside of range.

2.2 Administration of insulin (using either a pen or pump)

Insulin is given as either 'basal' insulin or 'bolus' insulin. The basal insulin is either a long acting insulin injected in the morning or evening at home, or basal insulin delivered continuously by an insulin pump. Details can be found in the student's Care Plan.

Bolus insulin is a dose of quick-acting insulin given when a child or young person eats. It needs to be given whenever a child is having a meal or snack and whenever the blood glucose level goes higher than the target range. This insulin is given either using a pen device or an insulin pump. Details can be found in the student's Care Plan.

2.3 Insulin dose calculation

Students need to balance their bolus insulin with the food that they are eating, and the current blood glucose level. Insulin needs to be given with all food, snacks and carbohydrate containing drinks unless the food or drink is given as treatment for a low blood glucose level (hypoglycaemia, see section 2.8) or is used to prevent hypoglycaemia when undertaking exercise. Details can be found in the student's Care Plan.

Insulin doses are best given before meals, but younger children who do not always finish their lunch can have their insulin after their meal. This will be detailed in the student's Care Plan.

2.4 Carbohydrate counting

The carbohydrate in foods raises the blood glucose level quickly. Therefore, any carbohydrate eaten or drunk needs to be matched with insulin and this is done by 'carbohydrate counting'. Students with diabetes can have either packed lunches or school meals. The parents, together with their child, should calculate the amount of carbohydrate in packed lunches and they are also expected to contact the staff providing the school meals to discuss the carbohydrate content of the school meals. They can have the help of the Diabetes Team Dietitians with this. Younger children will need supervision at lunchtimes to check how much of their meal they have eaten.

2.5 Activity and exercise within the school environment

It is important that students with diabetes participate in physical activity, for their long-term health. Activity may affect blood glucose levels, depending on the intensity, duration and how close the activity is to insulin dosages. Details of how to manage the blood glucose checking, food and insulin doses will be given in the student's Care Plan.

2.6 Awareness of the impact of stresses within the school environment

It is well recognised that stress (including anxiety about possible bullying and stress related to tests/exams) can affect blood glucose levels. This fluctuation may be outside a young person's ability to control and therefore needs to be taken into consideration when assessing performance.

2.7 Effects of high and low BG levels on school work

High blood glucose levels will make students feel tired, thirsty, need to urinate frequently and generally make concentration difficult. In contrast, low blood glucose levels will have an impact both at the time when they are found to be low and for up to 3-4 hours after the level has normalised. Low levels are likely to affect mental flexibility, planning, decision-making, attention to detail and rapid responding.

2.8 Management of hypoglycaemia (low blood glucose levels)

Hypoglycaemia (blood glucose (BG) levels of less than 4 mmol/l) can cause a lot of different symptoms; “stress” symptoms such as trembling, fast heart rate, pallor, sweaty, and/or effects on the brain function such as difficulty concentrating, blurred vision, difficulty hearing, slurred speech, poor judgement, problems with short term memory. A blood check will need to be done and the student should be treated with glucose according to the Care Plan. Students should not be left to do this themselves and should not be left alone until they have recovered. They should be allowed to check and treat where they are in the classroom.

If the BG level drops very low, the student may not be quite “with-it”, and may be semiconscious or unconscious, or may even have a convulsion (fit/seizure). Urgent treatment is required but it is unsafe to give any treatment by mouth. In this instance the school setting should put the student in the recovery position and ring 999 and then contact the parents. Further details are in the Care Plan.

3. When a child develops Diabetes or moves into the School

3.1 Parents’ initial contact

The student’s parents should inform the school about their child having diabetes as soon as possible, so that arrangements can be put in place. Parents may wish to arrange an introductory meeting with their chosen school’s head teacher before their child enrolls or when the child first develops diabetes.

3.2 Basic requirements of the School

All students with diabetes regardless of their age need help and support with their diabetes in school, from all the teachers and support staff who come into contact with them. All staff will also need to understand how to recognise and treat a low blood glucose level.

3.3 Care Plan

Together the parents (possibly together with the Diabetes Specialist Nurse) will complete a Care Plan that sets out what support a student will need in school. This should include:

- Details of the prescribed insulin, including the dose to be given, the procedure for injecting via a pen device or an insulin pump.

- Details of who will help the student with medication and blood glucose checking and where these tasks can be undertaken safely, ensuring the dignity of the student is maintained.
- Descriptions of the student's symptoms of low and high blood glucose levels and what staff will do if either of these occurs. The plan should also make clear when a parent or carer should be contacted, and under what circumstances an ambulance should be called.
- A description of the training that will be given to relevant members of staff.
- Details of when a student needs to eat meals and snacks. If a student needs to go to the front of the lunch queue or have other arrangements at lunchtime these should be noted.
- The things that should be done before, during, and after PE lessons. This might include blood glucose checking, a snack or correction bolus if necessary and disconnecting a pump (if using one).
- Details of where any medication will be stored and who will have access to it.
- Records of the training that has been given to the volunteers from the Diabetes Specialist Staff.

Once people involved in drawing up this plan are happy, the plan should be signed by the school, the parents and a member of the student's diabetes team. This should then be circulated to all relevant members of staff. This should be updated on an annual basis by the parent and agreed by the Diabetes Team and the school.

3.5 School Transport

If transport to and from school is organised by the school or local authority, the school will be expected to inform the driver that the child has diabetes, and to follow existing agreements for health issues.

4 Legal Considerations

4.1 Equality Act (2010)

The Equality Act (2010) says that types of discrimination are illegal, defining discrimination as when a person with a disability is treated less favourably, because of his or her disability, than a person who does not have a disability. The Equality Act (2010) defines a disability as a 'physical or mental impairment' that has 'a substantial and long-term adverse effect' on an individual's ability to carry out 'normal day-to-day activities'. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with diabetes is covered by the definition, in many cases diabetes is covered by the definition in the Act.

Education providers have a duty to make reasonable adjustment for people with disabilities and failure to make reasonable adjustments is a form of discrimination. The Act covers all schools in England, including maintained (non-fee paying) and fee-paying schools.

Reasonable adjustments for disabled pupils, Equality and Human Rights Commission, 2012

This guideline covers all activities carried out by the school/setting, including residential trips.

5. Responsibilities of those helping children with their medical needs in school

5.1 Head Teacher and Directors

Following new legislation Head Teacher and Directors will be responsible for:

- Ensuring that all school/setting employees are aware of a child having diabetes, are able to access the child's Care Plan in the school setting and know how to assist them when necessary in a diabetes emergency (especially hypoglycaemia).
- Ensuring that appropriate health and safety risk assessments have been carried out.
- Identifying a member of staff who will be trained in the management of each individual child/young person's diabetes. Establishing the safe storage of diabetes containers (containing, if necessary, insulin injection devices as well as hypoglycaemic treatment), and disposal of used "sharps".

Ensuring that the establishment and its employees do not discriminate against young people with diabetes, thereby enabling young people with diabetes to participate fully in all aspects of school/setting life, including physical and extra-curricular activities.

5.2 The Herefordshire diabetes nursing team will offer training to the volunteers from the school setting, to include (as required by the student's Care Plan)

- training on the individual student's Care Plan
- teaching of supervision or performing of blood/ketone checks
- teaching of supervision or performing calculation of insulin doses
- teaching of supervision or performing insulin injections
- teaching of supervision or performing of administration of an insulin dose using an insulin pump
- assess competency of each individual volunteer in required tasks
- help with planning of school residential trips

5.3 Parent/Carer

A parent or carer who has legal responsibility for the young person who has diabetes will liaise with the Head of School/establishment and the Paediatric Diabetes Specialist Nurse to provide the school/establishment/ setting with adequate, up to date information about the young person's diabetes and treatment.

They will be responsible for providing –

- All materials and equipment necessary for diabetes care tasks, including blood glucose/ketone checking and insulin administration (if needed). The parent/carers is

responsible for the maintenance of the blood glucose/ketone checking equipment (i.e. cleaning and performing controlled testing per the manufacturer's instructions) and must provide equipment necessary to ensure proper disposal of materials (sharps boxes).

- Supplies to treat hypoglycaemia, including a source of glucose and a supply of Glucogel.
- Information about the student's meal/snack schedule. The parent should work with the school/setting to coordinate this schedule with that of the other children/young people as closely as possible. For young children, instructions should be given for when food is provided during school/setting parties and other activities.
- Emergency phone numbers for the parent/guardians and the diabetes team so that school/establishment personnel can make contact in times of emergency or to answer queries.
- Calculating carbohydrate content of school meals and snacks
- Where volunteers are being trained to supervise or perform any diabetes tasks the parent or carer will sign the child's Care Plan to show that they have agreed to this arrangement.

5.4 Student

Students should be allowed to manage their own diabetes at school/setting with parental consent, to the extent that is appropriate for the student's developmental stage and his or her experience with diabetes. The extent of the student's ability to participate in diabetes care should be risk assessed and agreed upon by the school/setting personnel, the parent/carers, and the Paediatric Diabetes Specialist Nurse. The ages at which students are able to perform self-care tasks are very individual and variable, and a child/young person's capabilities and willingness to provide self-care should be acknowledged in the student's Care Plan.

6 Diabetes and learning

There is ample evidence that poorly controlled diabetes can affect learning and this can be in specific areas. Acute hypoglycaemia at any time will stop a young person concentrating for up to 2 hours, and must be taken into account in the classroom. Long-term poor control can affect learning and this list has been produced to show teachers what support may be offered for these specific problems.

6.1 Children with diabetes do worse than their peers in demanding classroom environments

Cognitive function is related to the amount of exposure to hypoglycaemic and hyperglycaemic events during development. Cumulative and chronic exposure to the metabolic abnormalities resulting from diabetes is a major risk factor related to poorer learning over time.

6.2 Being diagnosed with diabetes when young and long-term severe hypoglycaemia increases the risk of poorer learning and memory.

Children are more sensitive to glucose changes in the early years of life because of rapid brain development. Episodes of severe hypoglycaemia were associated with lower IQ. Early exposure to hypoglycaemia can:

- ⇒ Affect areas in the brain responsible for language, memory and attention.
- ⇒ Reduce spatial intelligence and delayed recall

- ⇒ Reduce short-term verbal memory, phonological processing skills, attention and executive processing.

6.3 Seizures caused by hypoglycaemia can also affect memory

In pre-school children the areas most affected by hypoglycaemia are those concerned with motor, sensory and visual-spatial function. In 7 to 12 year old children the areas most affected are related to memory function. Being diagnosed with diabetes at a later age affects visual learning and memory, visual motor integration and psychomotor speed.

6.4 Long term hyperglycaemia may affect cognitive function later in life causing poorer neuro-cognitive outcomes and lower verbal intelligence.

During adolescence the brain areas responsible for planning, organisation and independent thinking are most vulnerable to the effects of hyperglycaemia. Long term hyperglycaemia can affect memory and executive function, fine motor control tasks, verbal intelligence and attention.

6.5 Children with diabetes perform worse in reading and spelling

Even small reductions in attention, visuospatial ability and motor speed can result in poorer reading and writing skills.

6.6 Differences between boys and girls

Boys with diabetes show more deficits than girls with lower overall learning particularly in memory and attention and vocabulary tasks.

6.7 Poor memory impacts on the ability to follow aspects of the diabetes regimen

Memory is a critical component in learning. Early identification of working memory difficulties and minor cognitive decline is essential to self-care skills. Carbohydrate counting and remembering blood testing are both parts of the diabetes regimen that have high memory demands. Adolescents are a highly vulnerable group in relation to disruption of organisation and memory. Compensatory strategies and environmental support can both help offset decline in cognitive abilities and support self-care skills.

Potential Issues Impact in the classroom strategies and support

<p><u>Processing speed</u></p> <p>Slower processing speed results in difficulties in understanding and keeping up with new tasks set.</p>	<ul style="list-style-type: none"> • Homework taking longer. • Slower note taking. • Not showing all knowledge when doing timed tasks • Frustration – tendency to take short cuts. 	<ul style="list-style-type: none"> • Reduce homework & provide handouts. • Ensure enough time to note tasks. • If necessary, request extra time allowance for exams. • Reward quality of work not just quantity. • Encourage typing.
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<u>Attention</u>	<ul style="list-style-type: none"> • Dividing attention (reading and writing) • Selective and sustaining attention – avoiding distraction 	<ul style="list-style-type: none"> • One task at one time. • Short instructions & break down tasks. • Limit distractions. • Sit student at front with a studious buddy. • One to one teaching or small group work. • Vary tasks and teaching style. • Movement breaks. • Use their name often, praise while still paying attention.
<u>Memory</u>	<ul style="list-style-type: none"> • Holding short term information. • Learning and remembering new information, homework tasks or discussions. • Following a film or a story. • Poor generalisation of information from one setting to another. • Elements of new sequenced tasks. 	<ul style="list-style-type: none"> • Use calculators for maths. • Encourage showing working out. • Repeat instructions and check they have been understood. • Small amounts of new information at a time. • Support error-free learning. • Use diaries, checklists, phone. • Lesson plan & discuss lessons afterwards. • Repetition and rehearsal. • Connect new information and things they already know. • Use visual prompts for sequenced tasks.
<u>Executive Function</u>	<ul style="list-style-type: none"> • Planning • Organising • Self-monitoring • Initiating tasks • Problem solving 	<ul style="list-style-type: none"> • Provide structure and prompts and gradually fade them out over time. • Mind maps to help revision and plan essays. • Practise use of wall calendars with planning for deadlines.

		<ul style="list-style-type: none"> • Work on using mobile phone for reminders. • Model and reward checking of work. • Clear expectations and feedback. • Realistic goals. • Model step by step approach to problem solving using real life situations.
<u>Perceptual Skills</u>	<ul style="list-style-type: none"> • Spatial awareness. • Transferring 2D information to 3D. • Locating information on a busy work sheet. • Visual scanning. • Copying from the board. • Shape, number, letter recognition. • Motor planning. 	<ul style="list-style-type: none"> • Worksheets without too much information. • Use of highlighter to aid scanning for main ideas. • Handouts. • Multi-sensory learning. • Consistent and routine approach. • Verbal prompts progressing to written prompts and fade them out. • Lay things out in the sequence they will be needed.

Reference – Griffin, A, Christie, D., (2012) The effects of diabetes on cognitive function. In Christie, D. Martin, C. (Eds) Psychosocial Aspects of Diabetes. Children, adolescents and their families. Radcliffe, London (pp 65-83)

This is the link for Diabetes UK <https://www.diabetes.org.uk/> where a great deal of information and advice can be found.

Appendix 12 – Medication Log

Fairfield High School Medical Log

Name	Date	Time	Reason	Action/Medication given	Comments

Appendix 13 - staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 14 - Record of medicine administered to an individual child

Name of school	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Appendix 15 – SAMPLE record form

S Signs + Symptoms	A Allergies	M Medication	P Past history	L Last meal	E Examine/Expose
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Name.....

Age.....

D R A B C

Danger Reponse Airway Breathing Circulation

TIME	PULSE (50—100)	Alert Voice Pain Unresponsive

BREATHING RATE (10—20 pm)	PUPIL SIZE	CAPILLARY REFILL (Within 5 secs)

Anubis 01981 250234