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| Approved by Governing Body: | November 2023 |
| Next review due: | November 2025 |

This policy applies to every school in the federation the terms 'school' and 'federation' are interchangeable except where a school is specifically named.

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 First aiders

Each schools' appointed First Aiders, listed in Appendix 1 (their names will also be displayed in the First Aid room), are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on Medical Tracker/paper form on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- They undertake first aid duties applying the principles of social distancing (when applicable) and infection control as much as is possible. Avoid close contact in the first instance, consider minor injuries where you may be able to instruct a person about what to do or pass them the items that they need and stand at a distance if this is age appropriate to do.

3.2 The local authority and governing board

Cambridgeshire County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Heads of School and staff members.

3.3 The Heads of School

The Heads are responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of first aiders are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures

- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils

Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the appointed first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where an ambulance is not called
- Informing the Heads or their line manager of any specific health conditions or first aid needs

4. First aid and sickness procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, a member of staff will contact parents immediately
- The first aider will complete an accident report form on Medical Tracker/paper form on the same day or as soon as is reasonably practical after an incident resulting in an injury

There will be at least one person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

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

- A school mobile phone
- A portable first aid kit including, at minimum:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes

- 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

4.3 Procedures for sick Children

If a child becomes ill in school the following procedures will be followed:

- If a child informs their teacher that they feel unwell the teacher/first aider will make a decision
- If they are too unwell to be in school the office staff will contact parents/carers immediately.
- If contact cannot be made with parents/carers then the office staff will contact the emergency contacts provided by the parents/carers
- If parents/carers and/or emergency contacts cannot be reached, the child will be made comfortable and monitored and staff will continue to try to make contact
- In the case of an emergency when the child's health is at risk, an ambulance will be called and a member of staff will accompany the child to hospital. Parents/ carers will be contacted immediately
- If a child has soiled of themselves the parents will be contacted immediately. Further detail is to be found in the Federation Intimate Care Policy.
- If a notifiable disease is suspected, a member of staff or the head teacher will contact the Health Protection Agency and the school will follow the advice given.
- If a child is off sick from school, parents/carers are expected to ring in each morning before 9.00am. A message can be left on the school's answerphone giving the reason for their child's absence (01480 398060)

4.4 Exclusion of sick children from school

We understand the needs of working parents and do not aim to exclude children from school unnecessarily. However, the decision of the school is final when requesting the exclusion of a child for illness or infection. Decisions will take into account the needs of the child and those of their peers and adults in school. Children with infectious or contagious diseases will be excluded for certain periods. If a member of staff suspects that a child has an infectious or contagious disease, they will request that parents consult a doctor before returning the child to school.

We recommend that no child may attend the school while suffering from one of the communicable diseases and they should be excluded for the minimum periods recommended. Please see guidelines to illness/communicable diseases provided by the Health Protection Agency Gov. (Appendix 2)

4.5 Choking protocol

When an adult or child is seen to be choking the first aid protocol is as follows:

1. Lean persons forward and encourage them to cough several times.
2. Strike their back between the shoulder blades and check mouth 5 times.
3. Medical assistance called.
4. Use the abdominal thrust movement and check mouth 5 times.
5. Repeat step 2 and step 4 again.

Because of the nature of the assistance with a choking victim there could be bruising to the back and abdomen.

4.6 Removal of Splinters

A telephone call will be made to the parents asking permission for the first aider to remove the splinter, if permission isn't given the splinter will be left and covered.

4.7 Sun Protection

The Heads and staff understand the dangers posed to children and themselves by over exposure to the sun. In hot weather, parents/carers are asked to ensure that a long lasting sun screen is applied before their child comes to school.

Parents/carers should also ensure that their child has a hat or cap, which they can wear when playing outside in the sun.

In hot weather, staff will encourage children to drink water frequently.

Staff will also ensure that shady areas out of the sun are always available to children when playing outside.

4.8 Head lice

Transmission of lice within the classroom can be a common occurrence. When it does occur, it is usually from a 'best friend' as lice are only transmitted by direct, prolonged, head-to head contact.

When a case of head lice is suspected, the year group will be notified and asked to check and treat their child accordingly.

5. Medication and Individual healthcare plans

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

No un-prescribed medication can be administered even if there is an IHP in place. Medicines will only be accepted for administration

- For a diagnosed medical condition such as diabetes (not an ailment like an ear or throat infection) during school hours must supply a protocol letter and a completed Individual Healthcare Plan (IHP) for what, when and how much of these medications should be taken. The letter and IHP must be very explicit and will be followed to the letter.(Appendix 3 and 4)
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. School will keep controlled drugs that **have been prescribed** for a pupil securely stored in a container and only staff should have access. Controlled drugs are accessible in an emergency. School staff can administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions as stated on an IHP. School will keep a record of all medicines administered to individual children, stating what, and how much was administered, when and by whom either on Medical Tracker or in a book which is enclosed with the medication in the container.
- Children with prescribed drugs will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. These will be in each child's classroom in a green drawstring bag out of the reach of the other children.
- An individual healthcare plan (IHP – Appendix 4), agreed with parents, will be completed and included in the container, in the office.
- When no longer required or out of date medicines will be returned to the parents to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

6. First aid equipment

The school's main first aid kit is kept in our medical room and includes the following:

- A leaflet with general first aid advice

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Safety pins
- Gauze swabs
- Dressing pads
- Antiseptic wipes
- Plasters of assorted sizes
- Micro porous tape
- Scissors
- Cold compresses/packs
- Resus face shield
- Incident forms
- Disposable gloves
- Plastic Aprons
- Fluid repellent surgical mask /Face shield
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)/Face shield
- Roll of disposable bags
- Hand sanitizer/Anti-bacterial wipes (for cleaning down first aid box and equipment used)

No medication is kept in first aid kits.

Smaller first aid kits for minor incidents are stored in:

- Each Year group
- The school kitchens

Which will contain:

- Gloves
- Plasters
- Dressing pads
- Tissues
- Scissors
- Micro porous tape
- Anti-bacterial wipes

All used disposable equipment needs to be bagged and binned after each intervention and shields, scissors etc need to be wiped down with anti-bacterial wipes.

7. Record-keeping and reporting

7.1 First aid incidents, On-line Medical Tracker

- A first aid incident will be recorded by the first aider on Medical Tracker/paper form on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident.

- All accidents that require additional medical intervention are recorded on Medical tracker/paper form and parents are sent an email notifying them of the incident.

7.2 Accident reporting to HSE

The Heads will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Heads will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

7.3 School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the head teachers will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent

- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

7.4 Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

7.5 Notifying parents

The first aider will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable via Medical Tracker email. This can be followed up by the class teacher or teaching assistant at the end of day. Parents will also be informed of any emergency or major incident straight away by a telephone call.

7.6 Reporting to Ofsted

The Heads will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school’s care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. The Heads will also liaise with the Cambridgeshire Advisory team regarding any serious accident or injury to, or the death of, a pupil.

8. Training

All support staff are to undertake first aid training.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders.

At all times, at least one staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

9. Monitoring arrangements

This policy will be reviewed by the Executive Head and Governors every three years

At every review, the policy will eventually need approval.

10. Links with other policies

This first aid policy is linked to

- Health and safety policy
- Supporting pupils with medical conditions policy
- Intimate care policy
- Risk assessment policy

Appendix

Appendix 1: list of first aiders

Stukeley Meadows

| Staff member's name | Status | ROLE |
|---------------------|---|--------------------------------|
| Sarah Holloway | First aid lead Paediatric first aider | Family, Pastoral HLTA and DDSL |
| Alexandra Johnstone | Paediatric first aider | SENDCo |
| Julia Jacobs | Paediatric first aider | Teaching assistant |
| Julie Peake | First aider | Teacher |
| Jess Spencer | First aider | HLTA |
| Jan Wing | First aider | Office staff |
| CJ Nisbet | First aider | Teaching assistant |
| Kerri Anderson | First aider | Teaching assistant |
| Karen Field | First aider | Teaching assistant |
| Mel Eakins | First aider | Teaching assistant |
| Bev Shaw | First aider | Teaching assistant |
| Selina Pedley | First aider | Teaching assistant |
| Lois Gosling | First aider | Teaching assistant |
| Danielle Davis | First aider | Teaching assistant |
| Emma Greenwood | First aider | Teaching assistant |
| Amy Gibbs | First aider | Teaching assistant |
| Kay Flint | First aider | Teaching assistant |
| Jayne Readman | First aider | Teaching assistant |
| Tracey Steinberg | First aider | Teaching assistant |
| Gemma Patterson | First aider | Teaching assistant |
| Caroline French | First aider | Teaching assistant |
| Leanne Provis | First aider | Teaching assistant |
| Samantha Frome | First aider | Teaching assistant |
| Katarzyna Laska | First aider | Teaching assistant |
| Sarah Newman | First aider | Teaching assistant |
| Natasha Stewart | First aider | Teaching assistant |
| Sharon Mackie | First aider | Teaching assistant |

| Staff member's name | Status | ROLE |
|---------------------|-------------|-----------------------|
| Anne Morris | First aider | Teaching assistant |
| Elisa Taylor | First aider | Lunch time supervisor |
| Susan Hall | First aider | Lunch time supervisor |
| Jackie Cooper | First aider | Lunch time supervisor |
| Janice Starrs | First aider | Lunch time supervisor |

Newton

| Staff member's name | Status | ROLE |
|---------------------|---|--------------------|
| Lisa Gibbons | First aid lead Paediatric first aider | Teaching assistant |
| Ali Crow | Paediatric first aider | Teaching assistant |
| Leana Rose | First aider | Teaching assistant |
| Emma Brown | First aider | Teaching assistant |
| Lisa Johnson | First aider | Teaching assistant |

Appendix 2: Exclusion Infection table

| Exclusion table Infection | Exclusion period | Comments |
|--|---|---|
| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended. |
| Chicken pox Five days from onset of rash and all the lesions have crusted over | | |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment |
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local HPT |
| Diarrhoea and vomiting | Whilst symptomatic and 48 hours after the last symptoms. | See section in chapter 9 |
| Diphtheria * | Exclusion is essential. Always consult with your local HPT | Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT |
| Flu (influenza) | Until recovered | Report outbreaks to your local HPT. |
| Glandular fever | None | |
| Hand foot and mouth | None | Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances |
| Head lice | None | Treatment recommended only when live lice seen |
| Hepatitis A* | Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local HPT will advise on control measures |
| Hepatitis B*, C*, HIV | None | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. |

| | | |
|---|---|--|
| Impetigo | Until lesions are crusted /healed or 48 hours after starting antibiotic treatment | Contact your local HPT for more advice Antibiotic treatment speeds healing and reduces the infectious period. |
| Measles* | Four days from onset of rash and recovered | Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife |
| Meningococcal meningitis*/ septicaemia* | Until recovered | Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed |
| Meningitis viral* | None | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information |
| Mumps* | Five days after onset of swelling | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. |
| Ringworm | Not usually required. | Treatment is needed. |
| Rubella (German measles) | Four days from onset of rash | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff |

| | | |
|--|--|--|
| Scarlet fever | Exclude until 24hrs of appropriate antibiotic treatment completed | contacts should seek prompt advice from their GP or midwife A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection team. |
| Scabies | Can return after first treatment | Household and close contacts require treatment at the same time. |
| Slapped cheek /Fifth disease/Parvo virus B19 | None (once rash has developed) | Pregnant contacts of case should consult with their GP or midwife. |
| Threadworms | None | Treatment recommended for child & household contacts |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need an antibiotic treatment |
| Tuberculosis (TB) | Always consult your local HPT BEFORE disseminating information to staff/parents/carers | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms |
| Whooping cough (pertussis)* | Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing necessary |

Appendix 3

Medication protocol letter, letter to give consent for the administration of medication

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the

school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Template C: record of medicine administered to an individual child

| | |
|----------------------------------|--|
| Name of school/setting | |
| 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 4: Individual Healthcare Plan

| | |
|--------------------------------|--|
| Name of school/setting | |
| Child's name | |
| Class and Teacher | |
| Date of birth | |
| Medical diagnosis or condition | |

Family Contact Information

| | |
|------------------|--|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

Doctors Contact

| | |
|-----------|--|
| Name | |
| Phone no. | |

Hospital Contact

| | |
|-----------|--|
| Name | |
| Phone no. | |

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

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

Arrangements for school visits/trips etc

Other information include here any additional information related to medical condition eg equipment needed.

Describe what constitutes an emergency, and the action to take if this occurs, eg Sign, symptoms and triggers.

Photo of child