



THE WEALD SCHOOL

FIRST AID POLICY

STUDENTS WITH MEDICAL NEEDS HEALTHCARE POLICY

June 2013

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INTRODUCTION

These policies have been drawn up to enable the School to provide a first aid service to staff, visitors and students, manage medication for students and to put in place management systems to support individual students with medical needs through healthcare plans.

The legal framework for this policy is set out in the DfEE/DoH circular - *Managing Medicines in Schools and Early Years Settings*. It is also written within the framework of the WSCC Health and Safety Policy 2005.

The School and its Governing Body have formulated the policy in the light of an assessment of local needs and resources.

FIRST AID POLICY

The aim of first aid is to administer help or preliminary treatment to ease or remedy the effects of injury or illness suffered at School. It is not to diagnose from symptoms or to carry out medical work normally undertaken by trained medical staff.

No member of the School staff has to give first aid, but they can volunteer. However, as the DfES's guidance explains, staff are expected to do their best at all times, particularly in emergencies. Not giving immediate help in an emergency is likely to have more serious consequences than trying to help as best one can, within one's capabilities.

FIRST AID IN THE SCHOOL

The School must provide first aid for staff, visitors and students. Contractors who work on the School site must provide their own first aid.

First aid must be available at all times when people are on site and to groups who are doing off-site activities. If for any reason, there is no first aider on site, the teacher responsible should make a judgment about the injury and call parent/guardian and/or emergency services.

It is the responsibility of all staff to familiarize themselves with the ALERT book for any medical needs of pupils in their lessons/care.

FIRST AIDERS

A first aider is someone with a current certificate from the 'Life-saver plus' course or the St John Ambulance First Aid at Work. Their main duty is to give immediate help to any injured person.

WSCC insurance covers any claims that may be made against first aiders as long as

- The treatment was given in good faith
- It was in the course of their work
- It was given to someone on WSCC premises or to someone associated with WSCC

APPOINTED PERSONS

Appointed persons are not first aiders and must only give treatment for which they have received training.

An appointed person is someone nominated to take charge when someone is injured or becomes ill, and call the emergency services. They are responsible for looking after the first aid equipment.

They must have completed a short course, such as an emergency aid, or an appointed person's course.

CONTACTING FIRST AIDERS

Notices should be posted at key points listing the School first aiders and appointed persons and how they can be contacted. Where possible, the first aiders should be located at the points in the School of highest risk.

WSSC has set the minimum number of first aiders for a School with more than a 1000 students at 3 - with 3 appointed persons. However, the minimum provision must be supplemented with a risk assessment to decide how many first aiders are needed.

First Aid points are located

Main point:

Front office

Subsidiary points:

PE office

Science prep room

Sixth form reception

Canteen office

APPOINTMENT OF FIRST AIDERS

The Headteacher should give a letter to any member of staff who agrees to become either a first aider or appointed person once they are qualified.

A member of staff who is a designated first aider is entitled to an additional allowance provided he/she holds an up-to-date first aid at work certificate (which lasts for three years). The names of first aiders must be notified to the HR unit together with copies of the relevant qualifications.

FIRST AID BOXES

These should be clearly marked with a white cross on a green background. They must be durable, protect their contents from contamination and be kept in accessible locations. Laboratories, workshops and food technology rooms should have their own first aid boxes.

The guidance given by WSSC lists the following contents:

- A leaflet giving general guidance on first aid
- Pairs of disposable gloves
- 20 individually wrapped sterile adhesive dressing (assorted sizes and blue ones for food technology)
- Sterile eye pads
- Individually wrapped sterile triangular bandages
- Safety pins
- Medium-sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- Large individually wrapped sterile unmedicated wound dressing (approximately 18cm x 18cm)
- Face mask

If tap water is not available for eye irrigation, 300ml containers of sterile water should also be included in the box.

Where soap and water are not available, individually wrapped moist cleaning wipes must be provided. If scissors are needed in the box, they must be blunt ended.

Travelling first aid kits should include the following:

- A leaflet giving general guidance on first aid
- One pair of disposable gloves
- 6 individually wrapped sterile adhesive dressing (assorted sizes and blue ones for food technology)
- Sterile eye pads
- 2 individually wrapped sterile triangular bandages
- 2 Safety pins
- One individually wrapped sterile unmedicated wound dressing (approximately 18cm x 18cm)
- Individually wrapped moist cleansing wipes
- Blunt ended scissors

Overall responsibility for first aid boxes lies with the Front Line First Aider in the Front Office. Subsidiary first aid points are responsible for ensuring first aid boxes are kept fully stocked

MEDICAL ACCOMMODATION

The School must provide accommodation to care for students during School hours, and for health professionals to carry out medical and dental examinations. It does not need to be used solely for these reasons, but it must be appropriate for this use and be available when needed. It must contain a washbasin and have a toilet reasonably nearby.

The room should have the following:

- A sink with hot and cold running water
- Soap and paper towels
- Disposable gloves

- Drinking water and disposable cups
- First aid box and materials
- Apparatus for the safe disposal of clinical waste such as a foot operated refuse container lined with a disposal yellow clinical waste bag
- A sharps container if needed
- A couch/bed with waterproof protection, clean pillows and blanket
- A chair
- A telephone
- Suitable record books

Responsibility for the medical accommodation lies with the Front Line First Aider in the Reception.

SHORT TERM MEDICATION NEEDS

Parents/guardians have prime responsibility for their child's health and should provide the School with information about their child's medical condition(s). They are also responsible for making sure that their child is well enough to attend school (Education Act 1944). Parents/guardians should keep children at home when they are acutely unwell. Advice on the circumstances concerning children with infectious diseases should be taken from the local Consultant in Communicable Disease Control.

Once parents/guardians have provided the School with sufficient information about their child's medical condition/treatment/special care needed at School, agreement should be reached about the School's role.

There is no legal duty which requires School staff to administer medication: this is a voluntary role.

The Headteacher should make sure that all parents/guardians are aware of the School's policy and procedures for dealing with medical needs.

Prescription Medicines

Many students will need to take medication (or be given it) at School at some time in their school life. Mostly this will be for a short period only. To allow students to do this will minimize the time they need to be off School. Medication should only be taken to School when absolutely necessary.

Furthermore, in an emergency, all teachers and other staff in charge of children have a common law duty to behave as any reasonable parent would to protect the health and safety of a child in their care.

Parents/guardians are responsible for supplying information about medicines that their child needs to take at School, and for letting the School know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- Name of medication
- Dose
- Method of administration

- Time and frequency of administration
- Other treatment
- Any side effects

It is helpful that, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside School hours. Parents/guardians should be encouraged to ask the prescribing doctor or dentist about this.

Prescription medicines should be lodged with the Front Line First Aider along with a note from the parents/guardians indicating details of doses, etc.

The School cannot take responsibility for reminding students at the times that they need to take medicines. It is regarded that this must be the responsibility of the student.

Non-prescription Medicines

Students sometimes ask for painkillers. School staff should generally not give non-prescribed medication to students. They may not know whether the student has taken a previous dose, or whether the medication may react with other medication being taken.

If a student suffers regularly from acute pain, such as migraine, the parents/guardians should authorize and supply appropriate painkillers for their child's use and written instructions about when the child should take the medication. A member of staff should supervise the student taking the medication and notify the parents/guardians, in writing, on the day painkillers are taken.

Paracetamol

This may be given for acute pain from migraine, painful menstruation or toothache. The parents/guardians' consent must be given before dispensing - this is sought as a matter of routine at the beginning of Year 7. The consent form is checked before any paracetamol is given to a student. Prior to this first aiders must check whether there has been any head injury. In the event of a possible head injury, no paracetamol is given.

The School policy in accordance with County Policy is that students can only be given one dose a day between the hours of 12 - 2 pm.

- One 500 mg tablet for all students

If this does not relieve the pain, parents/guardians should be informed.

The member of staff responsible for giving medicines must witness the student taking the paracetamol and must make a record of it in the medical log book and on SIMS.net. A slip is given to students to inform parents. If the student returns and feels no improvement, the parents/guardians are telephoned to inform them of the situation and no further paracetamol are dispensed.

Paracetamol must not be given before break, in case the student has had paracetamol (or a medicine containing paracetamol) before coming to School.

The member of staff responsible for giving medicines must witness the child taking the Paracetamol, and make a record of it. The school provides a slip to the parent on the day, stating the time given. Neither aspirin nor ibuprofen must never be given unless prescribed.

Pupils with Long-term or Complex Medical Needs

For pupils with significant needs, arrangements will be documented in a Health Care Plan.

RECORD KEEPING

Although there is no legal requirement for the School to keep records of medicines given to students, and the staff involved, it is good practice to do so. These records offer protection to staff and proof that they have followed agreed procedures. The School will keep a written log.

Parents/guardians should be given supply information on medicines which their child is required to take.

Responsibility for this record keeping lies with the Front Line First Aider in Student Reception.

Travel Sickness Remedies

If a student needs to take travel sickness medicine on an offsite activity, it may only be given with the parents/guardians written consent. Parents/carers must supply the medicine in the original packaging and must have the manufacturer's instructions included.

ADMINSTERING MEDICATION

Teachers and non-teachers conditions of employment do not include giving medication or supervising a student taking it, although staff may volunteer to do this. Any member of staff who agrees to accept responsibility for administering prescribed medication to a student should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur.

No student under 16 should be given medication without his or her parent's written consent. Any member of staff giving medicine to a student should check:

- The student's name
- Written instructions provided by parents/guardians or doctor
- Prescribed dose
- Expiry date

It is good practice to have the dosage and administration witnessed by a second adult.

A record should be made each time medication is given to a student.

If students refuse to take medication, School staff should not force them to do so. The School should inform the student's parents/guardians as a matter of urgency. If necessary, the School should call the emergency services.

STAFF TRAINING

The school ensure that staff who administer medicine are fully briefed in general procedures for medicines and that they receive appropriate training to administer specific medicines, for example, epipens, insulin. Records are maintained of all training completed by staff.

STORAGE OF MEDICINES

Some medicines may be harmful to anyone for whom they are not prescribed. The school therefore has a duty to ensure that these risks are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Large volumes of medication should not be stored. Only the amount needed for a student should be stored as a rule.

Any stored medicines should be labelled with the name of the student, the name and dose of the drug and the frequency of administration. If a student needs two or more prescribed medicines, each should be in a separate container.

School staff should never transfer medicines from their original containers.

Students should know where their own medication is stored and who holds the key.

Asthma inhalers must be readily available to students and must not be locked away and usually should be carried by the students themselves.

Other medicines should be stored in a locked cupboard in a place not accessible to students.

If a medicine is locked away that a student may need in an emergency, all staff should know where to obtain keys to the medical store.

Medicines which need refrigeration should be kept in an airtight container and clearly labelled. Access must be restricted to the refrigerator holding medicines.

Responsibility for the storage of medicines lies with the Front Line First Aider in the Reception.

DISPOSAL OF MEDICINES

School staff must not dispose of medicines. Parents/guardians should collect medicines held at the School at the end of each School year, or term, as appropriate.

Responsibility for the safe disposal of medicines via parents/guardians lies with the Front Line First Aider in the Reception.

HYGIENE/INFECTION CONTROL

All staff dealing with students with medical needs must be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. They must have access to protective disposable gloves and take care when dealing with spillages of blood/body fluids.

Dressings or equipment must be disposed of in yellow bags.

HEAD LICE

Head lice are not a health hazard in that they do not carry serious diseases and there are over-the-counter remedies available.

Students who have head lice should not automatically be sent home, isolated or kept away from School. However, if live lice have been identified during the school day, there are a number of things the Headteacher can do:

- Tell teachers and other staff that the student may have had lice for some time
- As infestation can only be spread by head-to-head contact, the class can be managed to limit this contact
- Inform the parents/guardians and ask that the child's hair is checked and given treatment if necessary
- If the child's parents/guardians do not co-operate, send them a reply slip asking them to confirm that their child is receiving treatment to get rid of the head lice.

If considered appropriate, the Headteacher may wish to send out a periodical letter to parents/guardians giving information about head lice.

HEAD BUMPS

Parents/guardians must be informed if their child receives a bump to the head. Parents/guardians can then look out for any of the warning signs should the bump be more serious than expected. The parents/guardians should be informed by telephone or by sending a note home with the student, if that is a more reliable way of passing information.

STUDENTS WITH INFECTIOUS DISEASES

These students must not attend school. They must only return when they feel well, and must stay away longer if there is still a risk of infection. **THE TABLE ATTACHED AS APPENDIX 1 SHOWS THE RECOMMENDED PERIODS.**

Further advice can be sought from the local Consultant in Communicable Disease Control. (01372 869625).

MENINGITIS

All staff should be made aware of the symptoms of meningitis. If meningitis is suspected, an ambulance must be called immediately to take the student to the nearest hospital. A member of staff should go with the student and insist on seeing medical staff as soon as they arrive to tell them that meningitis is suspected.

The Headteacher should provide general information about meningitis to parents/guardians (Model letter attached AT **APPENDIX 2**) to all parents/guardians. However, parents/guardians should not be told about a suspected case until it has been confirmed by the Consultant in Communicable Disease Control.

Where a doctor diagnoses meningitis and septicemia, he or she must report it to the local Health Protection Office who will then contact the LEA. This Office will then advise the LEA and School on what to do.

SUN SAFETY

Students should be reminded of the dangers of prolonged exposure to the sun, at appropriate times of the year.

They should be further reminded if participating on school trips where exposure could be an issue.

PREGNANT STAFF

Pregnant staff should be informed if cases of chickenpox, German measles or slapped cheek disease are known to exist amongst staff or students, as these can be dangerous to unborn babies.

OUT OF SCHOOL ACTIVITIES

The School would encourage students with medical needs to participate in out of school activities, where safety permits. Sometimes additional safety measures would need to be in place. A first aider or appointed person should accompany all trips/activities and should be given information by the activity organizer on all particular medical needs of students.

EDUCATIONAL VISITS

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure to complete a consent form (Appendix 3) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and paracetamol) cannot be administered by staff and pupils and must not carry them for self-administration. Hay fever remedies etc should therefore be provided, if necessary, on prescription.

Occasionally it may be necessary to administer paracetamol to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit using a , 'Request for school to administer medicine' form (Appendix 3) before paracetamol can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case - a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol tablets for administration to pupils during a residential visit. The medication will be stored and administration recorded as

for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

Travelling Abroad

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number).

EMERGENCY PROCEDURES

All school staff must know how to call the emergency services. Any student taken to hospital by ambulance must be accompanied by a member of staff or parent/guardian. A member of staff should remain at the hospital until the parent/guardian arrives.

Should an emergency situation occur to a pupil who has a Health Care Plan, the emergency procedures detailed on the plan are followed, and a copy of the Health Care Plan is given to the ambulance crew.

Generally staff should not take students to hospital in their own car. However, this may be the only course of action available at times. The member of staff should be accompanied by another adult and have business use vehicle insurance.

IMMUNISATION PROGRAMMES/HEALTH CHECKS

The School will co-operate with programmes and health checks by the School Health Service. There will be a place for students to be immunized/checked and a place for them to be looked after if they are unwell.

Parents/guardians must be asked to give written consent before their child is seen by anyone from the School Health Service.

Responsibility for the arrangements for these programmes/checks lies with the Front Line First Aider in the Reception.

HEALTH EDUCATION

Health Education and promotion is integrated into the students' education and in the School environment.

INTERVIEWS WITH DOCTORS AND NURSES

Interviews with doctors and nurses with students and their parents/guardians must be private.

STUDENTS HEALTHCARE POLICY

Some students may have medical conditions, which if not properly managed, could limit their access to education. Such students are those who are regarded as specifically having **medical needs**. For such students, the Headteacher will need to agree with the parents/guardians exactly what support the school can provide. If there is concern about whether the School can meet a student's needs or where the parents/guardians expectations appear unreasonable, the Headteacher can seek advice from the school nurse or doctor, the student's GP or other medical advisor. An individual healthcare plan would normally be drawn up, identifying the necessary safety measures needed to support that student and ensure that they and others are not put at risk.

The School nurse or doctor may help the School in drawing up individual healthcare plans.

The School will need to know

- Details of students condition
- Special requirements eg dietary needs, preactivity precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the School can play

A written agreement with parents/guardians clarifies for staff, parents/guardians and the student the help that the school can provide and receive. The School should agree with parents/guardians how often they should jointly review the healthcare plan. It should be done at least once a year.

The School should judge each student's needs individually as young people vary in their ability to cope with poor health or a particular medical condition.

However, the School's medication policy must be applied uniformly.

The following may need to contribute to the Healthcare Plan:

- Headteacher
- Parent/guardian
- Student
- Form tutor/Head of Year
- Support staff
- School staff who have agreed to administer medication or be trained in emergency procedures
- School health service
- Student's GP or other healthcare professional.

A healthcare plan may reveal the need for some School staff to have further information about a medical condition or specific training in administering a particular type of medication

or in dealing with emergencies. School staff must not give medication without appropriate training from health professionals. If School staff volunteer to assist a student with medical needs, the School must arrange appropriate training.

The Front Line First Aider should co-ordinate and disseminate the information on an individual student with a healthcare plan. In the case of a student specifically located in the Special Needs Unit, The SENCO will undertake this role. An example of a healthcare plan is shown as **APPENDIX 4.**

MEDICAL CONDITIONS OF COMMON CONCERN IN SCHOOL FOR WHICH GENERIC HEALTHCARE PLANS SHOULD BE PREPARED: ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

Asthma

A list of asthma sufferers is kept in the medical room.

Students with asthma should be encouraged to participate as fully as possible in all aspects of School life, although special consideration may be needed before undertaking some activities (special warm up exercises before exercise). They must be allowed to take their reliever inhaler with them on all off-site activities.

Most students with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age.

Young people with asthma must have immediate access to their reliever inhalers when they need them.

It is helpful if parents/guardians are asked to provide the School with a spare inhaler for their child. These should be clearly labelled with the student's name and stored safely.

Students should not take medication which has been prescribed for another student.

If a student has an asthma attack, the person in charge should prompt them to use their reliever inhaler, if they are not already doing so. It is also good practice to reassure and comfort them to breathe slowly and deeply.

The person in charge should not put his/her arm around the student, as this may restrict breathing. The student should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the student appears very distressed, is unable to talk and is becoming exhausted, the emergency services should be called.

Epilepsy

Parents/guardians should be encouraged to inform the School if their child has epilepsy and of the likely triggers.

Nothing must be done to stop or alter the course of a seizure once it has begun. The student should not be moved unless he or she is in a dangerous place, his/her head should be carefully

cradled by the person in charge. The student's airway must be maintained at all times. The student should not be restrained and there should be no attempt to put anything into the mouth (unless specifically indicated on their care plan). Once the seizure has stopped, the student should be turned on his or her side and put into recovery position. The person in charge should stay with the student until he or she recovers and reorientates.

An ambulance should be called if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

Students with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities, such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with students and their parents/guardians.

When drawing up healthcare plans for students with epilepsy, parents/guardians should be encouraged to tell the School about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

Diabetes

The diabetes of the majority of school-aged young people is controlled by injections of insulin. It is unlikely that these would need to be given during school hours. The young person will need to ensure his or her blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the lunch break or more regularly if their insulin needs adjusting. Most students will do this for themselves but may need a suitable place to do it.

Students with diabetes must be allowed to eat regularly during the day - this may include snacks during class time or prior to exercise.

Staff in charge of PE or other physical activity sessions must be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

All staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypoglycaemic reaction in a student with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

Each student may experience different symptoms and this should be discussed when drawing up the healthcare plan.

If a student has a hypo, it is important that fast acting sugar is given immediately. Slower acting starchy food should be given once the student has recovered, some 10-15 minutes later. If a student's recovery takes longer, or in cases of uncertainty, an ambulance should be called.

Anaphylaxis

In the most severe cases of anaphylaxis, students would be prescribed a device for injecting adrenaline. They would carry their own medication, but if not, a suitable safe yet accessible place for storage of a spare device should be found and all trained staff informed of the location.

If the adrenaline injection is administered, an ambulance should always be called.

The School cannot guarantee that students will not come into contact with the allergen responsible for anaphylaxis. It can only seek to minimize the risk. The School kitchen must indicate, where known, any ingredients that have been used in food production which may produce an allergic reaction.

Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

Arrangements for taking any necessary medication will need to be taken into consideration.

Staff supervising excursions should be aware of any medical needs and any relevant emergency procedures.

Sometimes a specific supervisor or parent might accompany a particular student.

SPORTING ACTIVITIES

Many students with medical conditions can participate in sports/PE. Any restrictions on a student's ability to participate in PE should be included in their individual health plan.

Some students may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sports/PE should be aware of relevant medical conditions and emergency procedures.

CONFIDENTIALITY

The Headteacher and School staff should treat medical information confidentially. The Headteacher should agree with the student and his/her parents/guardians who should have access to the records and other information. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

INTIMATE OR INVASIVE TREATMENT

Staff may be reluctant to volunteer to administer intimate or invasive treatment. Parents/guardians and the Headteacher must respect such concerns and any involvement by staff must be voluntary.

If a volunteer is forthcoming, the Headteacher should arrange appropriate training. It is advisable to always arrange for two members of staff (one the same gender as the student) to be present for the administration of intimate or invasive treatment. Staff should protect the dignity of the student as far as possible, even in emergencies

APPENDIX 2

Model letter to parents about meningitis

Choose the correct option in square brackets

Dear Parents,

One of the children that attends the school has been admitted to hospital with the diagnosis of probable [viral] [bacterial] meningitis. I am in contact with specialist doctors from the West Sussex Health Authority and will keep you informed of any further developments.

The advice of the medical specialists is to maintain the normal routine. There is no increased risk to other children from a single case such as this. In addition, there is no reason to keep children away from school or alter your normal domestic routine.

It is sensible to be aware of the signs and symptoms of meningitis and meningococcal disease. The enclosed leaflet will explain what the illness is, the symptoms to watch out for, and what to do if you are particularly concerned about your child's health. I hope this will allay the inevitable anxiety which I know many of you will be feeling.

The National Meningitis Trust operates an excellent helpline on 0845-6000-800 if you have any further questions. Their website is www.meningitis-trust.org.uk. Also the Meningitis Research Foundation has a helpline on 080-8800-3344.

Yours sincerely

APPENDIX 3

FORM 3B

Parental agreement for school/setting to administer medicine

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 staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry Date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by (name of 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.

Parent's signature: _____

Print Name: _____

If more than one medicine is to be given, a separate form should be completed for each one.

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Date: _____

Signature(s): _____

Relationship to child: _____

APPENDIX 4

FORM 2 - Healthcare Plan

Name of School/Setting _____

Child's Name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review Date _____

FAMILY CONTACT 1		FAMILY CONTACT 2	
Name		Name	
Phone No. Work		Phone No. Work	
Home		Home	
Mobile		Mobile	

Clinic/Hospital Contact	GP
Name:	Name:
Phone No:	Phone No:

Describe medical needs and give details of child's symptoms:-

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:-

Follow up care:-

Who is responsible in an Emergency:- (State if different for off-site activities)

Form copied to:-
