



ARNOLD LODGE

4 - 18 yrs Co-educational Independent Day School

First Aid Policy

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Lorraine Neale, School Nurse

Date: 13.02.26

Last Reviewed: February 2026

Review Period: Annually

Next Review Due: August 2026

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This policy is applicable to all adults and pupils, including those in the EYFS. Children must not attend school for 48 hours after the symptoms of vomiting and diarrhoea have ceased.

1. Statement of Intent

The Board of Directors and Headteacher of Arnold Lodge School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

We are committed 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.
- > Ensure procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (**including supply staff**) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, a staff member will accompany the pupil to the Medical Room. In order to manage their medical condition effectively, the School will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and staff should be aware of.

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, and guidance from the Health and Safety Executive on incident reporting in schools

- [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 Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils."

3. Roles and Responsibilities

3.1 The School Nurse

The School Nurse will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in school, including supporting staff on implementing a pupil's Healthcare Plan. The School Nurse will work with the Headteacher to determine the training needs of school staff. Suitable cover will be provided in the absence of the School Nurse.

The School Nurse will:

- > Take charge when someone is injured or becomes ill
- > Ensure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- > Ensure that an ambulance or other professional medical help is summoned when appropriate.
- > Be aware of their responsibilities when a pupil has been identified as having a medical condition which will require support in school
- > Support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training

3.2 The First Aid Training Log

First aiders are trained and qualified to carry out the role 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 the same day, or as soon as is reasonably practicable, after an incident.

Alice Day	Paediatric First Aid at Work	July 2025	July 2028
Cathleen Freeman-Pask	Paediatric First Aid at Work	January 2024	January 2027
Charley Thomas	Paediatric First Aid at Work	April 2024	April 2027
Chloe Kimmel	Paediatric First Aid at Work	November 2024	November 2027
Cressida Dolphin	Paediatric First Aid at Work	July 2025	July 2028
Debbie Oswin	Paediatric First Aid at Work	February 2025	February 2028
Emma Griffiths	Paediatric First Aid at Work	April 2024	April 2027
Florentina Neacsu	Paediatric First Aid at Work	October 2025	October 2028
Gary Morton	Paediatric First Aid at Work	September 2024	September 2027
Gemma French	Paediatric First Aid at Work	January 2025	January 2028
George Chellis	Paediatric First Aid at Work	April 2024	April 2027
Holly Patterson	Paediatric First Aid at Work	October 2024	October 2027
Hope Watson	Paediatric First Aid at Work	February 2026	February 2029
Hayley Smith	Paediatric First Aid at Work	March 2024	March 2027
Isabella Pepe	Paediatric First Aid at Work	October 2025	October 2028
Jade Morris	Paediatric First Aid at Work	August 2025	August 2028
Jason East	Paediatric First Aid at Work	October 2025	October 2028
Jaurat Grant	Paediatric First Aid at Work	October 2024	October 2027
Jenny Ellis	Paediatric First Aid at Work	April 2024	April 2027
Jess Warriner	Paediatric First Aid at Work	July 2025	July 2028
Jessica Owen	Paediatric First Aid at Work	February 2024	February 2027
Katherine Grunow	Paediatric First Aid at Work	August 2025	August 2028

Kevin Totts	Paediatric First Aid at Work	September 2025	September 2028
Kirsty Cook	Paediatric First Aid at Work	February 2024	February 2027
Kiran Bains	Paediatric First Aid at Work	October 2025	October 2028
Kerry Jordan	Paediatric First Aid at Work	December 2023	December 2026
Laura McTernan	Paediatric First Aid at Work	May 2024	May 2027
Lorraine Freeman	Paediatric First Aid at Work	February 2024	February 2027
Lois Thomas	Paediatric First Aid at Work	January 2024	January 2027
Louise Maher	Paediatric First Aid at Work	January 2024	January 2027
Lisa Wright	Paediatric First Aid at Work	December 2023	December 2026
Libby Basnett	Paediatric First Aid at Work	September 2024	September 2027
Lucie Jones	Paediatric First Aid at Work	July 2025	July 2028
Matthew James	Paediatric First Aid at Work	January 2025	January 2028
Megan Hutchinson	Paediatric First Aid at Work	May 2024	May 2027
Melissa Jervis	Paediatric First Aid at Work	February 2024	February 2027
Michael Griffin	Paediatric First Aid at Work	September 2024	September 2027
Michelle Simons	Paediatric First Aid at Work	August 2025	August 2028
Millie Davidson	Paediatric First Aid at Work	April 2024	April 2027
Olivia Colledge	Paediatric First Aid at Work	August 2023	August 2026
Paul Godfrey	Paediatric First Aid at Work	September 2025	September 2028
Peter Hyam	Paediatric First Aid at Work	September 2024	September 2027
Poppy Hickin	Paediatric First Aid at Work	October 2025	October 2028
Phoebe Stone	Paediatric First Aid at Work	October 2023	October 2026
Rachel Emmerson	Paediatric First Aid at Work	January 2024	January 2027
Rebecca Allen	Paediatric First Aid at Work	July 2025	July 2028
Rebecca Dodd	Paediatric First Aid at Work	January 2025	January 2028
Ruby Orne	Paediatric First Aid at Work	May 2024	May 2027
Ruby Clarke	Paediatric First Aid at Work	October 2023	October 2026
RumanEEK VraitCh	Paediatric First Aid at Work	September 2025	September 2028
Sabreen Atwal	Paediatric First Aid at Work	February 2025	February 2028
Sonia Tester	Paediatric First Aid at Work	January 2024	January 2027
Sophie Miller	Paediatric First Aid at Work	October 2025	October 2028
Vicky Tomblin	Paediatric First Aid at Work	October 2025	October 2028
Wayne Pithie	Paediatric First Aid at Work	September 2024	September 2027

3.3 The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- > Ensuring that an appropriate number of appointed persons and/or trained first aid personnel 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

- > Maintaining an up-to-date register of all trained first aiders, the training they have received, and the date their certificate expires

3.4 The School Staff

School staff are responsible for:

- > Ensuring they follow first aid procedures
- > Ensuring they know who the first aiders in school are
- > Completing accident reports for all incidents they attend to where a first aider/appointed person is not called
- > Informing the Headteacher or their manager of any specific health conditions or first aid needs

3.5 Early Years Foundation Stage (EYFS)

- > Children will always have a paediatric first aid trained member of staff with them.
- > Parents should alert the school if their child contracts a notifiable disease
- > Parents will be informed of the administration of medicine and the time it was given the same day or as soon as reasonably practicable
- > Parents will be informed of an accident and the first aid given the same day or as soon as reasonably practicable.
- > PFA trained staff will be with children during mealtimes and on EYFS outings.

3.6 Pupils

- > Where appropriate pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan.

3.7 Parents/Carers

- > Should provide the school with sufficient and up to date information about their sons/daughters medical needs
- > Should be involved in the development and review of their son/daughters individual healthcare plan
- > Should carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times)
- > Parents should alert the school if their child contracts a notifiable disease.

4. The role of support staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff should always ensure that dosage and administration instructions are clear and follow these. If instructions are unclear then staff must not administer the medicine, and instead contact parents.

5. First Aid Boxes & Management of First Aid Equipment

The Medical Room is equipped with a basin and running water, and is situated near to a toilet, enabling appropriate medical examination, treatment and short-term care of sick or injured pupils.

Portable School first-aid boxes are coloured green and are identified by a white cross on a green background. Fixed first-aid boxes are coloured white and identified by a green cross on a white background. This conforms to the Safety Signs and Safety Signals Regulations. Each fixed box is placed where it can be clearly identified and readily accessible.

Portable First-Aid kits (3) are available from the School Nurse to take off-site for trips and returned to the medical room after use by the trip organiser. The School Nurse will ensure that these portable first-aid kits are fully stocked prior to the trip and any additional medical or first-aid equipment that is required for the trip is also available if the teacher/first aider have given sufficient notice of the equipment needed for the trip.

The Portable First-Aid kits available in each classroom are visible at the entrance door of each classroom and can be used for minor injuries, more serious injuries see the School Nurse. The School Nurse will each term check all school First-Aid kits and First Aid cabinets and stock will be replenished, any out of date items will be removed and restocked accordingly.

If stock runs low in between the nurses' term check, or if any of the kit or medical equipment is damage, broken or needs replacing staff/teacher to inform the School Nurse immediately and arrangements will be made.

School Nurse will have overall responsibility for maintaining and checking the first aid equipment, although this can be delegated to a first aider or other competent staff member. There is an expectation that teaching and/or first aiders will take responsibility for also checking the first-aid kit in their allocated classroom or before a school trip, to ensure it is adequately stocked.

First aid Boxes can be found at the following locations:

- > Main Playground;
- > Junior Playground;
- > Main School Office;
- > Kitchen (inside main door by laundry);
- > Staffroom;
- > Main School outside room A5 / A6;
- > Food Technology room A4;
- > Science block S2 laboratory;
- > Science block S4 laboratory;
- > Sixth Form kitchen area;
- > Hall block outside room H4;
- > Alkerton building first floor inside the photocopier room;

The School Nurse will also ensure that all out of date items contained in the first aid boxes are discarded and replaced. These need to be checked on a regular basis i.e. termly. Although the School Nurse is responsible for maintaining and checking the first aid equipment, it is also expected that before going on duty / on a school visit etc., first aiders shall take responsibility for ensuring their first-aid box and bag contents are sufficient.

6. First Aid Procedures

In the case of a pupil accident, the procedures are as follows:

- > The closest member of staff present will assess the seriousness of the injury and seek the assistance of the School Nurse or qualified first aider, if appropriate, who will provide the required first aid treatment
- > The School Nurse/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 scene until help arrives
- > The School Nurse/ first aider will also decide whether the injured person should be moved or placed in a recovery position
- > If the School Nurse or, in the absence of the school nurse, 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 School Nurse/ first aider will recommend next steps to the parents
- > If emergency services are called, the School Nurse/ first aider will contact parents immediately

- > The School Nurse, first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- > If the child has to be taken to hospital or the injury is 'work' related, then the accident is reported to the Board of Directors.
- > If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Board of Directors will arrange for this to be done.
- > For accidents involving bodily fluids, refer to the ALS Control of Infectious Disease Policy.
- > Parents will be informed of an accident and the first aid given the same day (or as soon as reasonably practicable).
- > In the event of a head injury, parents will always be informed on the same day, regardless of whether the pupil appears well.
- > In the event of a serious accident, illness, injury to, or death of a pupil in the Early Years Foundation Stage while in the school's care, the Head of School will notify Ofsted and Warwickshire Children's Services as soon as reasonably practicable.

7. School Visits/ Managing medication on an Outing/Residential visit

As part of the inclusive nature of the school we encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit.

Staff should ensure spare Inhalers are taken for all children who suffer from asthma and pupils carry personal inhalers and Epipens at all times.

For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support.

Parent/carers will be asked to complete medical forms at least three weeks before the visit at which point the School will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in date and provided in the original packaging as supplied from the pharmacy.

In the case of a **residential visit**, the residential first aider will administer First Aid and medications. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

8. Storage and Administration of Medication

There are an increasing number of children attending schools with medical conditions. Schools, acting in loco parentis, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines. In accordance with the school Storage and Administration of Medicines Policy the school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

We have set out a clear medicines policy that is understood and accepted by staff, parents and pupils and provides a sound basis for ensuring the proper and safe administration of both prescribed and 'Over the Counter' (OTC) medications.

8.1 Over the counter medications

- > All medicines will be stored safely in a locked cabinet in the Medical Room. They are issued to pupils under a "homely remedy protocol".

- > Controlled drugs are kept in a locked cabinet in the Medical Room.

8.2 Prescribed medications

- > They are only issued to the pupil for whom they have been prescribed;
- > They must remain in their original container that should be childproof;
- > The original dispensing label must not be altered;
- > Medication for use in urgent situations, for example antibiotics must be prescribed individually for each pupil as and when required;
- > Stocks of prescription medicines must not be held;

8.3 Administration of prescribed and non-prescribed medication by unqualified staff

There are designated, appropriately trained first aiders for the administration and management of medicines in school. There is a written protocol for the administration of prescribed medication which outlines the following: -

- > Checking the identity of the pupil;
- > Checking that the administration sheet matches the label on the drug;
- > Immediate initialling of the administration sheet;
- > Recording a pupil's refusal to take medication.

Training is required for all staff who administer medication, highlighting issues such as indications, contra-indications, side-effects, dosage, precautions regarding administration, clear reasons for not giving the drug and duration of treatment before nursing or medical advice is sought;

The protocols are agreed, understood and accepted by staff, and known to pupils and parents.

All staff with access to this area must be aware of:-

- > What medication is in the Medical Room.
- > Who it belongs to.
- > The person authorised to administer the medication in the absence of the School Nurse.

Upon completion by the parent/carer, **Form 3 Parental Agreement for School/Setting to Administer Medicine** will be kept in a locked cupboard in the Medical Room with the medication, giving details of the dose and frequency of administration to the pupils concerned.

Pupils with medical conditions should know where their medication is kept and have access to it via the School Nurse or, in her absence, a member of Staff with access to the medication cupboard.

A refrigerator is provided in the Medical Room to provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

Medicine (with the exception of individual inhalers) should be stored in the Medical Room cupboard or refrigerator, with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. Adrenaline auto-injectors will be stored in a box clearly labelled with the child's name for clear identification.

It is essential that a pupils' emergency medication is immediately accessible for that pupil, if participating in an extra curriculum activity, including After School clubs or activities.

Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

The School will only accept non-prescribed medicines if these are in-date, labelled, provided in the original container as purchased, and include instructions for administration, dosage and storage.

In all cases it is necessary to check:

- > Name of child
- > Name of medicine
- > Dosage
- > Written instructions provided by prescriber
- > Expiry date.

8.4 Administration of Medication in a life threatening emergency

In extreme emergencies e.g. an anaphylactic reaction, the administration of adrenaline by injection (1:1000), chlorpheniramine and hydrocortisone are among those drugs listed under Article 7 of the Prescription Only Medicines (Human Use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.

8.5 Recording and monitoring of records

Information about every child who has medication given to them at school must be recorded on Engage. This form must be retained by the school and a copy given to the parent/carer.

Records must be properly completed, legible and current by the school nurse/first aider as soon as possible after the administering of the medication. They must provide a complete audit trail for all medications.

ALL medicines brought into school should be recorded for each pupil including over the counter and complementary medicines.

The Medicine Administration Record (MAR) Chart / Book should include:

- > Name of pupil;
- > Date of receipt;
- > Name, strength and dosage of drug;
- > Quantity of the drug;
- > Signature of the member of staff receiving the drug.

This document is completed for all drugs administered (including homely remedies) and is retained for 15 years after the last entry.

8.6 Controlled drugs

The Arnold Lodge School practice dictates that the storage of controlled drugs should comply with the Misuse of Drugs (Safe Custody) Regulation (1973) as amended.

The school will provide:

- > A secure, lockable cupboard should be used which contains nothing else;
- > Only those with authorised access should hold the keys to the cupboard;
- > Separate records for the administration of controlled drugs should be kept in an appropriate, bound record book with numbered pages;
- > The balance remaining should be checked at each administration and monthly.

9. Disposal of Medicines

The school nurse will check all medicines kept in school each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal by the School Nurse.

Sharps boxes should always be used for the disposal of needles. There is a sharps box in the Medical Room. If any child requires regular injections (e.g. Insulin), they will have their own Sharps box which can be taken offsite with them on trips etc. The parents will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.

10. Administering Medicine in School

Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that where feasible parents should administer medication outside of school hours.

Arnold Lodge School, in compliance with the DfE document: Supporting children at school with medical conditions (2017) will ensure that:

- > No child under 16 will be given prescription or non-prescription medicines without consent from parents.
- > No child under 16 will be given non-prescription medicines without verbal consent of parents.
- > Where a parent provides non-prescription medicine for a child, this must be accompanied by a completed Form 3 and the medicine stored in the school office
- > A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor
- > The School will only accept medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- > The School will keep a record of all medicines administered to individual children

Wherever possible, the pupil will administer their own medicine, in the presence of the School Nurse. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, the School Nurse, or in her absence, a First Aider will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available from the School Nurse.

Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

11. Emergency Medication for Anaphylactic Shock

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.

Where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that one in date adrenaline auto injector (e.g. an Epi Pen) is kept in the school. The pupil should also keep an auto injector on their person – refer to the section on Self-Management. If this is not appropriate, the auto injector should be kept safely in the pupil's classroom and taken outside during break time, during lunch and during PE lessons by a member of staff.

The second auto-injector should be kept in the medicine cupboard in the Medical Room and be available for administering if the pupil goes into anaphylactic shock. The auto-injector should be kept in a container clearly labelled with the child's name and class title.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately.

If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. If advised to do so by the emergency services, the school auto-injector will be used even where consent has not been received and full details of the advice

given and dosage administered will be recorded. The School should inform the emergency services that an emergency adrenaline auto-injector is in the school.

12. Emergency Adrenaline Auto-Injector

Arnold Lodge School has chosen to hold an emergency Adrenaline Auto-Injector **EpiPen** and **JEXT** to be administered to pupils in an emergency if the pupil's own prescribed auto-injector cannot be administered correctly without delay.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency injector to establish which pupils have this in place. The School Nurse is responsible for ensuring that this register is reviewed and kept up to date. This information will also be included on the pupil's IHCP.

13. Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required. Parents will then be informed and arrangements made regarding where they should meet their child. Parents are responsible for providing the school with up-to-date contact names and telephone numbers.

14. Defibrillators

A Defibrillator AED is available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

The local NHS ambulance service have been notified of its location.

15. Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- > Epileptic
- > Asthmatic
- > Have severe allergies, which may result in anaphylactic shock
- > Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An Individual Healthcare Plan (IHCP) can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. For pupils with complex medical conditions, the school may request additional background information and practical training for school staff.

The IHCP will cover the following:-

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, whether it is a controlled drug, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and any environmental issues (crowded corridors, travel time between lessons).
- Specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, rest periods or additional support in catching up with lessons.
- The level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by the School Nurse or in her absence, a member of staff, or self-administered by the pupil during school hours.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's conditions.
- Arrangements in the event of an emergency, including whom to contact and contingency arrangements if they are unavailable.

Linked Policies and Procedures

- > Storage and Administration n of Medicine Procedure
- > Control of infectious Disease Policy
- > Food Safety and Hygiene Policy
- > Pupil Injuries Accident, Investigation and Reporting Procedure
- > Medical Cover during School Nurse absence Procedure
- > Food Allergy Procedure

Appendix: Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan
Form 3:	Parental agreement for school to administer medicine
Form 4:	Record of regular medicine administered to an individual child
Form 5:	Indication for administration of medication during epileptic seizures
Form 5A:	Epileptic seizure chart
Form 6A:	Emergency instruction for an allergic reaction - EpiPen®
Form 6B:	Emergency Instructions for an allergic reaction - Anapen®

Form I: Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:
01926 778050
2. Give your location as follows:
Arnold Lodge School 15-17 Kenilworth Road, Leamington Spa,
3. State that the postcode is:
CV32 5TW
4. Give exact location in the school
On the Kenilworth Road, further up from the Tennis Courts
5. Give your name: _____
6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

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

Put a completed copy of this form by the telephone

Form 2 - Health Care Plan

Health Care Plan for a Pupil with Medical Needs

Name:		Date of birth:	
Address:			
Name of School: Arnold Lodge School		Year group/Form:	
Medical condition/s:			
Date of Plan:		Review Date:	
Emergency contacts	Contact 1 (Parent/Guardian)	Contact 2	Contact 3
Name:			
Home Phone:			
Mobile:			
Work:			
Relationship to pupil:			
Person responsible for providing support in school: Member of staff in charge – must be first aid trained			
GP Name:		Hospital/Clinic Name:	
GP Phone No:		Hospital/Clinic Phone No:	
Describe medical condition and give details of pupil's individual symptoms:			
Name of medication:			
Dosage/timings:			
Administered by:			
Side effects:			
Daily care requirements:			
Specific support for the pupil's educational, social and emotional needs:			
Arrangements for school visits/trips etc:			

Other information:
Describe what constitutes an emergency, and the action to take if this occurs:
Who is responsible in an emergency:

The information contained within this plan must be treated in confidence and should be used to set up a good support system.

- > An individual health care plan can help staff at Arnold Lodge School to identify the necessary safety measure to support pupils with medical needs and ensure that they and others are not put at risk.
- > The health care plan is a written agreement with parents which clarifies for all concerned the help that the school can provide and receive.
- > Each plan will contain different levels of detail according to the needs of the individual pupils.

Form 3: 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 / setting has a policy that staff can administer medicine.

Date	
Child's Name	
Group / Class / Form	
Name & Strength of Medicine	
Expiry Date	
How much to give (dose to be given)	
When to be given	
Other instructions	
<p>Number of tablets / quantity to be given to school.</p> <p><i>Please note: medicine must be in the original container as dispensed by the pharmacy</i></p>	
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 my 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

Form 4: Record of medicine administered to an individual child.

Date	
Child's Name	
Group / Class / Form	
Name & Strength of Medicine	
Expiry Date	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned home and date	
Dose and frequency of medicine	
Staff signature	
Parent signature	

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

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

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

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

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

FORM 5: Indication for Administration of Medication During Seizures

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parents consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

FORM 5B: Authorisation for the administration of rectal diazepam

Child's Name: -----

Date of birth: -----

Group /Class / Form -----

Child's Address -----

GP -----

Hospital consultant -----

----- (name of child) should be given Rectal Diazepam
----- mg. If he / she has a *prolonged epileptic seizure lasting over ----- minutes.

OR
*serial seizures lasting over ----- minutes.

An ambulance should be called for *at the beginning of the seizure.

OR
If the seizure has not resolved *after ----- minutes.

(*please delete as appropriate)

Doctor's signature: -----

Parent's signature: -----

Print Name: ----- Date: -----

NB: Authorisation for the Administration of Rectal Diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, consultant and / or Epilepsy Specialist Nurse and reviewed regularly. This secures the medicine is administered appropriately.

The authorisation should clearly state:
when the diazepam is to be given e.g. after 5 minutes; and
how much medicine should be given.

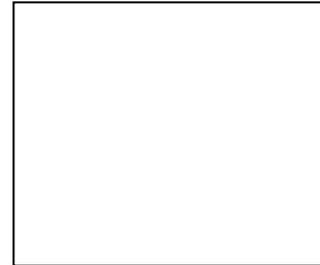
Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

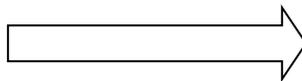


IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:
.....

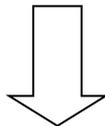
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –

SEVERE REACTION

ACTIONS

1. Get _____'S EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an 'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Pediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

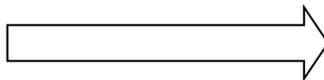


IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:
.....

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

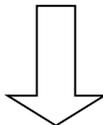


ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see **SEVERE REACTION**

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



SEVERE REACTION ACTIONS

1. GET _____'S ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an 'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619898
Website: www.allergyuk.org

Anaphylaxis UK

Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org

Asthma UK and Lung UK

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900
Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555
Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)
Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288
Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850
Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633
Textphone: 08457 622 644
Fax: 08457 778878
Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsyse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/