

FIRST AID, ADMINISTRATION OF MEDICINES AND SUPPORTING STUDENTS WITH MEDICAL CONDITIONS



This policy has been updated to reflect the statutory guidance ‘*Supporting Pupils at School with Medical Conditions.*’ (February 2023)

This policy should be read in conjunction with the following policies:

- **Child Protection and Safeguarding**
- **Educational Visits (and associated forms)**
- **Mental Health Policy**
- **Transgender Policy**

FIRST AID

Principles

First aid can save lives and prevent minor injuries becoming major ones. The Governing Body accepts the responsibility to provide adequate and appropriate equipment and facilities for providing first aid in school. The Governing Body is responsible for the health and safety of their employees and anyone else on the school premises. This includes:

- Arrangements for first aid
- Number of first aiders/emergency first aiders at work
- Number and location of first aid containers
- Arrangements for off-site activities and visits
- Out of school hours arrangements, for example, lettings, parents’ evenings

In practice, most of the day-to-day functions are delegated to the Head Mistress who is responsible for ensuring that the policy is put into practice, and that parents are aware of the School’s health and safety policy, including arrangements for first aid.

Responsibilities of school staff

Staff are expected to use their best judgement at all times to secure the welfare of students at the school in the same way that parents might be expected to act towards their children.

The Head Mistress must arrange for adequate and appropriate training and guidance for staff who volunteer to be first aiders and that there are enough trained staff. In addition the Head Mistress will consider:

- The individual’s reliability and communication skills
- Aptitude and ability to absorb new skills and knowledge
- Ability to cope with stressful and physically demanding emergency procedures
- The ability to leave normal duties to attend an emergency

Employees will be covered by insurance taken out by the School providing that they act reasonably in line with the policy, the training they have received and within the scope of their employment.

Duties of First Aiders

One of the School Nurses is on site from Monday to Friday between 8.30am and 4.30pm during term time and is the primary first aider. First Aiders complete a training course approved by the HSE, and receive renewal training every three years. The Health & Safety Compliance Officer records all training and renewals and the School Nurses provide annual update training sessions for all First Aiders. First Aiders give immediate help to casualties with common illnesses and those arising from specific hazards at school. When necessary, they ensure that an ambulance or other professional medical help is called. Staff who agree to be first aiders do so on a voluntary basis. The school has a rolling programme of training, with the aim of ensuring adequate number of staff are trained. The Health and Safety Compliance Manager keeps the training records and organises courses and retraining as appropriate. When identifying potential first aiders, consideration is given to the more vulnerable areas of the school and to staff most likely to accompany residential visits. All colleagues are given basic instruction via Educare course about anaphylactic shock, asthma care and those with complex medical needs. In the Prep Department, external courses will be arranged for key staff and first aiders in Paediatric First Aid in line with Early Years Foundation Stage requirements.

Notification of accidents

Prep Department – if a child is involved in a serious accident parents need to be telephoned asap by the first aider who dealt with the accident or one of the nurses or the Prep receptionist. If a child is involved in a more minor accident the First Aider recording the accident should do so on Medical Tracker. This also enables them to inform parents directly via email from Medical Tracker. They may also want to inform the class teacher, as they may wish to notify parents at the hand over at the end of the school day. If follow up action is likely to be needed this can be arranged by the First Aider, who should telephone parents. Wrist bands will be issued to students who have had a head injury, so they are immediately obvious to other staff members, and they will be monitored throughout the remainder of the day.

Senior Department - if a child is involved in a serious accident parents need to be telephoned asap by the first aider who dealt with accident or nurse. If a child is involved in a more minor accident the Nurse will record the accident on Medical tracker. This also enables them to inform parents directly via email from Medical Tracker. If follow up action is likely to be needed this can be arranged by the Nurses.

Assessment of Need

The School is required to provide first aid for employees and, in the light of legal responsibilities, considers the likely risks to students and visitors and makes allowances for them when training first aiders. This is reviewed annually. The following factors are taken into consideration in the provision of first aid:

- The size and spatial arrangements of the school
- Any specific site hazards, for example the science laboratories
- Any specific needs arising from the staff or students
- Accident statistics
- Provision at lunchtimes, or in the case of absence, or for out of hours activities

Providing Information

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The Health and Safety Compliance Manager provides information to all staff, students and visitors to the school of the first aid arrangements with notices which are clear and easily understood and displayed in prominent places. All staff and students know how to contact a first aider from any area of the school and emergency information is given to visitors when they sign in at Reception. Induction programmes include first aid information and it is also included in the parent handbooks under the heading of medical facilities. See Appendix 1.

First Aid Equipment and Facilities

The Medical Room includes a consulting room, toilet and washbasin and rest room with three beds. This area houses the first aid equipment according to HSE recommended provision. For off site visits, a travelling first aid container is available from the School Nurse. In addition there are a number of small first aid containers at key locations around the school building. These are checked on a termly basis by the School Nurses. Staff using the area should inform the School Nurses if supplies are running low. See Appendix 2 for list of sites of first aid containers.

Hygiene and Infection Control

All staff are required to take precautions to avoid infection and must follow basic hygiene procedures. First Aiders have access to single use disposable gloves and hand washing facilities. Cleaning of body fluid spillages should be done following the guidelines in Appendix 3.

Reporting Accidents and Record Keeping

The School Nurses record all accidents which occur on site on Medical Tracker and, if they meet the threshold, report accidents, which occur on site to the HSE under the Reporting of Injuries and Dangerous Occurrences Regulations 2013. These records are kept for a minimum of three years. In addition, a separate Accident Report Form for students and visitors is used.

The School will keep a record of treatment given by first aiders which includes

- The date, time and place of incident
- The name of the injured or ill person
- Details of the injuries or illness and the first aid given
- What happened to the person immediately afterwards, for example, went back to class
- Name and signature of the first aider dealing with the incident

In the case of serious or significant incidents, the parents will be contacted by telephone or by letter if less urgent, for example head injury instructions leaflets will be sent home for minor head injuries.

Arrangements for First Aid Cover during Educational Visits

All residential trips will be accompanied by a member of staff who has completed a one day first aid course. Leaders of expeditions and adventure activities will receive a 2-3 day first aid course and, for every other visit, first aid arrangements will be assessed according to the nature of the visit on an individual basis. See the Trip Form for further details of expectations. In the Preparatory Department including EYFS classes, a paediatric first aider will always accompany the girls on trips and outings.

Arrangements for First Aid Cover During Out of School Hours

Major out of school events will be covered by a member of staff who is first aid trained, for example, open events. Other members of staff will be trained to cover the period before

school in the Preparatory Department and between the end of the school day and the close of the Senior School at 5.30pm and the Preparatory Department at 6:00 pm.

Arrangements for Students with Particular medical conditions

Asthma – See Appendix 4

Epilepsy – See Appendix 5

Diabetes – See Appendix 6

Anaphylaxis – See Appendix 7

Head Injury – See Appendix 8

Eating Disorders policy- See Appendix 15

See also the School's Mental Health Policy and Transgender Policy

Guidance for When to Call an Ambulance

All first aiders will meet with the School Nurses to discuss specific school arrangements for first aid and medical room procedures. They will also discuss the guidelines for calling an ambulance. Copies of this guidance are displayed in Main School and the Preparatory Department Reception.

See Appendix 9.

Arrangements for Students with Temporary Disabilities

A specific risk assessment will be made by the School Nurses for all students with temporary disabilities, for example, following a fracture, or when using crutches. See Appendix 10.

Use of the Defibrillator

In the interest of improving the standards of welfare and medical care to all individuals on site an AED is situated outside the Sports Hall, in Senior School reception and Prep reception (this AED has paediatric and adult pads) and Sixth Form reception. Primarily, but not exclusively, it is to be used by trained personnel in the course of providing first aid to any person suffering from a cardiac arrest whilst on the premises. The likelihood of its use is low. See Appendix 15.

ADMINISTRATION OF MEDICINES

General Principles

The Governing Body recognises that students may at some time need to take medication at school. While parents retain responsibility for their child's medication, the School has a duty of care to the students while at school, and the Governing Body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

Responsibilities

The Governing Body takes responsibility for the administration of medicines during school time in accordance with the government's policies and guidelines. The Head Mistress will implement this policy and report, as required, to the Governing Body. Medication will normally be administered by the School Nurses, or in their absence, by specially trained first aid staff.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The Governing Body does not require staff to administer medication in accordance with *DfES Circular 14/96 Supporting Students with Medical Needs*. However, some specified staff, for example the School Nurses or staff undertaking educational visits, who volunteer their services will be given training to administer first aid and/or medication to students when parents have given consent and have included the information on the Request to Administer Medicine form.

Staff Indemnity

The Governing Body fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following School guidelines.

Admission Record

On admission of any student to the school, all parents are required to provide information giving full details of:

- Medical conditions
- Allergies
- Regular medication
- Emergency contact numbers
- Name of family doctor/consultants
- Special requirements (e.g. dietary)
- Parents of students with specific medical conditions e.g. diabetes or epilepsy will be asked to complete an Individual Health Care Plan. This will be stored and updated when necessary by the School Nurses

At the beginning of each academic year all parents will be required to up-date the medical form. See Appendix 12.

Administration of the Medication

The School expects that parents will administer medication to their children and medicines will only be administered in School when it would be detrimental to the student's health or attendance not to do so, therefore in exceptional circumstances. Any requests for medicines to be administered must come from a parent in writing on the school's Request to Administer Medication Form, Appendix 13, and each request will be considered on an individual basis.

This may include the administering of controlled drugs. The Form includes:

- Name of parent and contact numbers
- Name of child and class
- Name of medicine
- Name of doctor who prescribed it and contact details
- How much to give
- How it should be kept and stored
- How it is to be administered
- When to be given
- Any other instructions

The form includes the following consent statement: *'The above information is accurate to the best of my knowledge at the time of writing, and I give my consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information'* and has to be signed and dated by a parent or someone in parental control. A separate form must be completed for each medicine to be administered.

Parental consent will not be sought when medicine has been prescribed to the student without the knowledge of the parents although the student will be encouraged to involve her parents.

Parents will be expected to notify any request for the administration of medicines at the earliest opportunity and to discuss with the Head Mistress and the School Nurses what can be done in the school, before the Head Mistress makes a decision. The Head Mistress, or person authorised by her, will decide whether any medication will be administered in school, and by whom (usually the School Nurses). In appropriate cases the Head Mistress and parents, in consultation with the School Nurses and anyone else the Head Mistress deems necessary, will draw up an individual health care plan. The school does not deal with requests to renew the supply of medication. This is entirely a matter for the parents.

If a student is required and able to administer her own medication, for example an inhaler for asthma, the School Nurses will check the student fully understands what has to be done and will agree with parents that the student can self-medicate.

Controlled medication will be stored, checked and documented differently to other medication in the drug cupboard, in the control of the School Nurses unless other arrangements are made with the parent. Prescribed medicines provided by parents must be 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 be generally available inside an insulin pen or a pump, rather than in its original container.

The School Nurses are able to administer non-prescription medicines, in School, for example, cough sweets and painkillers (Paracetamol), at an age appropriate dose. (Aspirin will not be administered unless prescribed). Parents are asked to sign the Medical Form to give permission for this to take place. No other member of staff is authorised to administer non-prescription medicines unless appropriate training is provided. In this instance, the member of staff will inform the School Nurse which drugs were administered. Parents will be informed, via an email, if any non-prescription medicines are administered. See appendix I3.

The School Nurses keep a record of all medicines administered to students stating what, how and how much was administered, when and by whom. Any side effects are also noted.

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Whenever possible, medicines are returned to the parent to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps.

Medicals and Examinations

All new girls are offered height and weight measurements and vision and hearing screening.

Records of Administered Medicines

The School Nurses complete an entry in the daily log in every instance. It is kept in the School Nurse's office and includes:

- The name of the student
- Date and time of the administration
- Who supervised the administration
- Which medication
- How much was given
- Note of any side effects

The School Nurse will ensure that the Medical Tracker is completed and checked regularly.

Training

The Governing Body is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines.

Monitoring and Review

The Head Mistress will be responsible for monitoring the implementation of the policy and reporting annually to the Health and Safety committee.

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

General Principles

The Governing Body is responsible for making arrangements so that students with medical conditions can be supported whilst they are in school or taking part in an extra-curricular activity. The Governing Body recognises that the needs of the individual student must be catered for and that, wherever possible, the impact of the medical condition on a student's school life should be minimised.

The Governing Body will ensure that:

- Students with medical conditions are properly supported so that they have full access to educational opportunities, including school trips and physical education lessons
- Arrangements are in place to support students with medical conditions. This includes the development of Individual Healthcare Plans (IHCP)
- Health and social care professionals, the student herself and parents are consulted so that students with medical conditions are effectively supported, both whilst they are at school and also when returning to school after a period of absence
- The Equality Act (2010) is adhered to; both in respect to a student's admission into the school and to her ongoing life at school
- Staff are properly trained to provide the support that students with medical conditions need
- The plans, procedures and systems included in this policy are effectively implemented

In this way, parents will be confident that the safety of their daughter is a priority and will also help minimise the potential effects of a medical condition on self-esteem and academic progress.

The Governing Body also recognises the following practices as unacceptable:

- Students not having easy access to necessary medication
- Assuming that every student requires the same treatment
- Ignoring the views of the student, her parents, medical advice or opinion
- Sending students with medical conditions home frequently or preventing them from staying for normal school activities unless specified in an IHCP
- Sending an ill student to the medical room unaccompanied
- Penalising students for attendance record when absences are related to their medical condition
- Preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents to administer medication or medical support to their student unless in an emergency situation
- Creating unnecessary barriers to students participating in any aspect of school life as a result of her medical condition

The overall responsibility for the implementation of the policy is delegated to the Head Mistress who will ensure that all staff are aware of the policy and understand their role

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(through instructions given at school briefing). She will ensure that all staff who need to know are aware of the student's condition and that IHCP's are developed for those students who need them. The Head Mistress will also ensure that school staff are insured to support students with medical conditions.

Responsibilities of the School Nurses

The School Nurses must be notified when a student, coming into the School, has an existing medical condition. The previous school may be contacted for further information if necessary and an IHCP may be completed. The School Nurses will draw up the IHCP in consultation with the student, the parents and external agencies (such as health liaison nurses) if necessary. The IHCP is reviewed at the beginning of each school year and when a health condition changes. (All parents are asked to complete a Confidential Medical Update Form each September to update the School Nurses about any changes in the student's medical condition). If a firm diagnosis has not been received, appropriate support will be put in place through an IHCP until further information has been received. The IHCP is completed and kept in the student's medical records and school records (unless confidential). The aim of the IHCP is to provide that information necessary to facilitate effective support and management of the student's medical needs. It includes:

- (i) The medical condition, its triggers, signs, symptoms and treatments
- (ii) The student's resulting needs, including medication and other treatments
- (iii) Specific support for the student's educational, social and emotional needs
- (iv) Level of support needed and whether a student can manage her own medicines and procedures
- (v) The role of the School Nurses in providing support
- (vi) Those members of staff who need to be aware of the student's condition
- (vii) Arrangements to acquire written permission so that medicine can be administered
- (viii) Procedures required for trips or activities outside of the timetable
- (ix) Where confidentiality issues are raised, the individual entrusted with information as to what to do in an emergency
- (x) Whether the student is on the SEN register

The School Nurses are not the only members of staff responsible for a student with a medical condition. They will provide necessary care within school but will also provide guidance for first aiders so that appropriate care can be provided if they are absent or in the event of an emergency. Furthermore, the School Nurses and Deputy Head (Teaching & Learning) ensure that sufficient staff are suitably trained if external training is needed to provide care for a student with a medical condition. The suitability of such training will be reviewed by the School Nurses and will be determined by the need to implement the IHCP effectively. This training may be provided by external professionals such as liaison nurses but can be organised and led by the School Nurses (for example, training on anaphylaxis). The training must fulfil the requirements of the IHCP and be appropriate (for example, if staff other than the School Nurse are to give prescription medicines). The quality of training provided by external agencies is assessed by the School Nurses. The quality of training provided by the School Nurses is assessed by First Aiders / members of staff in attendance.

The School Nurses will make all staff (including supply teachers) aware of the student's condition through relevant information being posted on the staffroom notice board, information being given at whole school staff meetings and staff briefings and through pastoral and health care lists distributed at the beginning of each year. For instance, at the full staff meeting in September, the School Nurses highlight students with significant medical conditions and remind staff about their care of students with asthma, anaphylaxis, diabetes as well as safe

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first aid practices (for example, the use of gloves). This information will be provided within two weeks of the start of the School year or within two weeks of a student starting at MHSG if she joins part way through the year. Appropriate information will also be provided by the School Nurses to new staff during the induction programme.

The School Nurses ensure that the needs of students with medical conditions are catered for on school visits, residential and other school activities by meeting trip leaders when necessary and checking that staff in charge of trips are aware of the needs of all students on their trip. When necessary, risk assessments will be carried out to take account of any steps needed to ensure that students with medical conditions are included and the relevant healthcare professionals consulted to ensure that the student can participate safely. Parents are also asked to provide up to date medical information prior to each school trip. This information is then added to the medical information held at school. Parents of students with asthma will be asked to consent to trip staff administering stock Ventolin if the student's inhaler is lot or empty.

Parents will be advised if the School is unable to provide the degree of care needed due to the absence of the School Nurses or other appropriately trained member of staff.

The School Nurses will pass on any relevant medical information to the next school if a student with an IHCP moves to another school.

Responsibilities of the Head of Section / Head of Year / Form Tutor

When a student with a medical condition is returning to school following a period of hospital education or provision, the School Nurses – in conjunction with the Form Tutor and Head of Year/Head of Section – work with the students, parents and education provider to ensure that the IHCP identifies the support the student will need to reintegrate back into school effectively. This may be through a phased return, for example.

Responsibilities of School Staff

All MHSG teachers may be asked to provide support to students with medical conditions (for example, on trips) but they are not required to do so. Appropriate training will be provided by the School Nurses for staff who are responsible for a student with a medical condition.

Responsibilities of the Student

After discussion with parents, a student is encouraged to take responsibility for managing her own medicines and procedures (for example, carrying an EpiPen, inhaler or insulin). Otherwise, appropriate supervision for the administering of medicines will be provided. The student will be informed by the School Nurses how to access their medicines which must be accessible to them at all times. The School Nurses make it clear to a student with a medical condition that she must not pass it to another student for her own use.

Complaints

Should parents be dissatisfied with the support provided for their daughter, concerns should be discussed directly with the School Nurses. If parents would like to take their complaint

further, then they should follow the School's Complaint Policy (available from the Head Mistress's PA).

LIST OF APPENDICES

- 1 Information from the Parent Handbooks
- 2 Location of First Aid Containers
- 3 Cleaning Blood and Other Body Fluids/Guidance for the Avoidance of Needle Stick Injuries and Blood Borne Diseases
- 4 Asthma Policy
- 5 Epilepsy Policy
- 6 Diabetes Policy
- 7 Anaphylaxis Policy
- 8 Head Injury Policy
- 9 Guidance on When to Call an Ambulance
- 10 Risk Assessment – Temporary Disabilities
- 11 General Sale List Medications Available from School Nurse
- 12 Medical Update Form
- 13 Request to administer medicine form
- 14 Request to administer medicine on an educational visits
- 15 Eating Disorders Policy
- 16 Defibrillator Policy
- 17 MHSG IHCP

APPENDIX I: Information from the Parent Handbook

MEDICAL FACILITIES – Senior School

There is a School Nurse in school every day of term from 9am to 4.00pm. They are available to students for general medical advice, first aid should they be taken ill during the school day and to offer a listening ear in times of trouble. They also supervise arrangements for health checks, medical examinations and immunisation. They can advise on contact with other support services.

If the School Nurses are out of school, students may obtain first aid assistance via the School Office.

Students may visit the School Nurse, at break and during the lunch hour. They may also attend the Medical Room for an emergency during lessons with permission from the subject teacher. At other times, students may make an appointment. Please note that the School Nurses work within the Nursing and Midwifery Council Code of Professional standards of practice and behaviour for nurses and midwives. Information given to the School Nurses by a student or parent remains confidential to the student or parent (subject to safeguarding legislation) unless permission is given to pass on that information.

Any student who feels ill must go to the Medical Room and see the School Nurse. If your daughter is ill and needs to go home, the School Nurse will telephone you so that you are able to arrange transport home for her. Students must not directly phone home themselves and request to be collected. We ask that parents phone school directly, should this occur.

A student who is unwell must not travel home alone.

All new students will be offered a medical examination.

If your daughter needs to take any medication during the school day, please ensure that it is sent to the Medical Room. Students must not keep medication with them in school, unless they need an inhaler or EpiPen in which case they must keep this with them at all times. An additional inhaler and EpiPen must also be kept with the School Nurse. All medications must be in date. It must be given to the School Nurse in its original container with the pharmacy label, instruction leaflet and accompanied by a 'Request for Medication' form. (A copy of this form will be sent out to all parents before September and is also available on Moodle.) The medicine must be left with the School Nurse. It will normally be administered to your daughter by the School Nurse. In the event of the absence of the School Nurse, it may be administered by First Aid trained staff, all of whom have attended a 'Health and Safety at Work' course.

The following health services are provided by the School:-

Year 7	Developmental/medical check with the Nurse
Year 10	Health interview (optional), to discuss general health and lifestyle
Year 12	All new students offered to meet with nurse for a health assessment

Immunisation programme, as directed by Manchester Foundation Trust

MEDICAL FACILITIES (Preparatory Department)

- The School Nurse is usually in school every day of term from 9.00 am - 4.00pm. She administers First Aid and looks after the girls if they become unwell. She also supervises arrangements for health checks, medical examinations and immunisations/vaccinations. She can advise on contact with other support services.
- Please note that the School Nurse works within the Code of Professional Conduct of the Nurses' and Midwifery Council. Information given to the School Nurse by a pupil or parent remains confidential to the pupil or parent unless permission is given to pass on that information. If your daughter is ill and needs to go home, a member of staff will telephone you so that you are able to arrange transport home for her.

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- If your daughter needs to take medication during the school day, please send in the medicine in the original container, with the pharmacy label, instruction leaflet and a “Request for Medication” form, stating her name, nature of illness, name of medicine, time and the dates to be given. Details of a contact number would also be useful.
- Any medicines must be given to our Prep Receptionist, Alison Bainbridge, who will arrange for the medicine to be stored securely. All medicines will be administered by Paediatric First Aid trained staff.
- Sometimes, it is necessary to hand medicines to the School Nurses, who will also be able to administer medicines to girls.
- The above does not apply to inhalers used by children with asthma who are encouraged to always have their named inhaler with them or their teacher.
- All new girls will be offered a medical examination and you will be informed of this nearer the time.

The following health services are provided: -

Reception

All girls have a routine screening with the School Nurse. Your daughter’s weight, height, sight and hearing will be monitored.

Year 3

At a health surveillance interview, the School Nurse takes this opportunity of talking to your daughter about diet, exercise and lifestyle. She will also check growth and vision.

APPENDIX 2: LOCATION OF FIRST AID BOXES

The main first aid kit is located outside the medical room and complies with HSE guidelines regarding contents. It has other additional items as appropriate. Other first aid kits are located around the School; the contents are as deemed necessary by each particular department. All kits are checked termly by the School Nurses. It is the responsibility of the Head of Department to collect items from the School Nurses should the kit need replenishing between checks.

List of locations

	Medical room Bursar's Office Food Technology Room Star Block/Drama Music House Sixth Form Centre E1 Reception (After School Activities) Eleven mobile kits for school trips
Science	Chemistry Prep Room W4 Biology Prep Room W9/10 Physics Prep Room W12a W2 W8
PE Department	Five mobile kits Swimming pool
Prep School	Infants Junior Two mobile kits
Art	North and South Studios Kitchen Cleaner's Room Pavilion Plant Room Workshop/Machine Room Checked by Estates Team

APPENDIX 3: CLEANING OF BODY FLUID SPILLAGES

All spillages of blood, faeces, saliva, vomit, nasal and eye discharge should be cleaned up immediately. Estates Team staff should be called to clean up blood and body fluid spillages. Staff should not do this themselves.

The Estates Team staff must always use personal protective clothing, i.e. disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons. Goggles should also be worn if there is a risk of splashes to the face. These should be disposed of after single use.

When spillages occur, cleaning must involve the use of a product which combines both a detergent and disinfectant, used as per manufacturer's instructions and ensuring it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages - use disposable paper towels and discard clinical waste in an appropriate fashion.

Single use biohazard kits are available from the Estates Team staff

Clinical Waste must always be segregated from domestic waste. Clinical waste should be stored in foot operated bins and disposed of appropriately. There is a clinical waste bag in the medical room.

It is important that staff cleaning up body fluid spillages wash their hands with hot soapy water after they have finished.

BLOOD BORNE CONTAMINATION POLICY

- **AIM:** To ensure the protection for staff when dealing with a first aid situation where there is exposure to blood and other body fluids, by preventing possible contamination of blood borne infections such as AIDs and Hepatitis.
- **RATIONALE:** To offer protection to all staff through good practice. Guidelines as recommended by the Health Protection Agency.
- **WHERE:** All departments within the school and also to apply where possible to field trips, excursions and sporting events.
- **WHOM:** School Nurses, all first aiders, teaching staff and non-teaching staff who may be involved in first aid situations.
- **WHEN:** There is exposure to blood and other body fluids.
- **PROCEDURE:** Always use single use disposable gloves.
- Always cover any wounds or sores you have with plasters.
- If the casualty is able, encourage her to stem her own bleeding. For example if it is a nosebleed she can use digital pressure.
- Unless it is absolutely essential do not allow other students to assist with treatments or with cleaning spillages, however if the casualty is over 16 years old and is considered well enough, she may clean her own spillage.
- Place any soiled dressings in a plastic bag and pass on to the medical room for safe disposal.
- Wash hands thoroughly following removal of gloves.
- Worktops/surfaces, furniture, walls and floors should be cleaned. Contact Senior School reception who will contact the Estates Team to arrange this.
- Request replacement gloves, dressings or other equipment from the medical room.

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If a first aid situation occurs whilst out on a field trip or at a sporting event and hand washing facilities are not available, please use the non alcohol cleaning wipes available in the first aid boxes.

APPENDIX 4: ASTHMA POLICY

AIMS

- To encourage and help children with asthma to participate fully in all aspects of school life.
- To recognise that asthma is a health problem affecting many school children.
- To help children avoid the stigma sometimes attached to this chronic condition.
- To do all it can to make sure that the school environment is favourable to children with asthma.

OBJECTIVES

- To provide immediate access to inhalers.
- To ensure that other students understand asthma so that they can support their friends.
- To ensure that staff will have a clear understanding of what to do in the event of a child having an asthma attack.
- To work in partnership with parents, school governors, health professionals, school staff and students to ensure the successful implementation of this School asthma policy.

The School environment

The School will do all that it can to ensure that the school environment is favourable to students with asthma. The School does not keep furry and feathery pets on a long term basis and has a non smoking policy. As far as possible it does not use chemicals in science and art lessons that are potential triggers for students with asthma. Students will be encouraged to leave the room and sit in the medical room if particular fumes trigger their asthma.

When a student is falling behind in lessons

If the student is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind, the School Nurses will talk to the parents about the situation. The School recognises that it is possible for students with asthma to have special educational needs because of asthma.

Asthma attack

All staff who come into contact with children with asthma will know what to do in the event of an asthma attack. Instructions on how to cope with an asthma attack are displayed in the staff room. The school follows the following procedure:

- Ensure the reliever inhaler is taken immediately.
- Stay calm and reassure the child.
- If the attack is not short lived, the teacher will call a School Nurse or first aider for help and advice.

After the attack

Minor attacks should not interrupt a student's involvement in school. When they feel better they can return to school activities. The student's parents must be told of the attack.

Emergency procedure

Call for a School Nurse or first aider if she is not available if:

- The reliever has no effect after five to ten minutes.
- The student is either distressed or unable to talk.

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- The student is getting exhausted.
- You have any doubts at all about the student's condition.
- **If there is no improvement an ambulance will be called.**
- Continue to give reliever medication every few minutes whilst you are waiting for help to arrive.

A student should always be taken to hospital in an ambulance. School staff should not take them by car as the child's condition may worsen very quickly.

Exercise in school

All students with asthma will be encouraged to participate in sport as much as they are able. The school recognises that many students with asthma become wheezy during exercise. Students will be encouraged to use their reliever inhaler before exercise and to keep it close to hand during exercise.

Colds/Viruses

When a student has a cold it is sometimes necessary for her to have regular reliever inhalers for a few days. Parents may request the administration of a blue reliever every lunchtime for a few days. This may be anything between 2 and 8 puffs. This does not replace using the inhaler as and when needed.

Storage of reliever medication

Every student will be encouraged to name their inhaler and keep it with them either in a pocket or in their school bag. They should not be kept in a locked office.

If the student is considered too young to be responsible for their own inhaler it will be stored in a safe but accessible place and this will be discussed with the student's parent and School Nurse or first aider when the student joins the school.

Emergency supplies of reliever medication

The School Nurses keep stock supplies of the main reliever medication in the medical room. There is also an emergency kit in Prep, PE department and at main Reception. This is only for use in an emergency and can only be given to a student who is a known asthmatic and whose parents have given written permission for suitably trained staff to give a stock reliever inhaler if their own one is lost or empty.

Parental Responsibilities

Parents/Carers have a responsibility to:

- Tell the School that their daughter has asthma
- Ensure School has complete and up to date information regarding their daughter's condition
- Inform School about the medication their daughter needs during school hours
- Inform School of any medication their daughter needs when on school trips or sporting events
- Inform School of any changes to their daughter's medication
- Inform the School if their daughter has been unwell which affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms
- Ensure their daughter's inhaler is named
- Regularly check the inhaler kept in School to ensure it is in date and full

Information for staff

Approved by Head Mistress June 2023 (Via the Health & Safety Committee). Updated to reflect changes to the EYFS Statutory Framework and approved by the Head Mistress February 2024

Things that trigger asthma attacks commonly found in schools include smoke, animals and chemicals. Avoiding these in the school environment can go some way to lessening the incidence of asthma attacks.

There are two types of treatments, both of which come in an inhaler:

- **Relievers:** These are sometimes called Bronchodilators. They quickly open up the narrowed airways and help the child's breathing difficulties. Generally, relievers come in blue containers.
- **Preventers:** These inhalers are taken daily to make the airways less sensitive to asthma triggers. Preventers tend to come in brown containers. However they are often only used at night and in the morning, so you may not see these in school.

Some younger students use a plastic device called a spacer to help them use their inhaler more effectively. If a student who does not have asthma 'experiments' with another student's asthma medication this will not be harmful. Relievers act simply to dilate or open up the airways and will not have an adverse effect on a student who does not have asthma.

As soon as a student is able, they should be allowed to keep their inhaler with them at all times. This decision will be taken in conjunction with parents and school staff. All inhalers should be named and stored by the student in a safe but accessible place. For example their Peggy Purse in Prep or their school bag in Senior School. A record of each student's medication will be kept in the medical room and checked by the School Nurse at each routine health check or medical.

It is good practice for younger students to have a spare inhaler marked with their name and stored with their class teacher. This will be discussed with parents at their student's entry to school.

School Trips/Residential Visits

No student will be denied the opportunity to take part in a school trip/residential visit because of asthma unless advised by their GP or consultant. However, they may be denied if school is not properly equipped with the correct medications.

The student's relieve inhaler will be readily available, being carried either by the student themselves or the supervising adult for Key Stage 1 students. Staff will be trained in the use of regular treatments as well as emergency management. It is the responsibility of the parents/carers to provide information about all asthma medication required by their daughter for the duration of the trip. Parents are responsible for ensuring adequate supplies of medication. Staff leading trips will remind all students to bring their inhalers with them. An emergency reliever inhaler will be provided for supervising staff on residential visits to use for known asthmatics whose own inhaler is lost or empty if parents given written consent for this to happen.

Make sure inhalers are taken on school trips. It is good practice for staff to remind students of this prior to each school trip.

Students with asthma should be encouraged to participate in all school activities, especially sport, however most young people with asthma can become wheezy during exercise. Taking a dose of their reliever medication, prior to sport can help prevent exercise-induced asthma.

How to cope with an asthma attack

- Do what you can to make sure appropriate medications are taken promptly and properly.

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- Stay calm yourself. Asthma attacks can cause asthmatics to panic. If you lose your cool it will only make things worse.
- Speak reassuringly. Listen carefully to what the asthmatic is saying and do what she wants. They have been through this before.
- Most asthmatics find it easier to sit fairly upright or leaning forward slightly. They may wish to rest their hands on their knees to support the chest. Lying forward on a cushion can be restful, but it is important to see that the tummy is not squashed up into the chest.
- In an attack asthmatics tend to breathe rather quickly and shallowly and if they can be encouraged to slow down the breathing this is often helpful.
- The inhaler can be taken every 2 minutes during an attack up to 10 puffs. This can be repeated after 10 minutes
- Seek further help. Contact the School Nurses, first aider or ambulance in that order as appropriate.

Reasons to send a child to hospital in an ambulance:

- If repeated doses of the reliever inhaler are not successful at stopping the attack.
- If the student's breathing is compromised so that their colour is dusky blue.
- If they collapse.
- If parents have been contacted and request this.
- It is not good practice to take a student with a severe asthma attack to hospital in a staff car

Staff Training

Staff will be reminded of the care of students with asthma on an annual basis and prior to taking students on school trips and residential visits.

Asthma Education for Students

Students will be educated about asthma either on a one to one basis by the School Nurses, through Well Being sessions, drug education, assemblies etc.

Indemnity

School staff are not expected to administer asthma medication to students except in an emergency. However, many staff may be happy to give routine asthma medication on advice from the School Nurses. School staff who agree to administer medication are insured by the relevant authorities when acting in agreement with this policy.

HOW TO TREAT AN ASTHMA ATTACK

SIGNS OF AN ASTHMA ATTACK

SIGNS AND SYMPTOMS

Cough
Wheezing
Tight Chest
Shortness of Breath
'Tummy ache' (in younger children)

NB Not all symptoms need to be present for a child to be having an asthma attack

Administer 2 puffs of blue RELIEVER inhaler

STAY CALM

After 2 – 3 minutes

Improved

Return to normal activities

Document episode
Repeat dose if symptoms return

Inform parent at end of day

If at any stage the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed change of skin colour DIAL 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help

Improved

Contact Parent

No Improvement

Administer up to a further 8 puffs of blue RELIEVER medication (through spacer device if available) giving 1 puff every minute

No Improvement/
Difficulty Talking/
Obvious Distress/ Pale Skin/ Dusky/ Collapse

DIAL 999 IMMEDIATELY

Remain with child, reassure and keep calm. Administer up to a further 10 puffs BLUE Reliever medication whilst waiting for help

From Mrs C Hughes and Miss C Railton
School Nursing Sisters

September 2022

Name of student:

Class:

Is she currently using an inhaler? Please delete as appropriate: Yes/No/Prescribed but not using

Preventer inhaler name/dose/frequency:

Reliever name/dose/frequency:

Asthma symptoms and any known triggers:

Has she ever been hospitalised with asthma? Yes/No

If yes please give details (please write on a separate sheet if necessary)

When should your daughter take her inhaler during the school day?

Please ensure your daughter has a named inhaler with her in school.

In the unlikely event that your daughter is symptomatic and her own named inhaler is not available, are you happy for a suitably trained member of staff to administer Salbutamol (Ventolin) via a spacer from our emergency stock? Yes/No

Obviously if your daughter has a major asthma attack which does not respond to her reliever medication, we would arrange transfer to hospital and contact you.

Signed.....(Parent/Guardian)

Once completed please return to Sister Hughes or Sister Railton in the Medical Room

APPENDIX 5: EPILEPSY POLICY

This policy has been written with information provided by Epilepsy Action, the DCSF, the local authority and the school health service.

Introduction

Manchester High School recognises that epilepsy is a common condition affecting children, welcomes students with epilepsy to the school and supports such students in all aspects of school life, encouraging them to achieve their full potential. This will be done by having a policy in place which is understood by all school staff and by ensuring that relevant staff receive training about epilepsy and administering emergency medicines.

What to do when a child with epilepsy joins Manchester High

When a student with epilepsy joins Manchester High School or a current student is diagnosed with the condition, the School Nurses will arrange a meeting with the student, parents, Learning Support Co-ordinator (LSC), Epilepsy Specialist Nurse and School Doctor as appropriate. This meeting will establish how the student's epilepsy may affect their school life. This should include implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the student may require eg the giving of emergency medication and extra time in exams. With the student and parents permission, epilepsy will be addressed with all the teaching staff. Children in the same class will be introduced to epilepsy in a way they will understand. This will ensure the student's classmates are not frightened if the student has a seizure in class.

Record Keeping

Parents will be asked to complete an Individual Health Care Plan (IHCP) giving details of the student's medical and health care needs. This will include issues such as agreeing to administer medicines and staff training needs. This form will be stored with the student's medical records and updated regularly. Staff will be notified of any changes in the student's condition through regular staff briefings. This will make staff aware of any special requirements such as seating the student facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson. The Learning Support Coordinator will complete an entry on the LDD register.

Medicines

The Individual Health Care Plan will identify any medications for first aid use which the staff need to be aware of. In particular it will state whether the student requires emergency medication, and whether this is rectal diazepam or buccal midazolam. It will also contain the names of the staff trained to administer the medicine. If the student requires emergency medication the correct storage and giving procedures can be found in the school's First Aid and Medicines Policy.

First Aid

First Aid for the student's seizure type will be included on their Individual Health Care Plan and all staff including support staff will receive basic training on administering first aid. The following procedures giving basic first aid for tonic-clonic seizures will be passed on:

- Stay calm
- If the student is convulsing put something soft under their head
- Protect the student from injury (remove nearby harmful objects)
- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts. If it last longer than usual for that student or continues for more than five minutes call medical assistance

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- When the student finishes their seizure stay with them and reassure them
- Do not give food and drink until they have fully recovered from their seizure
- Sometimes the child may become incontinent during their seizure. If this happens try to put a blanket around them when their seizure is finished to avoid potential embarrassment. First aid procedures for different types of seizures can be obtained from the school nurse.

Learning and Behaviour

Manchester High School recognises students with epilepsy can have specialised educational needs because of their condition. Following the initial meeting, staff will be asked to ensure the student is not falling behind in lessons. If this starts to happen discussion with the SENCO will take place and appropriate action taken.

School Environment

Manchester High School recognises the importance of having a school environment that supports the need of children with epilepsy. The medical room is available and equipped with beds in case a child needs supervised rest following a seizure.

The above epilepsy policy applies equally within the school and any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the student, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

APPENDIX 6: POLICY FOR THE MANAGEMENT OF DIABETES IN SCHOOL

AIM

To encourage and help student with diabetes to participate fully in all aspects of school life.

DESCRIPTION OF CLINICAL CONDITION

Most students in school will have Type 1 diabetes requiring treatment with insulin. The body is unable to produce insulin to regulate the amount of sugar in the blood.

REQUIREMENTS IN SCHOOL

Most students who require insulin injections during the school day will be independently responsible. A private place to give the injection will be offered and arrangements will be made so that they do not miss their lunch because they have missed their place in the queue. In practice many students are happier to give their insulin at the lunch table.

Very young students will need more support and help. This will be discussed at an initial planning meeting and all relevant training will be given to staff who volunteer to help younger students with blood glucose testing, carbohydrate counting and giving insulin.

Diabetic students are increasingly using insulin pumps. The School Nurses will attend training offered by the student's diabetic team and will feedback to staff as appropriate. Spare equipment for the pump will be stored in the medical room. First aid staff will not be asked to change the student's equipment unless specifically trained to do so.

COMPLICATIONS AT SCHOOL – HYPOGLYCAEMIA

People with diabetes may be prone to episodes of low blood sugar (hypoglycaemia) or 'hypos'.

PRECIPITATING FACTORS

After or during exercise or when a meal or snack is due.

PREVENTATIVE MEASURES

Parents will provide a sweet snack before PE or extracurricular activities.

Meals or snacks should not be delayed.

Be aware of students who have lost their lunch or money.

Be aware of students who are detained in class for any reason.

LIKELY SYMPTOMS

Pallor, sweating, shaking or unsteadiness, funny feelings in the head or abdomen, faintness, uncharacteristic behaviour – either quiet or vague, confused or obstreperous, others as advised by parents.

TREATMENT

Treat with sugar for example; glucose tablets, a sugary drink or other as advised by parents. Students should carry their own sugary snacks but supplies are kept in the medical room.

If you are unsure whether it is a Hypo or not – treat anyway as no harm will be done
The treatment can be repeated 5-10 minutes later if the child is not feeling well. Unless a meal or snack is due it is a good idea to give something more solid as well eg some plain biscuits or a sandwich.

Treatment can be given in class. If a student feels unwell they should not leave the class unless accompanied by a responsible person. If left untreated a Hypo can cause a child to pass out. If this happens put the student in the recovery position and call an ambulance.

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The School Nurses keeps Glucogel in the medical room and can be used if the student is unable to eat but should not be used if she is unconscious. If Hypos are occurring frequently this information should be shared with the parents and the school medical team.

BLOOD TESTING

Most girls will need to check their blood sugar levels at some time during the school day. They are generally self-caring and only need a place where they can wash their hands. This should be done with a minimum of fuss. Sharps should be taken home or can be disposed of in the sharps box in the medical room. Some students choose to use the medical room for blood testing. Younger students may need more assistance with blood testing and recording results.

Parents may wish to negotiate a system for reporting back results to them.

Younger or less able girls may need assistance of a member of staff. Each individual case will be discussed with the appropriate individuals identified.

ISSUES FOR SCHOOL TRIPS

These should not present a problem provided the following principles are followed;

- Regular meals and snacks should be ensured
- Take some extra food in case of unforeseen delays
- Extra snacks or sweets for vigorous or sustained physical activity
- Prompt treatment of hypos should they occur

Changes in treatment should be discussed well in advance of a trip especially if there is an overnight stay. The degree of supervision required by the student should be discussed with parents and the student's diabetic liaison nurse. Each school trip will be considered prior to it taking place.

RESPONSIBILITIES

- The diabetic nurse specialist is often the first point of contact for patients/parents if specific advice is required. The individual's diabetic nurse will provide necessary training to school staff.
- The School Nurses will follow this up with advice and information and liaise in provision of relevant clinical guidance. They will ensure that staff are aware that they have diabetic students in their class. They will disseminate information to other staff for example the PE staff about diabetes, the symptoms of hypo's and treatment.
- Parents will inform school of their child's condition, symptoms and treatment and will keep school informed of changes to treatment and provide school with relevant snacks and drinks.

EQUIPMENT AND FACILITIES

Safe storage of insulin: Most students will be responsible for their own insulin if it is required during the school day. It should be labelled with the student's name and appropriate directions. Insulin pens are kept with individual students and a 'bum bag' or pencil case are suggested for its storage. It is good practice to keep spare insulin cartridges in the medical room fridge.

Parents are asked to ensure they return a 'Request for Medication' form and a medical update form to help update the student's IHCP at the beginning of each school year. This is stored in the Medications folder in the School Nurses office.

DOCUMENTATION

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Every diabetic student will have an individual health care plan completed by the School Nurse and parents. This will be updated on a yearly basis with a confidential medical update form.

APPENDIX 7: ANAPHYLAXIS POLICY

In order to deal effectively with a severe allergic reaction the School Nurses must provide information regarding the management of anaphylaxis and advice to all staff. A severe allergic reaction may occur at any time when a student comes in to contact with her allergen/causative agent. The student may be anywhere in the school when a reaction occurs. Treatment will take place 'on the spot'.

It is the School Nurses' responsibility to ensure that all staff are aware of susceptible children. Training will be given yearly to a team of volunteers and our first aid team who are prepared to treat girls in the event of an anaphylactic event. Advice and information notices will be displayed in the staff room. Training will be given to staff accompanying girls on school trips.

Students who have had severe allergic reactions will be prescribed Adrenaline in pre-measured doses, in the form of EpiPens or Jext pens. They should have two EpiPens in school at all times. Most girls will keep one in their school bag and store one in a named box in the medical room. They should also have antihistamine tablets/syrup with them and in the Medical Room. Some girls are only prescribed antihistamines and these should be kept in the Medical Room and with the student if appropriate. Storage of medication to be discussed with each individual parent. Please note some girls have allergies but have no medication and just avoid their allergen.

It is the parent's responsibility to ensure the EpiPens are still in date.

Parents are asked to complete a Request for Medication form each September giving suitably trained staff permission to give EpiPens and antihistamine tablets in the event of an allergic reaction. These are stored along with girl's photographs and details of their prescribed treatment in a black file in the medical room. Copies of photographs are displayed in the Senior School staff room and in Prep.

Girls going on school trips take their own EpiPens/antihistamine tablets with them and the teacher in charge takes the second set of medication from the Medical Room.

MANAGEMENT PLAN FOR THE TREATMENT OF ANAPHYLAXIS/ALLERGIC REACTIONS

In the event of a suspected allergic reaction call help from the School Nurses or in their absence one of the 'anaphylaxis/first aid team' see list on display outside the Medical Room and in other key places around the School.

Manchester High School follows the protocol developed by Manchester NHS Foundation Trust. Management of Severe Allergic Reactions in Children

Signs and symptoms – not all will be present

- Child complaining of not being well
- Restless and itching – hives
- Swollen lips or tongue – strange taste in the mouth
- Change in voice – swelling of the throat
- Struggling for breath
- Change in colour of the face
- Collapse

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Unconsciousness
No circulation or breathing

Action

Stay calm and reassure the student

Shout for help

Assess level of consciousness, airway and breathing

If the student is alert

Sit the student on the floor, half sitting position and loosen tight clothing

Give antihistamine tablet to chew. Chewing helps the mouth symptoms

If the student is a known asthmatic and is wheezing give reliever inhaler –usually blue

The administration of EpiPen may be delayed if wheezing is mild and there is no difficulty breathing/swallowing, or if the student is fully conscious and sitting up

If the student deteriorates lay her flat and raise the legs and send someone to call an ambulance

Administer EpiPen

Stay with the student

If the condition does not improve in 5 mins give the second EpiPen into the opposite thigh

Continue to assess condition – be prepared to give CPR if necessary

Receptionist to call for an ambulance – stating that it is an allergic reaction and that the student is having difficulty breathing

Record time of call

Office staff to print off student's name, address, telephone number

School Nurses or member of anaphylaxis team who has administered medication to accompany student to hospital with contact details and mobile phone

All medication administered to the student should be taken to hospital with them

Office staff to contact parents if the School Nurses are still working with the student. The School Nurses will contact parents after the event if the reaction is only mild

Estates Team staff to wait outside the School to direct the ambulance to the child

All students suspected of having a severe allergic reaction should be transferred to the A&E department by ambulance even if they appear to have fully recovered. (A further reaction may occur when the adrenaline wears off)

How to give EpiPen Adrenaline

The injection should be given mid-way along the outer side of the student's thigh by the following method:

- Remove EpiPen from the packaging
- Remove the coloured safety cap
- Hold the EpiPen placing the black tip at right angles to the thigh and press down firmly until the auto-injector mechanism functions. You should hear a click.
- Hold in place for 10 seconds
- Remove the EpiPen and massage the area for ten seconds
- The EpiPen's needle will then be covered by a needle guard
- Parents should be asked to provide a replacement EpiPen as soon as possible

Please note: whilst it is the parents responsibility to ensure the students' EpiPens are in date, it is acceptable to use an out of date EpiPen as long as the fluid visible in the window is clear and has no obvious foreign bodies and is within one year of its expiry date.

It is now considered acceptable for a first aider to use another student's EpiPen, if the patient's own pen is unavailable. However, the first aider must be absolutely sure that the symptoms they are observing are those of anaphylaxis. It should be remember that if one student has

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reacted to a substance i.e. nuts in a meal produced at School, other allergic students may also react and may need their own EpiPens.

Catering

The catering department will have a representative on the 'anaphylaxis/first aid team' and attend yearly training.

The catering department have a 'no nut policy'. However, the Catering Manager cannot guarantee no nuts in pre prepared items. No food that obviously contains nuts will be bought.

The School Nurses will provide the catering department with information about students' allergies and update this when necessary.

Parents and staff acknowledge the risk of foods being offered by other students.

Action to be taken when a new diagnosis of Anaphylaxis risk is made;

- Discuss the protocol with parents
- Establish where medication is to be stored
- Issue Request for Medication form and Individual Healthcare Plan for parents to complete. This will be stored in the medical room.
- Information updated on SIMS, given to the catering staff and put on the staff room noticeboard.
- Check staff involved with the care of the student are up to date with training

**From Mrs C Hughes and Miss C Railton
School Nursing Sisters**

Dear parent/guardian

Thank you for informing us that your daughter has an allergy. We would be grateful if you could complete the attached questionnaire and return it to us as soon as possible. This will give us more information about the nature of your daughter's allergy and the medication and treatment she would need in an emergency.

Confirmation of the allergy (please be very specific)

.....
Please specify whether this is eaten, inhaled, touch sensitivity or all three

.....
Please describe the effects of the allergy including how rapid is the onset? Does she quickly recognise that a reaction is occurring? What are the symptoms?

.....
Please give the date of the last severe allergic reaction which required treatment and the total number of previous episodes.

.....
Name, address and contact number of Hospital Consultant /GP

.....
Please state the name of any medication used to treat a reaction.....
.....

We would be grateful if you could complete the attached Request for Medication form giving us permission to administer any medication should your daughter need it and return it to the medical room.

Your daughter's medication will be given to staff accompanying her on school trips. Please note she should also take it with her for sporting events outside school.

Your name: Relationship to student: Date:.....

Thank you for completing this form. If you have any queries please do not hesitate to contact us.

APPENDIX 8: Head Injury Policy

Any student who has had a head injury should be assessed by a first aider or the School Nurses. A student may have suffered from a significant head injury if any of the following symptoms are shown:

Loss of consciousness
Headache
Dizziness
Vomiting
Confusion

If the head injury is minor and the student appears well a head injury letter should be sent home with the student. The student can then return to class but should be observed. If the School Nurses or first aider have any concerns about the student they should contact parents or if they are not contactable leave a message.

In the Preparatory Department, wrist bands are issued to students who have had a head injury, so they are immediately obvious to other members of staff, and they will be monitored throughout the remainder of the day.

The School Nurses are able to give Panadol/Calpol for pain but observe effect.

If there is a loss of consciousness however minor, the student should be transferred to A&E for a full assessment. If consciousness is regained and general condition appears good, note conscious level, record observations and transfer to A&E by ambulance or own transport as appropriate.

If still unconscious call for an ambulance.

Significant concussion

Any of the following signify significant concussion:

Pre or Post Traumatic Amnesia. *What happened to you? What is the score? Who are you playing?*
Headache

Confused speech/vagueness

If significant concussion is suspected the student must take no further part in activities and should be assessed and transferred for medical assessment.

If the student does attend A&E resumption of games should be discussed and the PE staff informed.

APPENDIX 9: GUIDANCE ON WHEN TO CALL AN AMBULANCE

The School Nurses or other attending member of staff will administer first aid to the casualty and assess need for an ambulance.

The School Nurses or other first aider will call for an ambulance using their mobile phone – if available. They will then inform Reception that an ambulance has been called.

Information required before an ambulance is called.

Name

Age and sex

Level of consciousness

Type of occurrence

School location and area of school where accident has taken place

Any other relevant information i.e. is the patient seated or lying down.

If a mobile phone is not available someone should be delegated to ask the Receptionist to ring 999 and give the above information with location and access point eg Prep or Senior School Reception.

The Receptionist will arrange for a member of staff to be at the access point to direct Ambulance to casualty.

The School Nurses or first aider will arrange for patient's belongings to be found and kept with casualty.

The School Office must be informed and will print out the casualty's personal details (eg name, address, next of kin) and give to member of staff accompanying to A&E

School Nurses, first aider or senior member of staff will contact parents.

School Nurses or first aider to travel in ambulance with casualty.

An ambulance should be requested for:

Head injury resulting in loss of consciousness, repeated vomiting or altered consciousness or responsiveness

Laceration with ongoing bleeding after 10 minutes pressure, with visible bleeding point

Breathing difficulties: unable to speak or speaking in very short sentences, or change in colour

Pain

Any severe pain following trauma where a fracture is suspected and unable to be transported in a car

Seizure

Anyone still seizing after 5 minutes (except where patient is known to have prolonged seizures)

Accidental or deliberate overdose of drugs or alcohol – when necessary

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APPENDIX 10: RISK ASSESSMENT FOR STUDENTS WITH TEMPORARY DISABILITIES

Name of Student Assessment completed by whom	Form Parent in attendance	Type of Disability YES/NO	Assessment date Review date
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Nature of disability	Control measures to reduce risk
Is the student able to use the stairs safely? YES/NO	<ul style="list-style-type: none"> • Provide with a lift key YES/NO • Lift key returned? YES/NO • Rearrange registration or subject teaching arrangements YES/NO • Details
Is the student able to use corridors during change of lessons safely?	<ul style="list-style-type: none"> • Leave class five minutes early to avoid crowds YES/NO • Allocate a lunch pass YES/NO • Inform Deputy Heads YES/NO • Inform Head of Year YES/NO • Inform Form Tutor YES/NO • Inform subject teachers YE/NO
Is the student able to carry her own school bag? YES/NO	<ul style="list-style-type: none"> • Allocate fellow student to carry the bag YES/NO
Are special arrangements needed in the event of a fire evacuation?	
Is the student able to open doors? YES/NO	<ul style="list-style-type: none"> • Allocate a fellow student to open doors YES/NO
Is pain relief or other medication needed? YES/NO	<ul style="list-style-type: none"> • Discussed with parents YES/NO • Documentation and medication provided by parents YES/NO • Self administered YES/NO • Timing of medication
Are there any toileting or hygiene issues? YES/NO	<ul style="list-style-type: none"> • See School Nurse
Is there a specific dietary need? YES/NO	<ul style="list-style-type: none"> • Arrange meeting with Catering Manager YES/NO
Does the student need periods of rest? YES/NO	<ul style="list-style-type: none"> • Arrange for use of medical room YES/NO
Can the student wear full uniform/shoes? YES/NO	<ul style="list-style-type: none"> • Arrange with Head of Year to allow alternatives YES/NO

Approved by Head Mistress June 2023 (Via the Health & Safety Committee). Updated to reflect changes to the EYFS Statutory Framework and approved by the Head Mistress February 2024

APPENDIX II: GENERAL SALES LIST MEDICATION WHICH CAN BE ADMINISTERED BY THE SCHOOL NURSE.

A homely remedies policy will be signed and annually updated by the SMO and School Nurses. Any medications given must be recorded in line with school policy

Name of medicine (or a non-brand equivalent)	Suitability	Dosage
1% Hydrocortisone cream	For relief of insect bites and stings	Can be applied 2-3 times a day
Bonjela Junior	For relief of mouth ulcers	Age below 16 years
Bonjela	For relief of mouth ulcers	Can be used once every 3 hours. Age 16+ only
Hydrogel	For relief of minor burns	To be used as directed
Calpol 6+	For mild pain or feverishness	According to age
Calpol Infant Suspension	For mild pain and or feverishness	According to age
Diprobase Cream	For dry skin conditions	To be applied to affected parts
E45 Cream	For dry skin conditions	To be applied to affected parts
Gaviscon	For indigestion	According to age
Kaysil lozenges	For sore throats	1 lozenge every 2 – 3 hours
Loratadine 10mg	For relief of allergy symptoms	According to age. For emergency use only
Olbas Oil	To clear nasal congestion	
Paracetamol 500mg	For mild pain and feverishness	According to age
Piriton syrup 2mg/5ml	For relief of allergy symptoms	According to age. For emergency use only
Rennies	For indigestion	According to age
Savlon Cream	For minor grazes	To be applied to affected parts

APPENDIX 12: ANNUAL MEDICAL UPDATE FORM

Confidential Medical Record

*Please would you complete this form and return it to **the School Nurses** in the attached envelope.*

Replies must be received no later than two weeks after the start of the school term

Name
Date of birth
Form / Tutor Group

Please answer the questions below. This will enable us to update our school medical records.

Has your daughter been admitted to hospital in the last year?

If yes, please state the reason.

Has your daughter taken any medication recently?.....

If yes, please give brief details

Has your daughter had any recent or regular medical treatment?

If yes, please give details.

.....

Please give details of any allergies which your daughter suffers?

.....

.....

If your daughter has been immunised or vaccinated against any diseases this year, please give details. *(You need not include those done in school)*

.....

.....

If you have changed your G.P. in the last year, please state:

(a)The name of your G.P.

(b)Your G.P.'s address

Please tell us any other information which will help the School Medical Team to assist in the care of your daughter.

.....
.....

I consent for my daughter to be seen by the School Medical Team, should the need arise and to the School Nurses administering age appropriate, over the counter medication. (*Individual consent forms will be sent to you for medical examinations and immunisations.*)

Signature of Parent/Guardian **Date**.....

Appendix 13: REQUEST TO ADMINISTER MEDICINES FORM



REQUEST TO ADMINISTER MEDICINE

To: Sister Hughes & Sister Railton

..... **(Name of Student)** in

..... **(Form)** has been diagnosed as suffering from

(Name of Illness).

She is considered fit for school but requires the following prescription medicine to be administered during school hours

..... *(Name of Medicine).*

Please administer *(dosage)* at *(time)*

from *(date)* to *(date)*

How should the medicine be kept and stored?

Please give any further instructions

.....

The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information.

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

(Parent/Guardian)

Approved by Head Mistress June 2023 (Via the Health & Safety Committee). Updated to reflect changes to the EYFS Statutory Framework and approved by the Head Mistress February 2024

Appendix 14 – REQUEST TO ADMINISTER MEDICINE ON AN EDUCATIONAL VISIT

Request to administer medicine on an educational visit



Educational Visit:
Date(s):

**PLEASE COMPLETE THIS FORM IF YOUR CHILD NEEDS TO BRING
ANY MEDICATION ON THE ABOVE EDUCATIONAL VISIT
 (One form per medicine)**

Name of student:
 Form:

Requires the medication for:.....

(please specify the medical condition or reason for medication)

My child is considered fit for the residential trip but requires the following prescription/non-prescription medicine to be administered during their stay:

Medication	Exact Dose	Method (e.g oral, inhaler)	Storage (e.g. Fridge)	Frequency (e.g. 2x per day)	Time (am/pm)

The above medication must be: *(please tick one option below)*

- Administered by MHS staff
- Self-administered by my child
- Self-administered by my child with MHS staff supervision

The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information.

I consent to the School (through the Head as the person responsible) obtaining, using and holding "personal data" including "sensitive personal data" such as medical information, to be processed lawfully and fairly in accordance with the Data Protection Act 2018, for the purposes of safeguarding and promoting the welfare of my/our child and ensuring that all relevant legal obligations of the School and ourselves are complied with. Relevant privacy notices can be found on the school website.

Signed:

Date:

Relationship to Student:

.....



MHSG Staff Use Only

Pupil name: **Date of birth:**

.....

		<i><u>Date:</u></i>									
<i><u>Regular medication</u></i>		<i><u>When required:</u></i>		<i><u>Sign:</u></i>	<i><u>Time</u></i>	<i><u>Sign:</u></i>	<i><u>Time</u></i>	<i><u>Sign:</u></i>	<i><u>Time</u></i>	<i><u>Sign:</u></i>	<i><u>Time</u></i>
<i><u>Name of medication</u></i>		<i><u>Morning:</u></i>									
<i><u>Condition/ Illness</u></i>		<i><u>Lunch:</u></i>									
<i><u>Method e.g. oral, inhaler</u></i>		<i><u>Dinner:</u></i>									
<i><u>Dosage e.g. 5ml</u></i>		<i><u>Bedtime:</u></i>									

Approved by Head Mistress June 2023 (Via the Health & Safety Committee). Updated to reflect changes to the EYFS Statutory Framework and approved by the Head Mistress February 2024

<u>As needed:</u>										
-------------------	--	--	--	--	--	--	--	--	--	--

<u>Regular medication</u>		<u>Date:</u>	<u>When required:</u>		<u>Sign:</u>	<u>Time</u>	<u>Sign:</u>	<u>Time</u>	<u>Sign:</u>	<u>Time</u>	<u>Sign:</u>	<u>Time</u>
<u>Name of medication</u>			<u>Morning:</u>									
<u>Condition/ Illness</u>			<u>Lunch:</u>									
<u>Method e.g. oral, inhaler</u>			<u>Dinner:</u>									
<u>Dosage e.g. 5ml</u>			<u>Bedtime:</u>									
			<u>As needed:</u>									

APPENDIX 15: EATING DISORDERS POLICY

Introduction

There is little doubt that a student with an Eating Disorder is likely to have a significant impact on other students and the school. It is vital that sensitivity and confidentiality are at the heart of any reaction to such a problem. The main thing to remember is that an Eating Disorder is not about food, it is about feelings.

Concerns about a student who appears to be losing weight or appears to have a changing attitude to food should be reported to the pastoral staff or the School Nurses or doctor as soon as possible. The problem often impacts on the whole community. On occasions, peers may be prepared to intervene and bring the matter to notice.

What is an Eating Disorder?

- **Anorexia Nervosa:** individuals suffering from this have lost the ability to allow themselves to satisfy their appetite. By restricting the amount they eat and drink, they focus on food in an attempt to cope with life. Most noticeable signs and symptoms include weight loss, loss of menstrual periods, feeling cold, poor circulation, constipation and abdominal pain, dizzy spells and fainting, change in attitude towards food, excessive exercise, perfectionism, rituals attached to eating, restlessness and hyperactivity, secrecy, devious and deceptive behaviour
- **Bulimia Nervosa:** This is characterised by episodes of binge eating, followed by self induced vomiting or other measures to counteract the excessive food intake. Most noticeable signs and symptoms include sore throat, erosion of tooth enamel, dehydration and poor skin condition, lethargy, erratic periods, frequent weight change, disappearing to the toilets after meals, binge eating large amounts of food, vomiting and or purging after eating, secretive and ritual behaviour, periods of fasting, excessive exercising, food disappearing unexpectedly, reluctance to socialise at events where food is available.
- **Binge eating:** This is similar to bulimia but the person will not purge themselves after eating large quantities of food
- **EDNOS: Eating Disorder not otherwise specified:** These individuals have some of the signs and symptoms of an eating disorder but they do not fit into a diagnostic criteria.

For an eating problem to be defined as an Eating Disorder, it must have a psychological basis. The problem does not include food allergies or disorders of the digestive system.

Reasons for developing an Eating Disorder

Anyone can develop an Eating Disorder. However young men and women are most vulnerable between the ages of 15 and 25 years. Much younger children have been known to develop an Eating Disorder.

The most common causes of an Eating Disorder are

- Feeling of low self-esteem
- A lack of self-worth
- The need for control in a life that seems out of control
- Feelings of loss and grief

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- Relationship with siblings
- Abuse
- Poor body image
- The need to achieve, either imposed by self or others
- Relationships with others e.g. parents - controlling or over possessiveness
- Stress

School Policy

- The issue of confidentiality is one that school recognises as requiring particular care.
- We accept that parents do not necessarily need to know all of the personal details.
- When an Eating Disorder presents, the student will be encouraged to tell their parents of their difficulties, preferably with the support of a member of staff.
- From the earliest stage the medical staff will be fully involved.
- Independent counselling will be suggested to the student and parents.
- It will be made clear to any student who approaches staff for help that the matter will be dealt with sensitively and no information will be passed on without the student's knowledge and hopefully consent.
- The student will be advised that a core team of staff may well need to know about the problem, but without all of the personal details. This will usually be the form teacher, head of year, deputy head with pastoral responsibility and the School Nurses.
- We understand the need to be realistic about how much the School can do to help and will look for expert guidance as necessary.
- If the Head Mistress, after consultation with staff involved feels that the problem is beyond the reasonable involvement of the school, she will meet with the parents in order to establish a way forward that is best suited to the needs of the student and the school.

Prevention and Intervention

We recognise that a student with an Eating Disorder has the following needs and we will respond within reasonable parameters decided by the Head Mistress and staff involved:

- Help and support.
- Information about the illness, treatment options and services available.
- Understanding.
- Boundaries and responsibilities for themselves.
- Hope that recovery is possible.
- Continuity and trust.
- Time.
- Care but not control.

APPENDIX 16: DEFIBRILLATOR POLICY

Aim

The aim of this policy is to provide guidance on the use of the Automated External Defibrillator at Manchester High School for Girls.

In the interest of improving the standards of welfare and medical care to all individuals on site an AED is situated outside the fitness suite, at main reception and at Prep reception (this AED has paediatric pads available). Primarily it is to be used by trained personnel in the course of providing first aid to any person suffering a cardiac arrest whilst on the premises. The likelihood of its use is low. The School's postcode is clearly labelled on each AED to facilitate a swift ambulance response.

Rationale/Legal Basis

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public and healthcare professionals. Their advice on the use of defibrillators is that 'Electrical defibrillation is well established as the only effective therapy for cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia. The scientific evidence to support defibrillation is overwhelming, the single most important determinant of survival being the delay from collapse to delivery of the first shock. The chances of successful defibrillation decline at a rate of 7-10% with each minute; basic life support will help sustain a shockable rhythm but is not a definitive treatment.

The chances of survival following cardiac arrest are considerably improved if appropriate steps are taken to deal with the emergency. These steps form the concept of 'The Chain of Survival' and are:

- Recognition of cardiac arrest
- Early activation of appropriate emergency services
- Early basic life support
- Early defibrillation
- Early advanced life support

Increased provision of early defibrillation through the widespread deployment of AED's is now considered a realistic strategy for reducing mortality from cardiac arrest due to ischemic heart disease. The Resuscitation Council (UK) strongly recommends the implementation of early defibrillation.

The deployment of a defibrillator at MHSG accords with the intent of the Government White Paper entitled Saving Lives: Our Healthier Nation.

Monitoring/Evaluation/Review Procedure

This policy will be reviewed every 12 months.

Employees Liability

Employee Liability insurance will cover any member of staff who, in the line of duty acts reasonably to resuscitate a casualty.

Supervision of the Defibrillator Programme

In order that all training is carried out in accordance with current guidelines and that appropriate training standards are maintained the School Nurses will:

- Ensure that all designated first aiders will complete an appropriate first aid course
- Will undertake AED training with all appropriately trained first aiders who wish to be part of the programme, on a yearly basis.
- Will attend AED training with an outside agency on a yearly basis in line with good practice.
- Ensure that all records of staff trained in first aid and in the use of the AED are up to date.
- Will check the AED every two weeks for battery life and function
- Will keep up to date with current practice
- Will liaise with the North West Ambulance Service, First Response Manager for advice and support

Notes

AED's will be placed where they are most likely to be used.

They will be placed on a wall mounted bracket as they need to be accessible at all times.

Staff and students will be alerted to its presence

Appendix 17: MHSG IHCP

Date:

Dear

Individual Health Care Plan

Thank you for informing us of your daughter's medical condition. As part of accepted good practice and advice from the Department for Education and relevant voluntary organisations, we are asking all parents of children with a medical condition to help us by completing a school Individual Health Care Plan for their daughter. Please complete the Plan with the assistance of your daughter's healthcare professional and return it to the School. If you would prefer to meet me to complete the Plan or if you have any questions, then please contact me at school on 0161 224 0447.

Your daughter's completed Plan will record helpful details about her medical condition, triggers, individual symptoms and emergency contact numbers. The Plan will help school staff to better understand your daughter's medical condition.

Please make sure that the Plan is regularly checked and updated and the School is kept informed of any changes to your daughter's medical condition or medication. This includes any changes to how much medication she needs to take and when she needs to take it.

I look forward to receiving your daughter's Individual Health Care Plan.

Thank you for your help.

Yours sincerely

School Nursing Sister

Date form completed

Date for review

Copies held by



Individual Health Care Plan

For students with medical conditions at School

I. Student's Information

Name of studentForm ...

Date of birth

Member of staff responsible for home-school communication: **Sister Railton/Sister Hughes**

Is the Student on the SEN register within School?

- Yes
- No
- Do Not Know

2. Contact Information

Student's address
.....
.....

Postcode

Family Contact 1

Name
.....

Phone (day)

Mobile

Phone (evening)

Relationship to student

Family Contact 2

Name
.....
.....

Phone (day)

Mobile

Phone (evening)

Relationship to student

GP

Name

Phone

Hospital Specialist contact

Name

Phone

3. Medical Condition Information

Signs and symptoms of this student's condition:

.....
.....
.....
.....

Triggers or things that make the condition(s) worse:

.....
.....

4. Routine Healthcare

(For example dietary, therapy, nursing needs or before physical activity)

During school hours:

.....
.....
.....

Outside school hours:

.....
.....

5. What to do in an Emergency

.....
.....
.....
.....
.....
.....

6. School trips and visits

What specific additional care will the student need when on school trips or visits?

.....
.....

7. Emotional / Social needs

Are there any additional emotional or social needs?

.....
.....

8. Educational needs

Are there any additional educational needs? (e.g. need for rest breaks etc.)

.....
.....

9. School Nurse care

What specific care does the School Nurse need to provide?

.....
.....
.....
.....

10. Who else needs to know

Medical information is shared on a need to know basis. Please indicate if the medical information you are providing needs to be shared with a specific person or kept confidential.

.....
.....

10. Regular Medication taken during school hours

Medication 1

Name/type of medication
(as described on the container):

.....
.....
.....

Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection):

.....
.....
.....

At what time of day is it taken?

.....

Are there any side effects that could affect this student at school?

.....
.....
.....

Are there any contra-indications (signs when this medication should not be given)?

.....
.....

Medication expiry date

.....

Medication 2

Name/type of medication
(as described on the container):

.....
.....
.....

Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection):

.....
.....
.....

At what time of day is it taken?

.....

Are there any side effects that could affect this student at school?

.....
.....
.....

Are there any contra-indications (signs when this medication should not be given)?

.....
.....

Medication expiry date

.....

II. Emergency Medication

(please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):

.....
.....

Describe what sign or symptoms indicate an emergency for this student:

.....
.....

Dose and method of administration (how the medicine is taken and the amount):

.....
.....

Are there any contra-indications (signs when medication should not be given?)

.....
.....

Are there any side effects that the school needs to know about?

.....
.....

Self-administration: can the student administer the medication herself?

(please tick as appropriate)

- Yes
 No
 Yes with supervision by member of staff:

Is there any other follow-up care necessary?

.....
.....

Who should be notified? Parents GP *(please tick as appropriate)*

Your Name: **Signature:**

Relationship to Student (if not parent): **Date:**