FIRST AID, MEDICAL AND PERSONAL CARE POLICY

Approved by Governing Body	**September 2026**
Next review date	**September 2027**
Head Teacher	 **Kate Le Page**
Co-Chairs of Governors	**Louise Hallam & Tony Kung**

Values

The Wells Free School is an inclusive school which aims to ensure all pupils have access to the best possible education, and where the happiness, safety and wellbeing of all individuals, matter. We believe that all members of our school community have a right to succeed, and the entitlement to develop their full potential. We are committed to ensuring all pupils have access to a broad, balanced and relevant curriculum which aims to prepare them for life outside school, and which is designed to meet each individual's specific needs.

Equal Opportunities Statement

We are committed to the promotion of equality and equity and an understanding of individual rights and responsibilities. We will ensure that all members of our school community have equal access to the education provided by our school. We celebrate the different experiences all members of the school community bring to our school, and recognise that these experiences, interests and strengths affect the ways in which people learn. We aim to harness this diversity to enable all members of our school community to thrive and enjoy their time at our school.

Disability Statement

The Wells Free School is proud to be an inclusive school. We offer access to a broad and balanced curriculum for all pupils regardless of disability. We strive to ensure all pupils can access, educationally and physically, all learning opportunities within and beyond the school.

We aim to ensure that all users can access key learning areas and will ensure that no user experiences any discrimination or reduced entitlement to learning due to being unable to physically access areas of the school.

As with any additional needs the school works closely with parents and appropriate outside agencies to ensure equality of access for all.

Nurture UK

The Wells Free School is a Nurture UK accredited school. As such, we share the vision that:

1) Child development is not limited by lack of nurture in education
2) Adults working with and caring for our children are supported and equipped with evidence-based tools to help them flourish and learn

Nurture as a practice means relating to and coaching children and young people to help them form positive relationships, build resilience and improve their social, emotional and mental health and wellbeing. As a school we consistently implement the six principles of nurture:

1) Children's learning is understood developmentally
2) The classroom offers a safe base
3) The importance of nurture for the development of wellbeing
4) Language is a vital means of communication
5) All behaviour is communication
6) The importance of transition in children's lives

These six principles help staff to focus on the social and emotional needs and development of our children, ensuring all children are ready to learn.

GENERAL

It is the parent's/carer's responsibility to ensure that the school is kept informed of any medical condition and treatment required by their child/children in order to assist the school in caring for the child appropriately. Our policy has been drawn up in accordance with good practice and KCC guidelines and includes a full personal care protocol.

If a child is unwell at school, we will make every effort to contact the parents/carers. It is the parent's responsibility to inform office staff of any changes to home, work and mobile contact numbers of parents/carers and other approved guardians of your child. The school uses a secure online educational approved database, Arbor to store this information and a backup copy is held with your child's personnel records in the school office. Until we have contacted the child's parents/carers we will take any action required in the interests of the child.

In the event of an accident, appropriate first aid will be given by our registered first aiders, a list of whom can be found in the first aid stations on each floor. A record of all first aid incidents and any medications provided by the school will be recorded on Arbor and records of any prescribed medicines administered will be kept in the central first aid folder kept in the school office.

In the case of more serious accidents, we will contact parents/carers as soon as possible. The child will not be moved (unless it is unsafe to stay in the location of the accident) and the first aiders will be alerted via a walkie-talkie (channel 16). We will always inform parents/carers if their child suffers a knock on the head, even if there are no apparent physical symptoms. This will be done by recording the incident on Arbor, sending an email home and placing an orange/red band on the child.

MEDICAL INFORMATION

All individual records for any child with a medical condition are kept centrally in the first aid file in the office, in classrooms and electronically on Teams and Arbor.

ADMINISTRATION OF MEDICINE

Parents/Carers will be informed that, although we will always care for children who become ill at school, children on short courses of medicines, such as antibiotics, should take these at home.

If antibiotics need to be given four times a day, school staff will administer one dose only. Children requiring paracetamol (e.g. Calpol) during the school day must provide sufficient evidence to support this requirement.

Any medicine provided by parents/carer must be in its original packaging, indicating the child's name, dose and type of medication, along with a completed school Medical Permission form (Appendix 1).

Medicine for pain relief (provided by the school) will be given in the event of an emergency.

STORAGE OF MEDICINE

All medicine that does not require refrigeration will be kept in the following places:

Prescribed Ventolin (Salbutamol) inhaler and spacer:

YR Y1	Ground Floor	First Aid bags in the classroom
Y2 Y3	1st Floor	First Aid bags in the Disabled Toilet
Y4 Y5 Y6	2nd Floor	First Aid bags in the Disabled Toilet,

Prescribed Adrenaline autoinjectors (AAIs) are kept in green bum bags either in the classroom or carried by the child when outside the classroom.

Prescribed medicines that require refrigeration are stored in the staff fridge, in the locked staff room.

The emergency school inhaler and spacer are kept in the medicine cabinet in the Ground Floor staff toilet. The spare school adrenaline autoinjectors (AAI) are located in the SLT office on top of the white unit opposite the door. They are stored in a Tupperware box and labelled 'Emergency Anaphylaxis Kit'.

Record of Medicines Administered

Medication provided by the school – Staff will log this on Arbor (as a first aid incident), noting the time administered and the dosage so that the parent will receive an email notification. Staff will call parents before administration to check what medication has already been given.

Prescribed medication – Staff will administer medication as recommended and note the time and date administered on the Medicine Permission form and as a medical note on Arbor.

Defibrillator

The school owns a community use defibrillator. It is located on the front ramp to the school reception office, in a heated box. The defibrillator access code is 2738.

Clinical / Medical Waste

Any clinical or medical waste produced from the administration of medicines on site should be disposed of appropriately in accordance with the manufacturer's instructions. There are yellow bags available for the disposal of medical waste.

Training Records

Lists of trained first aiders are displayed around the school, in the first aid folder and in every disabled toilet / first aid station. Staff have been trained in either Paediatric First Aid or Emergency First Aid at Work, dependent on their role and

responsibilities at school.

Key staff that require training are Midday Meal Supervisors, After School Care Club and Teaching Partners. Training is repeated every 3 years or as and when there are staff changes.

Generally, an experienced first aider will take on the Lead First Aid Role within the school and working with the School Business Manager be responsible for adhering to this policy, flagging policy changes or updates to SLT, ensuring that equipment is always fully stocked up and records are maintained.

FIRST AID

STATEMENT OF FIRST AID ARRANGEMENTS

The Wells Free School's arrangements for carrying out this policy:

- Places a duty on the governing body to approve, implement and review the policy
- Places individual duties on all employees
- Requires the reporting, recording and, where appropriate, the investigation of all accidents
- Requires the recording of all occasions when first aid is administered to employees, pupils and visitors
- Ensures the provision of equipment and materials to carry out first aid treatment
- Ensures arrangements are made for the provision of training to employees, which is recorded and annually reviewed
- Establishes a procedure for managing accidents in school which require First Aid
- Provides information to employees on the arrangements for First Aid
- Establishes risk assessments of the first aid requirements of the school.

FIRST AID BOXES and FIRST AIDERS

- First Aid kits are located in every disabled toilet on each floor, in the Hide and in the playground. First aid trained staff also have bumbags for break and lunch time.
- A list of Designated First Aiders is posted in all first aid stations.
- Kits will comply with regulations, and will be regularly checked by the Lead First Aider.
- Staff training will take place every three years. The staff list is checked regularly to ensure we have sufficient numbers of trained staff.
- The school will ensure that it has a mix of first aid trained staff available for lunch times, after school club and throughout the school day/building.

REPORTING AND RECORDING ARRANGEMENTS

The school is aware of its responsibilities under RIDDOR in respect of reporting the following to the Health and Safety Executive as it applies to employees:

- An accident that involves an employee being incapacitated from work for more than three consecutive days
- An accident which requires admittance to hospital in excess of 24 hours
- Death of an employee due to a work-related accident
- Major injury such a fracture, amputation, dislocation of shoulder, knee, hip or spine.

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, arose out of or in connection with a work activity or
- an injury that arose out of or in connection with a work activity **and** the person is taken to hospital for treatment (examinations and diagnostic tests do not constitute treatment)

Incident reporting in schools (accidents, diseases and dangerous occurrences) EDIS1

Pupil accidents must be recorded on Arbor, and the description should detail the cause, injury sustained, the time and first aid given, along with details of the person providing first aid. Should the person who has administered first aid not have access to Arbor, they should record the treatment on the first aid sheet and ensure that this is given to the office staff before the end of the day so that it can be logged. Office staff will generate a first aid report at the end of each afternoon (Appendix 2) which will be sent to the parents of all children that have received first aid for minor accidents that day.

ACCIDENTS TO THE HEAD

Bumps to the head can be problematic, as the effects are not always immediately seen. Where emergency treatment is not required, the accident needs to be logged on Arbor, detailing the time, cause and location of the injury sustained and an orange/red band placed on the child's wrist so that all staff or adults in contact with the child are aware of potential after effects. Lunchtime staff must make class teachers aware of any head injury or accident that requires a child to be monitored.

ACCIDENTS

In the event of an accident injuring one or more people, the first priority is to ensure, within the limits of personnel and facilities, the safety of other pupils and adults in the vicinity. In attending to the injured person(s), help may be called from colleagues holding a first aid certificate.

If the accident is of a more serious nature, a senior leader who is first aid trained should be informed. A decision will then be taken by a senior member of staff whether or not an ambulance should be called. Parents/carers should be contacted

as soon as possible. If the child requires a visit to hospital, a full accident form should be completed by the member of staff who was first on the scene (Appendix 3), a copy of which should be given to parents to take with them. This form should be scanned into Arbor and then kept in the first aid folder together with print outs of any CPOMs records. Once the school is made aware of the outcome of the hospital visit, another Arbor entry (as a Medical Event/Accident/Injury) should be made to confirm these details.

If the accident is less serious but hospital treatment is deemed necessary and a parent/carer cannot collect the pupil in good time, an ambulance should be called. Staff should not take children in their own cars unless there is no other option. Staff using their own cars must travel in pairs and will be travelling under the terms of the school's motor insurance policy. The school owns two booster seats and it is recommended that these are used unless a parent is able to supply an alternative child car seat meeting the Highway code regulations.

A summary of first aid procedures at The Wells Free School can be found in Appendix 4.

RESIDENTIAL COURSES

The designated member of staff will be responsible for medical care and will ensure that all medicines are administered correctly and at the right time. All parents/carers will be required to sign the relevant forms before their child/children go on these visits. A risk assessment must be undertaken, identifying first aiders from within the school's staff or residential staff body. Details of how to access First Aid on site must be sought before arrival and shared with all staff and pupils.

SCHOOL TRIPS

A First Aider must accompany all school trips off the school site. The First Aider will bring suitable emergency equipment, and any prescribed medicines on the trip, along with details of individual medical needs.

KNOWN MEDICAL CONDITIONS

Children with known medical conditions will have a Medical Care Plan (MCP) (Appendix 4). This is used to outline their condition and medication. All plans are agreed with the parents/carers and are reviewed on an annual basis or when circumstances change. The MCP includes a photograph of the child and a record is kept in the school office and in the classrooms so that all first aiders, teaching staff and supply teachers are aware.

1. ASTHMA

- Inhalers with all the relevant instructions should be registered with the Teacher or Teaching Partner in the child's classroom on the first day of the school year and/or whenever renewed. It is the parent's responsibility to send / return / provide the correctly prescribed inhaler for their child.

- The Teacher or Teaching Partner will assess the need to retain the inhaler on behalf of the child or delegate the responsibility to the child where the child is competent to look after it and use it itself. Typically, the inhalers are kept in the class first aid bag. A Record of Staff Administered Medication Form is kept with each inhaler. Whenever a child uses their inhaler, this must be recorded on Arbor via a Medical Note.

- Staff will ensure that known asthmatics have their inhalers near them at all times.

In the event of an asthma attack:

Ventolin (Salbutamol) inhaler and spacer are kept in the class first aid bags in the classroom (YR, Y1) or in the disabled toilet on the pupil's floor (Y2, Y3, Y4, Y5 and Y6). If the child's own inhaler is not available, there is a spare emergency inhaler and spacer in the Medical Cabinet in the staff toilet on the ground floor.

1. Keep calm and **reassure** the child, encourage the child to sit up and slightly forward
2. **Remain with the child** while the **inhaler** (and spacer if needed) and are **brought to you** by another staff member
3. **Check** the 'Record of Staff Administered Medication Form' that is with the inhaler that no one else has administered the inhaler to that pupil
4. Immediately help the child to **take two separate puffs** of salbutamol (via the spacer if needed)
5. If there is **no immediate improvement**, continue to give two puffs at a time every two minutes, up to a **maximum of 10 puffs**
6. **Stay with the child** until they feel better. The child can return to school activities if or when they feel better
7. **Fill in** the 'Record of Staff Administered Medication Form' and update the medical note on Arbor.
8. **Return** the inhaler to where it is stored.

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

2. EPILEPSY

- Staff need to be aware of any child with epilepsy in their care
- If a child has an epileptic fit, contact the office and a senior member of staff immediately for assistance
- During a fit, move objects away from the child until they have recovered – do NOT attempt to restrict the child

- As soon as the child is relaxed or 'floppy' enough, try and put them into the recovery position
- After a fit allow a child to relax somewhere quiet or even sleep
- If a fit is long lasting, i.e., longer than 60-90 seconds, further medical help may be needed.

3. DIABETES

School staff have had basic training on how to monitor children with diabetes, with key staff members having been trained by the Diabetes team from the hospital. Training has also included 'carbohydrate counting' to enable staff to accurately calculate the amount of carbohydrates consumed at any time and therefore administer the correct bolus. The school has a team of staff who are authorised to administer insulin to children with diabetes. These staff have had training to use the appropriate equipment. Key staff (SLT and Office Manager) have diabetic monitoring apps open at all times to track blood sugar levels, and these will have alarms set for high or low glucose levels. Children with diabetes will always have their communicator or phone with their appropriate monitoring app on. They will always have a bag of their supplies on their person and appropriate snacks are kept at the front office. The school will ensure spare insulin is always kept in the staffroom fridge in a plastic container. The temperature of the fridge is checked regularly and a thermometer is kept next to the insulin. Staff working with children will have a walkie talkie set to 'radio 6' to communicate with the key members of staff trained to give insulin. Each child with diabetes will have a personalised risk assessment and a medical care plan sent through from the hospital. This must be adhered to at all times.

In the event of low glucose (below 5):

1) The child must not be moved, and all medical care must be taken to them, evacuating other children from the room if required. Never leave the child unattended. Use the walkie talkie to signal for help from the key, trained adults.
2) Follow the child's individual medical care plan, created by the hospital and parents. All equipment required will always be with the child. Contact parents and the diabetic nursing team if required.

In severe cases, children can become unconscious – ensure there is nothing in their mouth, put them in the recovery position and call 999 for an ambulance (stating the child is a type 1 diabetic and is in a diabetic coma) and also call parents.

In the event of high glucose (above 14):

1) Staff to use the walkie talkie to signal for help from the key, trained adults.
2) Follow the child's individual medical care plan, created by the hospital and parents. All equipment needed will always be with the child. Contact parents and the diabetic nursing team if required.

In severe cases, children can develop diabetic ketoacidosis. This is life threatening and can lead to a diabetic coma and children becoming unconscious - ensure there is nothing in their mouth, put them in the recovery position and call 999 for an ambulance (stating the child is a type 1 diabetic and is experiencing high glucose levels) and also call parents.

4. ANAPHYLAXIS

This is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink. The most common cause is food, in particular nuts, fish and dairy products.

Teachers are responsible for ensuring that all teaching using allergen foods is done with the appropriate risk assessment to cover their cohort.

The catering company are responsible for the preparation, cooking and serving of food to children, whilst their menus do not include the use of any nuts the school is not 100% nut free. All children with food allergies must have completed the Special Diets form. All children should be informed that food should not be exchanged at school.

Insect, wasp and bee stings can also cause allergic reactions. In its most severe form the condition can be life threatening, but it can be treated with the administration of adrenalin via an adrenaline autoinjector (AAI).

Staff must undertake training in the use of AAI as part of their paediatric first aid course, ensuring that they are aware of the symptoms of the allergic reaction. In addition, all staff receive annual anaphylaxis training. There are two brands of AAI currently available – EpiPen and Jext – which have slightly different methods of delivery.

TREATMENT OF ANAPHYLACTIC REACTIONS

CHECK SYMPTOMS FIRST

Give an adrenaline injection if:

- Child has rapidly become very unwell and has one or more of the following:
  - Difficulty in breathing
  - Difficulty in swallowing
  - Collapse

EpiPen

1. Lie flat with legs raised
2. Administer EpiPen as per instructions. Grasp the EpiPen in your dominant hand. Pull off the blue safety cap with the other hand. Hold the EpiPen at a distance of 10 cm away from the outer thigh pointing the orange tip towards the thigh. Jab the EpiPen firmly into the outer thigh at a 90-degree angle. Listen for the click. Hold firmly

against the thigh **for 3 seconds**. Remove the EpiPen. Note time the injection was given.
3. Phone 999 and say ANAPHYLAXIS (ANA-FIL-AX-IS)
4. After giving injection, stay with the child until the ambulance arrives - do NOT stand them up.
5. Phone Parents
6. If no improvement after 5 minutes, give a further adrenaline dose using the second autoinjector device.

Jext

1. Lie flat with legs raised
2. Use adrenaline autoinjector (Jext) without delay. Grasp the Jext injector in your dominant hand. Pull off the yellow cap with your other hand. Place the black injector tip against your outer thigh holding it at a right angle. Push the black tip firmly into the thigh until you hear a click. Hold the injector in place for **a slow count of 10** and then remove. **Massage the injection area for 10 seconds**. Note time the injection was given.
3. Call 999 and say ANAPHYLAXIS (ANA-FIL-AX-IS)
4. After giving injection, stay with the child until the ambulance arrives - do NOT stand them up.
5. Phone parents
6. If no improvement after 5 minutes, give a further adrenaline dose using the second autoinjector device.

AAI for children with severe allergies will be carried by the individual pupil.

Once the ambulance arrives, the child must go to hospital even if now recovered. Give used syringe to ambulance staff. Inform parents if not already notified. Make a record of what has occurred.

Please also refer to our Allergy Policy for further information.

5. HEADLICE

Any reported outbreak of head lice should be reported to school. Parents/carers will be advised on an appropriate course of action as advised by current NHS guidelines.

Personal Care Protocol

Introduction

We recognise that children coming to school at The Wells Free School may be at different stages in their understanding of, and capability to perform, personal care. This may include difficulties with toileting, dressing and undressing, eating, drinking and washing. This may be due to disability, medical need or maturity.

Children starting school in Reception may:

- Be fully toilet trained across all settings
- Have been fully toilet trained but regress for a short while
- Be fully toilet trained at home, but prone to accidents in other settings
- Be on the point of being toilet trained but require reminders and encouragement
- Not be toilet trained at all, but be likely to respond quickly to a well-structured toilet training programme
- Be fully toilet trained but have disabilities or learning difficulties
- Be fully toilet trained but regress for a short while due to medical problems
- Have delayed onset of full toilet training in line with other development delays, but will probably master these skills during the Reception year
- Have AEN/SEN that make it unlikely that they will be toilet trained during the Early Years.

Definitions

The term "personal care" encompasses those areas of physical and medical care which most people carry out for themselves, but which some are unable to carry out for themselves due to medical, disability or maturity related needs.

At school, support may include:

- Help with toileting, including changing of nappies/pull ups or changing of clothing due to accidents
- Help with eating or drinking
- Help with dressing and undressing, especially for PE lessons or use of specialist clothing (i.e. outdoor wear)
- Help with washing
- Help with application of lotions and creams for medical or prophylactic purposes, including the application of sun lotions
- Help taking prescription medicines.

Safeguarding

The normal process of assisting with personal care, such as changing a nappy, should not raise any child protection concerns. We undertake rigorous DBS checks to ensure the safety of our children with staff employed by the school. Parents will need to complete a Personal Care plan (Appendix 5).

There are no regulations that state that a second member of staff should be present during such procedures to ensure abuse does not occur, although it is considered good practice for supervising adults to notify another nearby adult of the procedure they are about to undertake.

Staff involved in anticipated, or planned, personal care procedures, will be offered appropriate training and updates.

Guidelines for Changing Nappies/Soiled or Wet Underwear.

1. Take the child to the Care Suite (Lower Ground Floor disabled toilet).
2. Wash hands
3. Assemble equipment required
4. Place child on the changing table
5. Put on gloves
6. Remove wet/soiled nappy/clothes
7. Flush away faecal waste from underwear and fold nappy/clothes inwards to cover faecal material
8. Wipe child and put soiled wipes in nappy sack
9. Redress child with clean nappy and clothes
10. Wrap soiled disposable nappy in nappy bags or double wrap in other bags and place in nappy bin with used gloves and wipes
11. Bag soiled clothing ready to be returned to parents/carers at the end of the day
12. Hands should be thoroughly washed whether gloves have been used or not

Aims of the Protocol

This protocol aims to:

1. ensure children at The Wells Free School feel safe and secure
2. ensure pupils at TWFS have the right to dignity, privacy and a professional attitude from staff when meeting their needs
3. ensure pupils at TWFS have access to appropriate information and support to enable them to make appropriate choices or to make a complaint
4. enable pupils to aim for independence.

Aim 1: to ensure children at The Wells Free School feel safe and secure

At The Wells Free School we believe that:	We work towards our aim through the following strategies:
…all pupils have the right to feel safe and secure whilst in our care.	• ensuring staff involved in personal care procedures are familiar with pupils involved • ensuring those in need of personal care have completed a home school personal care agreement • involving pupils as much as possible in the management of their own personal care • keeping a professional and caring approach and attitude towards all areas of personal care • explaining procedures in advance and during the task to the pupil • requiring staff to notify another member of staff before carrying out any personal care procedure • ensuring that the Head Teacher or DSL is informed of any concerns related to personal care issues immediately • ensuring that pupils personal care needs are dealt with quickly and discreetly to prevent any distress • informing parents/carers on collection of any personal care procedure that has been undertaken • keeping careful and consistent records of procedures undertaken.
… all pupils have the right to be treated with respect.	• ensuring that the way we talk to pupils, and around them, demonstrates sensitivity to their needs for example by not discussing personal care in earshot of other pupils • ensuring staff are kept aware of any religious or cultural sensitivities regarding personal care • speaking to pupils using age appropriate language and using agreed terminology for body parts or bodily functions • ensuring that procedures take place with the maximum level of comfort possible.

Aim 2: to ensure pupils at The Wells Free School have the right to dignity, privacy and a professional attitude from staff when meeting their needs

At The Wells Free School we believe that:	We work towards our aim through the following strategies:
… all pupils have the right to privacy and dignity at all times.	• ensuring our facilities enable personal care tasks can take place discreetly • ensuring that the way we talk to pupils, and around them, demonstrates sensitivity to their needs for example by not discussing personal care in earshot of other pupils • pupils are familiarised with the facilities and locations where personal care will take place • respecting pupil preferences regarding the sequence of care procedures • asking permission from pupils before undertaking any personal care task • encouraging the development of independence in personal care tasks.

Aim 3: to ensure pupils at The Wells Free School have access to appropriate information and support to enable them to make appropriate choices or to make a complaint

At The Wells Free School we believe that:	We work towards our aim through the following strategies:
… pupils have the right to know options open to them regarding their personal care.	• discussions with pupils about their personal care both before and during procedures • ensuring pupils are aware of procedures that are about to take place • agreeing terminology with pupils and parents/carers for parts of the body and bodily functions, and encouraging staff and pupils to use these appropriately • encouraging pupils to undertake as much of the procedure themselves as possible including washing intimate areas and dressing/undressing • seeking pupil's permission to support before undressing/assisting • addressing the child in age appropriate ways.

…pupils have the right to complain about aspects of personal care which they are unhappy with without fear of a negative response.	• agreeing with the pupil beforehand the procedure about to be undertaken.

Aim 4: to enable pupils to aim for independence

At The Wells Free School we believe that:	We work towards our aim through the following strategies:
…it is an essential role of the primary school to encourage independence in terms of academic and personal development.	• involving the child with their personal care requirements • reviewing with parent/carers the personal care needs of individuals on a regular (new termly) basis • implementation of toilet training plans where appropriate • agreed rewards/encouragement for successful independent personal care.

Appendix 1 Medicine Permission Form

MEDICINE PERMISSION FORM

Any medicine provided by parents/carer must be in its original packaging, indicating the child's name, dose and type of medication.

CHILD'S NAME: _____

CLASS: _____

I authorise the following to be administered to the above named child by staff of The Wells Free School.

Medicine to be taken:

_____

Dosage:

_____

When to administer the medicine: Time of day - Before / After a meal

_____

Reason for this medication to be given:

_____

I give permission for this medicine to be administered from:

Date: _____ to: _____

Expiry Date: _____

Doctor's name: _____

Doctor's telephone number: _____

I understand that whilst all best efforts will be made, staff of The Wells Free School accept no responsibility whatsoever for omitting to administer this medicine or administering the medicine at a time different from that specified above.

Signed: _____ (Parent/Carer)

Date: _____

Appendix 2 Arbor First Aid Report Template

Dear Parents and Carers

I am writing to let you know that today Student(s) First Name was involved in a Report Field: Medical Event Type incident.

Report Field: Description

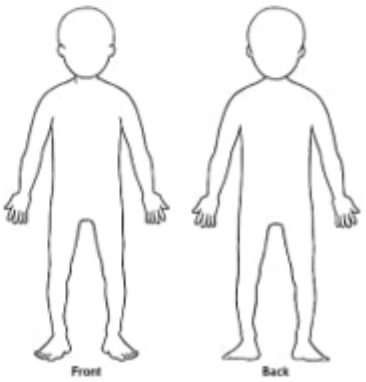
If your child has had a head bump, please continue to keep your child under observation over the next 48 hours and consult your GP/A&E department immediately if symptoms of concussion occur, such as loss of consciousness, memory loss, headaches, changes in behaviour, confusion, drowsiness, vomiting, problems with vision and slurred speech.

If you have any questions, please do not hesitate to contact us.

Kind regards
School Office

Appendix 3 Accident Form for Serious Accidents (requiring medical treatment at hospital)

Home Accident Form

Child's Name:	Class:
Date:	Time of accident/Injury:
Location where incident happened:	
Description of how incident happened:	Body parts involved: 
Treatment given/action taken:	
Treatment given by:	Other members of staff present:
Name of parent notified:	Time parent notified:

Please continue to keep your child under observation over the next 48 hours and consult your GP/A&E department immediately if symptoms of concussion occur, such as *loss of consciousness, memory loss, headaches, changes in behaviour, confusion, drowsiness, vomiting, problems with vision and slurred speech.*

Appendix 4 First Aid Procedures at TWFS

Break time

- If a child requires first aid at break time, they need to be treated by the qualified first aider on the playground.
- The first aider should have their first aid bum bag with them.
- Following treatment, report the injury to a member of the office team who will record it as a medical event – First Aid on the child's Arbor profile – include full details in the description, time, treatment and name of first aider

During lessons

- If a child requires first aid treatment or school provided Calpol/Piriton during lesson time, bring them to the office so that they can be treated by the first aid trained office staff.
- Any first aid treatment given in Forest School will be recorded on an accident sheet which will be brought to the office staff at the end of the session to be recorded on Arbor.
- The office staff will record the injury/medicine administered on Arbor as a medical event on the child's Arbor profile.

Lunch time

- If a child requires first aid at lunch time, they should be treated by the qualified first aider who is in The Hide (area outside the main hall).
- The first aider will record the injury on Arbor as a medical event on the child's Arbor profile – include full details in the description, time, treatment and name of first aider
- Please try to triage before sending a child in.

Administering medicine

- Before administering prescribed medication, please make sure you have a completed medicine permission form
- Complete the form every time medicine is administered and update the child's Arbor profile via a medical note
- Once the treatment is finished, the completed form should be put in the medical file on the office desk

Appendix 5 Medical Care Plan

Wells Free School Medical Care Plan

Name of Pupil: xxxxx			Photo here
Date of Birth:			
Pupil's Home Address			
Medical Condition(s)			
Date of Health Care Plan		Date of Review:	

	Contact 1	Contact 2
Name		
Contact Number 1:		
Contact Number 2:		
Relationship to Child:		

Clinic/Hospital/GP Contact (consultant/nurse specialist/ward if applicable)
Describe your son/daughter's condition and individual symptoms.
Medication requirements
Any other special requirements?
What action should be taken in an emergency?

Appendix 6 Personal Care Plan: for support to use the toilet

Personal Care Plan; for support to use the toilet

Child's Name:	DOB:
Completed by:	
Date of Plan:	

Who will change the child?
Toileting Procedures: Procedures if X has soiled: •
Resources required: •
How will the changing occasions be recorded?
How will wet/ soiled clothes be dealt with?
What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed •
How will the child be encouraged to participate in the procedure? •
Any other comments/ important information:

This plan has been discussed with me and I agree to the procedures set out. I will inform staff should there be any changes to MY CHILD'S situation and any circumstances, which may require temporary changes to be made.

I understand that;
I give permission to the school to provide appropriate intimate care support to my child e.g. taking to the toilet, changing soiled clothing, washing and toileting. I will advise the Head Teacher of any medical complaint my child may have which affects issues of intimate care

Signed _____

Full Name _____

Relationship to Child _____

Date _____