



# **FIRST AID & MEDICINE POLICY**

**ALP Leicester  
Stonehill Avenue  
Birstall  
Leicestershire  
LE4 4JG**

## **1. Statement of Intent**

The Executive Board believes that ensuring the health and welfare of staff, students and visitors is essential to the success of the schools.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at school and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

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

We will also make sure that our schools are appropriately insured and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the schools office/medical room. In order to manage their medical condition effectively, the schools will not prevent students from eating, drinking or taking breaks whenever they need to.

The schools also have a Control of Infections Policy which may also be relevant and all staff should be aware of.

This policy has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

### **Distribution of copies**

Copies of the policy and any amendments will be distributed to: the Head Teacher; Health and Safety Representatives; All Staff; Board members and Administration office.

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## **2. Roles and Responsibilities**

### **2.1 The Executive Board**

- 2.1.1 The Executive Board has ultimate responsibility for health and safety matters - including First Aid in the school.
- 2.1.2 Ensure the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- 2.1.3 Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

### **2.2 The Headteacher**

- 2.2.1 Carry out an assessment of first aid needs appropriate to the circumstances of the workplace, review annually and/or after any significant changes.
- 2.2.2 Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times and that their names are prominently displayed throughout the school.
- 2.2.3 Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.4 Ensuring all staff are aware of first aid procedures.
- 2.2.5 Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- 2.2.6 Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- 2.2.7 Ensuring that adequate space is available for catering to the medical needs of students.
- 2.2.8 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

### **2.3 The Lead First Aider (s) and Healthcare Professional**

- 2.3.1 Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.
- 2.3.2 Work with the Headteacher to determine the training needs of school staff.
- 2.3.3 Administer first aid and medicines in line with current training and the requirements of this policy.
- 2.3.4. Periodically check the contents of each first aid box and any associated first aid equipment and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- 2.3.5. Assist with completing an accident report forms and investigations.
- 2.3.6 Notify SMT when going on leave to ensure continual cover is provided during absence.

## **2.4 Appointed person(s) and first aiders**

2.4.1 The appointed persons are responsible for:

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

2.4.2 First aiders are trained and qualified to carry out the role and are responsible for:

- a) Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.
- b) Sending students home to recover, where necessary
- c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- d) Keeping their contact details up to date.

## **2.5 Staff Trained to Administer Medicines**

2.5.1 Members of staff in the school who have been trained to administer medicines must ensure that:

- a) Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- b) Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.
- c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- d) Records are kept of any medication given.

## **2.6 Other Staff**

2.6.1 Ensuring they follow first aid procedures.

2.6.2 Ensuring they know who the first aiders in school are and contact them straight away.

2.6.3 Completing accident reports for all incidents they attend to where a first aider is not called.

2.6.4 Informing the Headteacher or their manager of any specific health conditions or first aid needs.

### 3. Arrangements

#### 3.1 First Aid Boxes

3.1.1 The first aid posts are located in:

- The School/academy Office
- First Aid Room
- Construction Suite
- Hairdressing area
- Kitchen
- All vehicles
- Reception
- 3rd floor - Group room 3

#### 3.2 Medication

3.2.1. Students' medication is stored in:

- First aid room - medical cupboard

#### 3.3 First Aid

3.3.1. In the case of a student accident, the procedures are as follows:

- a) The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- b) The first aider administers first aid and records details in our treatment book.
- c) If the child has had a bump on the head, they must be given a "bump on the head" note.
- d) Full details of the accident are recorded in our accident book
- e) If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Governing Body.
- f) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

#### 3.4 Insurance Arrangements

3.4.1. Details of the schools insurance policies are displayed in the school reception. Those requiring further detail can contact the schools Managing Director or Finance Officer.

#### 3.5 Educational Visits

3.5.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.5.2. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

### **3.6 Administering Medicines**

- 3.6.1. **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.
- 3.6.2. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- 3.6.3. In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.
- 3.6.4. Staff will ensure that records are kept of any medication given.
- 3.6.5. Non-prescribed medicines must not be taken in school.

### **3.7 Storage/Disposal of Medicines**

- 3.7.1. Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.
- 3.7.2. Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

### **3.8 Accidents/Illnesses requiring Hospital Treatment**

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

### **3.9 Defibrillators**

- 3.9.1. Defibrillators are not available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators and should know the nearest location of a defibrillator.
- 3.9.2. The nearest defibrillator is located - Birstall Co-op

### **3.10 Students with Special Medical Needs – Individual Healthcare Plans**

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

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- a) Epileptic
- b) Asthmatic
- c) Have severe allergies, which may result in anaphylactic shock
- d) Diabetic

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

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

3.10.3. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

3.10.4. An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.

3.10.5. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Lead First Aider(s) and Healthcare Professional may also provide additional background information and practical training for school staff.

3.10.6. Procedure that will be followed when the school is first notified of a student's medical condition:

Parents will provide consent and a medical form in order for us to assist with the medical condition.

Evaluate the need for training

Risk assessment will be put in place in consultation with the parent

This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

### **3.11 Accident Recording and Reporting**

#### **3.11.1 First aid and accident record book**

- a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be emailed or printed out and sent to parents.
- b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- c) A copy of the accident report form will also be added to the student's educational record by the relevant member of staff.

- d) Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

### 3.11.2 Reporting to the HSE

- a) The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

- o Death
- o Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
  - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- o Where an accident leads to someone being taken to hospital
- o Near-miss events that do not result in an injury, but could have done. Examples of near-miss events include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment.
  - The accidental release of a biological agent likely to cause severe human illness.
  - The accidental release or escape of any substance that may cause a serious injury or damage to health.
  - An electrical short circuit or overload causing a fire or explosion.

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

<http://www.hse.gov.uk/riddor/report.htm>

### 3.11.3 Notifying parents

The first aider who has administered the first aid check will inform parent/carer of any accident or injury sustained by the student, and any first aid treatment given, on the same day.

### 3.11.4 Reporting to Ofsted and child protection agencies

- a) The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the school care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- b) The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

## **4. Conclusions**

- 4.1 This First Aid and Medicine policy reflects the schools serious intent to accept its responsibilities in all matters relating to management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

## Appendix 1 - Contacting Emergency Services

### Request for an Ambulance

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

1. Your telephone number:
2. Give your location as follows (*insert school/academy address*)
3. State that the postcode is:
4. Give exact location in the *school/academy* (insert brief description)
5. Give your name:
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

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

Put a completed copy of this form by the telephone.

## Appendix 2 - Health Care Plan

<b>School</b>	
<b>Student Name &amp; Address</b>	
<b>Date of Birth</b>	
<b>Class</b>	
<b>Medical Diagnosis</b>	
<b>Triggers</b>	
<b>Who needs to know about the student condition and what constitutes an emergency?</b>	
<b>Action to be taken in emergency and by whom</b>	
<b>Follow Up Care</b>	
<b>Family Contacts</b> <b>Names</b> <b>Telephone Numbers</b>	
<b>Clinic/Hospital Contacts</b> <b>Name</b> <b>Number</b>	
<b>GP</b> <b>Name</b> <b>Number</b>	
<b>Description of medical needs and signs and symptoms</b>	
<b>Daily Care Requirements</b>	

<b>Who is Responsible for Daily Care</b>	
<b>Transport Arrangements</b> <i>If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
<b>School Trip Support/Activities outside school Hours</b> <b>(e.g. risk assessments, who is responsible in an emergency)</b>	
<b>Form Distributed To</b>	

Date

Review date

This will be reviewed at least annually or earlier if the child's needs change

**Arrangements that will be made in relation to the child travelling to and from the school. *If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

## Appendix 3 - Parental agreement for school/academy to administer medicine

### One form to be completed for each medicine.

The school will not give your child medicine unless this form is fully completed and signed.

Name of child

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Medical condition or illness

### Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine  
(as described on the container)

Date commenced \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dosage and method

Time to be given

Special precautions

Are there any side effects that the school should know about?

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency

### Parent/Carer Contact Details:

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine safely to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature

Print Name

Date

## Appendix 4 - Record of regular medicine administered to an individual child (Parts A and B)

### Part A - Parent/Carer Authorisation

Name of child

Date of medicine provided by parent                    \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/class/form

Name and strength of medicine

Quantity returned home and date

Dose and time medicine to be given

Staff signature

Signature of parent

## Part B - Records

Name of child

Name and strength of medicine

Dose and time medicine to be given \*

**Check the medication given coincides with the information stated on Part A.**

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

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

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

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

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

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

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

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

## Appendix 5 - Administration of medication during seizures

### INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name D.O.B.

Initial medication prescribed:

Route to be given:

**Usual presentation of seizures:**

**When to give medication:**

**Usual recovery from seizure:**

**Action to be taken if initial dose not effective:**

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

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





## Appendix 7 - EpiPen®: Emergency Instructions

### EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name:

DOB:

Allergic to:

#### ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

.....

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

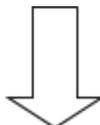
#### **MILD REACTION**

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



#### **SEVERE REACTION**

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



#### **ACTION**

- Give \_\_\_\_\_ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.

- If symptoms worsen see – **SEVERE REACTION**

## **ACTIONS**

1. Get EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

### **'ANAPHYLACTIC REACTION'**

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

## **Emergency Contact Numbers**

**Mother:**

**Father:**

**Other:**

Signed Headteacher/Principal/Principal:

Print Name:

Signed parent/guardian:

Print Name:

Relationship to child:

Date agreed:

Signed Paediatrician/GP:

Print Name:

Care Plan written by:

Print Name:

Designation:

Date of review:

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

**Check expiry date of EpiPen® every few months**

## Appendix 8 – ANAPEN®: Emergency Instructions

### ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name:

DOB:

Allergic to:

**ASSESS THE SITUATION**

Send someone to get the emergency kit, which is kept in:

.....

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

#### **MILD REACTION**

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

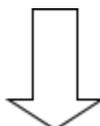


#### **ACTION**

- Give \_\_\_\_\_ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.

#### **SEVERE REACTION**

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



- If symptoms worsen see –  
**SEVERE REACTION**

## **ACTIONS**

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

## **Appendix 9 – Note to parent/carer for medication given**

### **Note to parent/carer**

**Name of school**

**Name of child**

**Group/class/form**

**Medicine given**

**Date and time given**

**Reason**

**Signed by**

**Print Name**

**Designation**



## Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school/academy will keep under review to ensure links are current.

- HSE  
<https://www.hse.gov.uk/>
- The Health and Safety (First-Aid) Regulations 1981  
<https://www.legislation.gov.uk/ukxi/1981/917/regulation/3/made>
- Department for Education and Skills  
[www.dfes.gov.uk](http://www.dfes.gov.uk)
- Department of Health  
[www.dh.gov.uk](http://www.dh.gov.uk)
- Disability Rights Commission (DRC)  
[www.drc.org.uk](http://www.drc.org.uk)
- Health Education Trust  
<https://healtheducationtrust.org.uk/>
- Council for Disabled Children  
[www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)
- Contact a Family  
[www.cafamily.org.uk](http://www.cafamily.org.uk)

## Resources for Specific Conditions

- Allergy UK  
<https://www.allergyuk.org/>  
<https://www.allergyuk.org/information-and-advice/for-school/academys>
- The Anaphylaxis Campaign  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)
- SHINE - Spina Bifida and Hydrocephalus  
[www.shinecharity.org.uk](http://www.shinecharity.org.uk)
- Asthma UK (formerly the National Asthma Campaign)  
[www.asthma.org.uk](http://www.asthma.org.uk)
- Cystic Fibrosis Trust  
[www.cftrust.org.uk](http://www.cftrust.org.uk)
- Diabetes UK  
[www.diabetes.org.uk](http://www.diabetes.org.uk)
- Epilepsy Action  
[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

- National Society for Epilepsy  
[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)
- Hyperactive Children’s Support Group  
[www.hacsg.org.uk](http://www.hacsg.org.uk)
- MENCAP  
[www.mencap.org.uk](http://www.mencap.org.uk)
- National Eczema Society  
[www.eczema.org](http://www.eczema.org)
- Psoriasis Association  
[www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)