

# Ysgol Bryn Castell

## First Aid Policy

(including the administration of medication, salbutamol inhalers and AAls [epipens])



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## **Introduction**

YBC has assessed the need for First Aid provision and currently has 9 qualified First Aid trained staff at the school.

This includes 2 staff holding the First aid at work certificate and 7 holding the Emergency First Aid certificate. All of these staff are identified within this document.

## **Appointed Responsibilities**

### Appointed Persons

1. Mr Sean Jenks (Deputy Headteacher) is the appointed person responsible for ensuring for overseeing the training needs for First Aid at YBC. This includes:
  - a. That a sufficient number of personnel are trained in First Aid procedures at all times.  
First Aid at Work
    - Mr Carwyn Williams
    - Mr Andrew Morgan (Assessor and First responder)  
School's First Aid
    - Mrs Elizabeth Bradley-Yorath
    - Mrs Margaret Brown
    - Mrs Lynne Davies-Pyne
    - Mrs Jane Marsh
    - Mrs Michelle Stephenson
    - Mrs Lesley Thomas
    - Mrs Lee Tucker
  - b. That First Aid qualifications are and remain current and in line with current guidance (eg First Aid at work certificates are valid for 3 years). This will remain the responsibility of the SLT leader for CPD (Deputy headteacher). This will be monitored by utilising Form 7 which is included in the Form template section of this policy.
2. Mrs Michelle Stephenson is the person responsible for ensuring:
  - a. That First Aid equipment is available at strategic points in the school and checked/stocked on a monthly basis
  - b. The First Aid boxes are located in the following areas
    - i. every classroom
    - ii. every specialist teaching room including any specific equipment necessary for the specific subject
    - iii. main Admin office
    - iv. main reception area
    - v. PPA room

- vi. sports hall and dance studio
- vii. in YBC vehicles
- viii. additional kits available for off-site visits such as DoE

3. Staff trained with First Aid qualifications at YBC are expected to provide the following level of basic First Aid during school hours within the school and on organised on and off-site school activities if these extend beyond the normal school day eg. After School Clubs.
  - a. Understand the role of the First aider as explained at training
  - b. Be able to assess an emergency situation and act safely and effectively
  - c. Be able to provide First Aid for a child or adult who is unresponsive and breathing normally
  - d. Be able to provide First Aid for a child or adult who is unresponsive and not breathing normally
  - e. Be able to provide First Aid for a child or adult who has a foreign body airway obstruction
  - f. Be able to provide First Aid for a child or adult who is wounded and bleeding
  - g. Know how to provide First Aid for a child or adult who is suffering from shock
  - h. Be able to provide First Aid for a child or adult with a suspected fracture or dislocation
  - i. Administer First Aid to a casualty with injuries to bones, muscles and joints
  - j. Know how to provide First Aid for a child or adult with conditions affecting the eyes, ears and nose
  - k. Know how to provide First Aid for a child or adult with a chronic medical condition or sudden illness
  - l. Know how to provide First Aid for a child or adult who is experiencing the effects of extreme heat or cold
  - m. Know how to provide First Aid for a child or adult who has sustained and electric shock
  - n. Know how to provide First Aid for a child or adult with burns and scolds
  - o. Know how to provide First Aid for a child or adult who has been poisoned
  - p. Know how to provide First Aid for a child or adult who has been bitten or stung
4. First Aiders are responsible for ensuring that LA accident forms are completed and that any First Aid treatment is included on this form.
5. First Aiders who have administered any treatment should facilitate contact with parents/carers to inform them via established YBC mechanisms (HSLO / Pastoral teachers) but may decide to assume responsibility for this contact under certain circumstances.

## **Storing and Administering prescribed medication**

Wherever possible prescribed medication will be administered or self-administration supervised at home by parents / carers.

When the dose of prescribed medication does not allow for this to happen YBC will follow the following guidance.

Any medication brought into school:

- will be provided in the original container or packaging as dispensed by a pharmacist and include prescriber's instructions for administration
- will include the pupil's name
- will include the name of the medication
- will include dosage
- will include an expiry date
- The recording of medication provided will be used using Form 4

Controlled Drugs such as Ritalin which are controlled by the Misuse of Drugs Act need to be strictly managed between school and parents/carers will be asked that all medication is brought into school by them wherever practicable. If this is not possible drugs should be conveyed in sealed packaging and the school informed to expect it.

Upon being delivered to school Miss Kayleigh Cattell, or Mrs Michelle Stephenson in her absence, should be contacted and will take responsibility for recording all relevant details and for storing the medication in the medicines safe located in the PPA room.

Each morning Miss Kayleigh Cattell will ensure that the appropriate dose of medication is placed in an individual pot and stored in the safe. Mrs Michelle Stephenson will perform this duty in the event that Miss Kayleigh Cattell is absent.

Miss Kayleigh Cattell, or Mrs Michelle Stephenson in her absence, will ensure that all necessary paperwork relating to and the administration of medication is completed and stored in the lockable filing cabinet.

At the appropriate time Miss Kayleigh Cattell, or Mrs Michelle Stephenson in her absence, will be responsible for administering any prescribed medication during the school day.

They should follow this process:

- Prepare daily medication before the start of the school day
- Collect Medication, in individual pot from safe
- Administer or witness self-administration of medication
- Complete (sign, time and date) Form 4 and ensure the form is counter signed by a colleague

An overall record of medication administered will be completed weekly using Form 6 to ensure an overview of all medication is maintained.

## **Refusing Medication**

If a pupil refuses to take medication staff should not force them to do so. They should note this refusal in the records and inform parents of the refusal. This may be directly themselves or by utilising agreed YBC structures eg. Home School Liaison Officer, Pastoral Classteacher, Head of Key Stage.

In extreme cases and if there is likely to be a medical emergency as a result of this refusal then the decision may be made to call the emergency services. These extreme cases should be noted in the individual care plans for such pupils.

In the event of a mistake, such as administering the incorrect dosage, administering the dose to the wrong pupil or forgetting to administer the medication parents should be notified and Form 8 should be completed.

## **Parental consent and record keeping**

Parents / guardians should provide details of medicines their child needs to take at school. Form 2 will be used to record these details and will be updated each time there is a change of medication and/or dose. In response the Headteacher will complete Form 3 to ensuring authorisation to staff when administering medication. YBC staff will complete, sign and ensure there is a counter signatory to record each time medication is administered to a pupil using Form 4.

## **Non-prescription medication**

In accordance with BCBC guidance YBC will not administer non-prescription medication. This would include such medication as ibuprofen, paracetamol or homeopathic remedies.

## **Self-management**

Wherever appropriate pupils at YBC will be encouraged and supported to take responsibility for managing their own medication. Any such agreements will be clearly identified in the individual care plan and several factors which would impact on this such as age and additional learning needs will always be considered. If self-administration is agreed Form 6 should be completed to record this.

In the event that it is agreed that pupils are able to manage their own medication, the medication will still be kept under lock and key and access made available to them by YBC staff who will continue to supervise the self-administration of this medication. No pupil should carry medication on their person at YBC with the exception of inhalers.

Staff should be aware of pupils who are asthmatic and their need to carry or have access to inhalers especially when participating in physical activities or in the event of such events as fire drills. Further guidance on the use of inhalers is included on page 8 of this document.

## **Off-site visits**

The medical needs of pupils will not exclude them from participating in off-site activities at YBC.

It will be the responsibility of the group/activity leader check if any pupil has the need to take medication while off site. They should contact Miss Kayleigh Cattell, or Mrs Michelle

Stephenson in her absence, who will prepare any medication necessary for off-site activities for them to take and administer while away from YBC. Having administered the medication staff will be expected to complete Form 6a. Upon their return staff will be expected to return Form 6a to Miss Kayleigh Cattell, or Mrs Michelle Stephenson in her absence, to ensure that all records are contemporary.

### **Home to School Transport**

Drivers and escorts should be made aware of any specific and relevant medical needs with guidance of what to do in an emergency. If it is expected that a driver or escort should administer medication they must receive appropriate training and support, fully understand what procedures and protocols to follow and be clear about their roles, responsibilities and liabilities. Where pupils have life threatening conditions specific health care plans should be carried on vehicles. Parents should be invited to input into individual transport health care plans and the responsible medical practitioner for the pupil concerned.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, escorts may require basic first aid training and may be trained in the use of an AAI (epi-pen) for emergencies where appropriate.

### **Individual Healthcare Plans**

SJe (ALNCO and Deputy headteacher) has overall responsibility for the development and maintenance of the IHPs at Ysgol Bryn Castell and is supported via the allocated governor Mr. Phil Aubrey

Not all learners with healthcare needs require an IHP and there therefore at YBC only pupils who require specific medication or who have specific medical needs that require specific responses will have an IHP.

In order to complete an IHP the guidance is available on page 13 of the Healthcare needs policy which will support the completion of an IHP using Form 9.

## Salbutamol inhalers

Wherever possible pupils who suffer with Asthma should be encouraged to bring an individual salbutamol inhaler to school and be able to access this as appropriate. The inhaler must be clearly marked with the individual pupil's name.

In the event that this is not always the case and in accordance with Welsh Government guidance document 015/2014 guidance on the use of emergency salbutamol inhalers in schools in Wales' YBC will keep an emergency inhaler at school. This is located in **the main admin office**. The inhaler will be checked every term by Mr Carwyn Williams and Mrs Kaye Cheeseman to ensure it is in good working order and is in date. In the event that the expiry date has lapsed it will be the responsibility of Mrs K Cheeseman to order a replacement. Inhalers usually contain 100 puffs and so consideration must be given to replacement inhalers.

YBC will maintain an Asthma register (Form 10c) and this information will be stored on the staff drive as well as a copy being made available to staff in the staff room. This register will contain the following information:

- Name of pupil
- Whether the pupil has been prescribed an inhaler
- If parental consent for the administration of the emergency medication has been obtained
- If the condition is acute then the individual pupil may require an individual care plan

The following conditions are to be adhered to if using the emergency inhaler

- The pupil must be named on the school asthma register Form 10c and Form 10a/b will have been completed detailing the individual need and prescription of a salbutamol inhaler which also gives permission for staff to administer salbutamol in the event of an emergency
- Staff must follow the 'What to do in the event of an Asthma attack guidance'
- Appropriate training for all staff at YBC will be delivered as part of the on-going CPD needs of the school as appropriate
- After the use of the emergency inhaler it must be cleaned in line with the manufacturer's guidelines and returned to its storage place. If a spacer was used was it given to the child to take home? Spacers should not be reused by the school in case of cross infection

Details of the use of the emergency inhaler should be recorded promptly, including:

- Date/Time/Location used
- How many puffs of the inhaler were administered and by whom
- A brief account of what happened including any relevant information relating to the asthma attack and any immediate post attack observations
- Use of a Spacer. If a spacer is to be used for administering medication it should be indicated on Form 10(a). Spacers should not be reused by the school in case of cross infection. If a spacer was used please inform Mrs Kaye Cheeseman to ensure that it is replaced

In the event that a pupil cannot verbalise that their symptoms are deteriorating or that they cannot take the medication unaided it is imperative that as many staff as possible are made aware of how to identify symptoms and know what to do in the event of an asthma attack.

Younger children, or those who need assistance, may use a spacer device with their inhaler. Spacers only work with an aerosol inhaler. The community pharmacy, which supplies the inhaler and spacer, should make sure they are compatible.

## **Emergency adrenaline auto-injectors**

### **Adrenaline auto-injectors (AAIs)**

AAIs are sometimes known as 'adrenaline pens'. Current brands available in the UK are [Emerade](#)®, [Epipen](#)® and [Jext](#)®<sup>1</sup>. They contain a single fixed dose of adrenaline (sometimes called epinephrine) and are the recommended first line treatment for anaphylaxis. Adrenaline treats the symptoms and further release of chemicals causing anaphylaxis. AAIs are potentially life-saving devices and enable the administration of adrenaline by non-healthcare professionals e.g. staff, family, first aiders.



An AAI, for illustrative purposes only. Source: Welsh Government.

### **Pupils prescribed an AAI**

Holding a spare AAI for emergencies could potentially save a child or young person's life and provide parents with greater peace of mind. The school may already have pupils with prescribed AAIs, and has a duty to support their pupils' healthcare needs.

If a pupil can manage the use of their prescribed AAI(s) it should be kept with them. If not, it should be quickly and easily accessible to them at all times. For example, kept in a central office in a box clearly labelled with their name. It should not be locked away.

Potential need of the AAI should be recorded in the pupil's IHP. Where the pupil has no other healthcare needs, the British Society for Allergy and Clinical Immunology's (BSACI) Allergy Action Plan may be useful<sup>2</sup>.

YBC will maintain a register of pupils who may require the administration of AAIs (Form 11c) to advise staff and this information will be stored on the staff drive as well as a copy being made available to staff in the staff room. This register will contain the following information:

- Name of pupil
- Whether the pupil has been prescribed an AAI
- If parental consent for the administration of the emergency medication has been obtained
- If the condition is acute then the individual pupil may require an individual care plan

<sup>1</sup> The Welsh Government is not responsible for the content of any external links listed within this document.

<sup>2</sup> <http://www.sparepensschools.uk/plans> or <http://www.bsaci.org/about/pag-allergy-action-plans-for-children>

## **Emergency AAI Policy**

YBC holds a spare AAI, which is located in a cupboard in the main administration office and is clearly marked.

The following guidance The Emergency AAI Policy should cover the following:

- recognising symptoms and responding to anaphylaxis
- creating an Emergency AAI Register of those with consent to receive the emergency AAI
- a named individual with overall responsibility of the emergency AAI, including monitoring its implementation and maintaining the Emergency AAI Register
- at least two named individuals responsible for the purchase, storage, care and disposal of the AAI
- handling emergencies, including how to get help, how to support classes if someone has to deal with an emergency, etc.
- arrangements for the purchase, storage, care, use and disposal of the emergency AAI
- arrangements for staff training and support from school and LA
- record keeping of AAI use, including informing parents of use

## **Emergency AAI Register**

The emergency AAI register needs to identify pupils to whom spare AAIs can be administered in the event of an emergency. A template consent form is at Annex B. Schools should ensure the register (and all copies):

- lists the pupils prescribed an AAI (or where a doctor has provided a written plan recommending AAI use in anaphylaxis), their allergies and risk factors for anaphylaxis;
- shows the pupil's prescribed AAI type and dosage e.g. *Epipen, 0.3 milligrams*;
- states if written consent has been provided for administration of the emergency AAI, which may differ to the prescribed AAI;
- is easily accessible at all times (consider pre/after school clubs) and staff are aware of location
- where possible, includes a photograph of the pupil (requires appropriate consent);
- contains the contact details of staff who manage the AAIs and any first aiders in the school;
- has the pupil's emergency contact details, and considers confidentiality of information;
- shows the date the register was created/updated (for version control) and is kept up to date;
- is easy to understand in an emergency; and
- that an up to date copy is kept with the emergency AAI.

## **Purchasing the emergency AAI(s)**

Schools should purchase spare AAIs from a pharmaceutical supplier, such as a community pharmacy - a prescription is not needed. AAIs can be obtained in small quantities provided it is done on an occasional basis and the school does not intend to profit from it. It will be the responsibility of Mrs Kaye Cheeseman to ensure that there is always a spare AAI at YBC and that there are spares available in line with the dosage guidance below.

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends treating anaphylaxis using age-based criteria<sup>3</sup>:

<b>For children aged under 6 years:</b>	<b>For children aged 6-12 years:</b>	<b>For teenagers aged 12+ years:</b>
Epipen Junior 0.15 milligrams <b>or</b>	Epipen 0.3 milligrams <b>or</b>	Epipen 0.3 milligrams <b>or</b>
Emerade 150 microgram <b>or</b>	Emerade 300 microgram <b>or</b>	Emerade 300 microgram <b>or</b>
Jext 150 microgram	Jext 300 microgram	Jext 300 microgram <b>or</b>
		Emerade 500 microgram

Schools may wish to discuss which AAIs are appropriate for their pupils with a pharmacist. The amount and type to purchase depends on local circumstances, and the decision is left to the discretion of the school.

Pharmacies will charge for the cost of the AAI and may add a handling charge. A pharmacy will need a request signed by the headteacher, stating:

- the name of the school for which the product (AAI) is required;
- the purpose for which that product (AAI) is required; and
- the total quantity (of AAIs) required.

A template letter to purchase AAIs is at Annex A.

### **Storage, care and disposal of the emergency AAI**

It is good practice for schools holding spare AAIs to store these as part of an emergency 'kit' to keep the emergency AAI and relevant documentation together. The AAI kit should be kept in a safe and accessible place, e.g. central office. It should not be locked away or kept in an office with restricted access. There should be at least two named members of staff responsible for ensuring the AAI kit is managed and stored appropriately, up to date, clearly labelled, kept separately from any pupil's prescribed AAIs, and include:

- one or more AAIs and instructions on use;
- actions to take in an emergency;
- a copy of the Emergency AAI Register (identifying pupils with consent to be administered the emergency AAI); (Form 11c)
- an AAI kit monthly inventory checklist, identifying AAIs by batch number and expiry date;
- instructions on how to replace the AAI, in advance of the expiry date;
- contact details of at least two staff responsible for the management of the AAI policy and kit;
- instructions on storing the AAI;
- manufacturer's information; and
- an AAI record of administration.

<sup>3</sup> Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers. Resuscitation Council (UK). Available at: <https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

It is important the school has an adequate number of AAI kits for its needs, especially if covering several sites. AAI kits should be located within five minutes of areas of potential need, e.g. dining room, classrooms, sports field, playground, etc.

AAIs are to be stored safely and following manufacturers instructions, e.g. out of extremes of temperature and kept away from sunlight.

As many food-allergic pupils have asthma (a common symptom in food-induced anaphylaxis) it may be beneficial to keep the AAI kit with an [emergency asthma inhaler kit](#)<sup>4</sup>. An AAI can only be used once. AAIs must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the attending paramedics or put in a sharps bin. The LA or local health board can provide details on ordering sharps bins and local collection services.

## Calling the emergency services

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<sup>4</sup> <http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en>

### **Request for an Ambulance**

Dial **999**, ask for an ambulance, and be ready with the following information where possible.

1. State your telephone number.
2. Give your location as follows:  
**Ysgol Bryn Castell,  
Bryncethin Campus,  
Abergarw Road,  
Brynmenyn,  
Bridgend**
3. State that the postcode is **CF32 5NZ**
4. Give the exact location in the education setting **[insert a brief description]**.
5. Give your name.
6. Give the name of the learner and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
8. Don't hang up until the information has been repeated back.

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

Put a completed copy of this form by all the telephones in the education setting.

## Form templates

Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting learners with healthcare needs.

- Form 1 – Contacting emergency services.....Page 16
- Form 2 – Parental agreement for education setting to administer medicine.....Page 17
- Form 3 – Headteacher/head of setting agreement to administer medicine.....Page 19
- Form 4 – Record of medicine stored for and administered to an individual learner..Page 20
- Form 5 – Record of medicines administered to all learners – by date.....Page 23
- Form 6 – Request for learner to carry/administer their own medicine.....Page 24
- Form 7 – Staff training record – administration of medicines.....Page 25
- Form 8 – Medication/healthcare incident report.....Page 26
- Form 9 – Individual Healthcare Plan (IHP).....Page 27
- Form 10 a – Permission for Salbutamol inhaler.....Page 31
- Form 10 b - Use of emergency inhaler letter template.....Page 32
- Form 10 c – Asthma Register.....Page 33
- Form 11a - Permission for AAI (Epi Pen).....Page 34
- Form 11 b - Use of emergency AAI (Epi Pen) letter template.....Page 35
- Form 11c – AAI (Epipen Register).....Page 36

## Form 1: Contacting emergency services



### Request for an Ambulance

Dial **999**, ask for an ambulance, and be ready with the following information where possible.

9. State your telephone number.
10. Give your location as follows:  
**Ysgol Bryn Castell,  
Bryncethin Campus,  
Abergarw Road,  
Brynmenyn,  
Bridgend**
11. State that the postcode is **CF32 5NZ**
12. Give the exact location in the education setting **[insert a brief description]**.
13. Give your name.
14. Give the name of the learner and a brief description of symptoms.
15. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
16. Don't hang up until the information has been repeated back.

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

Put a completed copy of this form by all the telephones in the education setting.

## Form 2: Parental agreement for education setting to administer medicine



Ysgol Bryn Castell needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

### Medicine

Name/type of medicine

(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

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

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date

Signature(s) .....

### Form 3: Headteacher/head of setting agreement to administer medicine

Ysgol Bryn Castell



It is agreed that [name of learner] ..... will receive

[quantity or quantity range and name of medicine] .....

every day at ..... [time medicine to be administered, e.g. lunchtime/afternoon break]

[Name of learner] ..... will be given/supervised while

they take their medication by [name of member of staff] .....

This arrangement will continue until [either end date of course of medicine or until

instructed by parents/carers] .....

Date

Signed .....

[The headteacher/head of setting/named member of staff]

# Form 4: Record of medicine stored for and administered to an individual learner



Name of setting

Name of learner

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature .....

Signature of parent/carers .....

Date

Time given

Dose given

Name of member of staff

Staff initials

Countersigned

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counter signed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counter signed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counter signed	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counter signed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counter signed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counter signed	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Form 6: Request for learner to carry/administer their own medicine

This form must be completed by the parent/carer.



**If staff have any concerns discuss this request with healthcare professionals.**

Name of setting

Learner's name

Group/class/form

Address

Name of medicine

Carry and administer

Administer from stored location

Procedures to be taken in an emergency

### Contact information

Name

Daytime telephone no.

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed parent/carer ..... Date .....

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature..... Date .....

## Form 7: Staff training record – administration of medicines

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] ..... has received the training detailed above and is competent to carry out any necessary treatment.

It is recommended that the training is updated [please state how often] .....

I confirm that I have received the training detailed above.

Staff signature ..... Date

Suggested review date



## Form 8: Medication/healthcare incident report

Learner's name \_\_\_\_\_

Home address \_\_\_\_\_ Telephone no. \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

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### Correct medication and dosage:

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**Medication normally administered by:**

Learner	<input type="checkbox"/>
Learner with staff supervision	<input type="checkbox"/>
Nurse/school staff member	<input type="checkbox"/>

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### Type of error:

Dose administered 30 minutes after scheduled time

Omission  Wrong dose  Additional dose

Wrong learner

Dose given without permissions on file  Dietary

Dose administered by unauthorised person

---

### Description of incident:

---

### Action taken:

- Parent notified: name, date and time \_\_\_\_\_
- School nurse notified: name, date and time \_\_\_\_\_
- Physician notified: name, date and time \_\_\_\_\_
- Poison control notified       Learner taken home       Learner sent to hospital
- Other: \_\_\_\_\_
- 

### Note:

---



## Form 9: Health Care Plan

Name of School/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition  
(including any allergies)

Date

Review date

### Family Contact Information

Name

Phone no. (work)

Home

Mobile

Name

Phone no. (work)

Home

Mobile

**G.P.**  
Name

Phone no.

Name: \_\_\_\_\_

D/O.B. \_\_\_\_\_

Describe medical needs and give details of child's symptoms

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

(e.g. elimination, eating & drinking, communication, mobilisation, specialist equipment used, self-care skills)

Additional Information/Reports Attached

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

Who is responsible in an emergency? (state if different for off-site activities)

Training needs identified

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school / setting immediately, in writing, if there is any change in my child's medical information and / or treatment.

Signature: \_\_\_\_\_  
Parent / Guardian

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name/role of Health Professional completing the plan

## Health Care Plan – Consent

I \_\_\_\_\_ parent /  
carer's name)

Of \_\_\_\_\_ (address)

For \_\_\_\_\_ (child's  
name)

Confirm that all the information contained in this health care plan and the relevant reports attached (as appropriate) can be shared with other professionals / agencies (detailed below) involved with my child's care.

SENCO / Head teacher

Social Services:

File:

Other: \_\_\_\_\_

**Please state**

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Professional completing the form: \_\_\_\_\_

Designation: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Review Date: \_\_\_\_\_

**(this form to be completed and filed in Health Professional's records)**

**Appendix C - Notification Form for Child Health Department regarding Health Care Plan**

**Name of Child:**

**D.O.B.**

**Address:**

**School:**

**Date Healthcare Plan completed / reviewed:**

**Health Visitor/School Nurse:**

**Next review Date:**



## Form 10 (a): Consent form

### USE OF EMERGENCY SALBUTAMOL INHALER

Ysgol Bryn Castell

Child or young person showing symptoms of asthma / having asthma attack

Child's full name (PRINT):.....

Class: .....

1. I confirm my child has been diagnosed with asthma / has been prescribed an inhaler (please delete as appropriate).

2. My child will have a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

You may wish to discuss this form with your child.

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

Parent/carer full name (PRINT).....

Mobile telephone number:.....

Home/work telephone number:...../.....

Parent/carer address:

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

E-mail address:.....

Child's Doctor's name:.....

Child's Doctor's telephone number:.....

Child's Doctor's address:.....

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





## Form 10 (b): Use of emergency inhaler letter template

INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....

Class:

Date:

Dear.....,

This letter is to notify you that.....has had problems with their breathing today. This happened when .....

.....  
.....

[Please delete as appropriate]

A member of staff helped them to use their own asthma inhaler.

OR

They did not have their own asthma inhaler with them, so a member of staff helped them to use the school's emergency asthma inhaler containing salbutamol. They were given ..... puffs.

OR

Their own asthma inhaler was not working, so a member of staff helped them to use the school's emergency asthma inhaler containing salbutamol. They were given .....puffs. Please contact your doctor urgently to supply an inhaler for your child to use in school.

We strongly advise that you pass this information on to your doctor as soon as possible to see whether your child needs further medical assessment.

Yours sincerely,





# Form 11 (a) – Consent Form Template

## USE OF EMERGENCY AAI (Epi Pen)

### Ysgol Bryn Castell

Child or young person showing symptoms of an allergic reaction / anaphylaxis

Child's full name (PRINT):.....

Class: .....

You may wish to attach a photograph of your child for identification in an emergency

1. I confirm my child has been diagnosed with severe allergies / has been prescribed an Epi pen (please delete as appropriate).

3. In the event of my child displaying symptoms of anaphylaxis, I consent for my child to receive an emergency injection from an emergency Epi pen held by the school for such emergencies.

You may wish to discuss this form with your child.

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

Parent/carer full name (PRINT).....

Mobile telephone number:.....

Home/work telephone number:...../.....

Parent/carer address:  
.....  
.....  
.....

E-mail address:.....

Child's Doctor's name:.....

Child's Doctor's telephone number:.....

Child's Doctor's address:.....  
.....  
.....  
.....



## Form 11 (b): Use of emergency AAi (Epi Pen) letter template

INFORM PARENTS/CARERS OF EMERGENCY EPI PEN USE

Child's name:

.....

Class:

Date:

Dear.....,

This letter is to notify you that.....has had problems with an allergic reaction today. This happened when .....

.....

.....

[Please delete as appropriate]

A member of staff helped them to use their own epi pen.

OR

They did not have their own epi pen with them, so a member of staff administered the medication for them

OR

We strongly advise that you pass this information on to your doctor as soon as possible to see whether your child needs further medical assessment.

Yours sincerely,

