

# Ditchheat Primary School



## First Aid and Managing Children with Medical Conditions

This policy will be reviewed Annually.

Reviewed and agreed by:

Full Board:.....

Headteacher:.....

Date:...19<sup>th</sup> November 2019.....

Next review: Autumn 2020

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## **Supporting Pupils at School with Medical conditions and First Aid Policy**

This school is committed to reducing the barriers to learning, friendships and play for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

### **Managing Prescription Medicines which need to be taken during the School Day.**

Children who are unwell and unable to cope in school and children who have an infectious/contagious condition should not be sent to school. If they become ill during the day parents will be contacted in order that the child can be taken home.

**Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day.** Where possible, doses should be given before and/or after school. If the period of administering medicine is 8 days or more, there must be an individual Health Care Plan.

Parents/carers should provide full written information about their child's medical needs using forms available from the school office. *App1*

The school will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. The school will inform parents of this policy.

Some medicines prescribed for children (e.g. methylphenidate known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. Misuse of a controlled drug is an offence and a record of access to the container will be kept.

Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

If this is not provided we will not be able to administer the medicine.

The school will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

## **The Roles and Responsibilities of Staff Managing Administration of Medicines, and for Administering or Supervising the Administration of Medicines**

Close co-operation between schools, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

The school will always designate a member of staff to be responsible for the administering of medicine to a child. Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission from the parents/carers. Where the Headteacher agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. The school will inform parents of this policy. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

National Guidance states: '**A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**' The school will inform parents of this policy.

Any controlled drugs which have been prescribed for a child must be kept in safe custody.

If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed.

If in doubt about a procedure, staff **should not** administer the medicine, but check with the parents or a health professional before taking further action.

### **Parental Responsibilities in Respect of their Child's Medical Needs**

It is the parents/carers' responsibility to provide the Headteacher with sufficient written information about their child's medical needs if treatment or special care is needed.

Parents are expected to work with the Headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

Sharing of information is important if staff and parents/carers are to ensure the best care for a child.

If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.

It requires only one parent to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.

Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

### **Procedures for Managing Prescription Medicines on Trips and Outings and during Sporting Activities**

The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip.

A copy of individual Health Care Plans will be taken on visits in the event of the information being needed in an emergency.

Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff might be needed to accompany a particular child. Children's parents will not be required to accompany their own children on school trips.

If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfE guidance on planning educational visits.

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into lesson planning for all children to be included in ways appropriate to their own abilities.

Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

## **Assisting Children with Long-Term or Complex Medical Needs**

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENITAs may be contacted to support any adaptations to the curriculum.

Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, an individual Health Care Plan should be completed, involving both parents/carers and relevant health professionals. This will include:

- Details of the child's medical condition
- Any medication
- Daily care requirements
- Action to be taken in an emergency
- Parents/carers details including emergency contact numbers

A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.

The school will agree with parents/carers how often they should jointly review the Health Care Plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.

Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

Health Care plans and training are not transferable, even when the child may have the same condition.

Those who may contribute to a health care plan include:

- School nurse, specialist nurses, the child's GP or health care professionals (depending on the level of support the child needs)
- Headteacher and SENDCo
- Parents or carers (and the child if appropriate)
- Class Teacher and care assistant or teaching assistant
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures
- PIMS team

The school will consult the DfE publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

An asthma inhaler list and a discontinued use list are kept in the medical file in the school office.

Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

### **Policy on Children Carrying and Taking their Prescribed Medicines themselves**

An example of this would be a child with asthma using an inhaler.

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.

There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil.

### **Staff Support and Training in Dealing with Medical Needs**

If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.

Parents and school staff cannot cascade training that they have received when training is specific to an individual child.

School staff that have been trained are responsible for following and delivering the Health Care Plan and if the child's condition alters they will contact the appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and will have appropriate training and guidance. They will also be aware of possible side effects of the medicines and what to do if they occur. The type of training will depend on the individual case

The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on Headteachers to ensure that their staff receive the training. The Headteacher will agree when and how such training takes place, in their capacity as a line manager. The head of the school will make sure that

all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.

Any member of staff who has a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.

Health Care Plans for individual children are also kept in the classroom where they are accessible to all staff involved in caring for the child.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

### **Record Keeping**

Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

The parents/carers will complete a 'parental agreement for the setting to administer medicine' form. (These are kept in the medicines file in the office). Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility.

This school **will** keep a record of medicines given in the medicines file in the office.

### **Safe Storage of Medicines**

The school will only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.

Where a child needs two or more prescribed medicines, each will be in a separate container.



Non-healthcare staff will never transfer medicines from their original containers.

Children will be informed where their own medicines are stored and who is responsible for administering them.

All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available and will not be locked away.

Our school allows children access to their own inhalers under adult supervision.

Other non-emergency medicines will be kept in the cupboard in Cherry classroom, a secure place not accessible to children.

A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

Access to Medicines - Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed.

### **Absence from school for more than 15 days**

Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities.

For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice may be sought from Medical/PEVP panel who might offer additional support from the Link Education Centres.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. **Return of such medicines to parents should be documented.**

Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. **This process should be documented.**

Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

## **Access to the School's Emergency Procedures**

As part of general risk management processes the school *must* have arrangements in place for dealing with emergency situations.

Other children should know what to do in the event of an emergency, such as telling a member of staff.

All staff should know how to call the emergency services.

*App 5*

All staff should also know who is responsible for carrying out emergency procedures in the event of need.

If possible a member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance unless circumstances require the school to do so. In this case a driver with business use insurance and accompanied by an adult, preferably a First Aider can take this responsibility.

In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

Individual Health Care plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

## **Risk Assessment and Management Procedures**

This policy will operate within the context of the school's Health and Safety Policy.

The school will ensure that risks to the health of others are properly controlled.

The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

The school will be aware of the health and safety issues relating to dangerous substances and infection.

## **Insurance**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. We link to the Local Authority as employers who are responsible for insurance arrangements of LA schools and their employees.

## **Unacceptable Practice**

It is not acceptable:

- to place children at risk for any reason
- to exclude children from curriculum activities because of their medical condition
- to place requirements and responsibilities on parents to fill gaps in staffing resources
- to assume that every child with the same condition requires the same treatment
- ignore views of the child or their parents or ignore medical advice or opinion. (although this can be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual Health Care Plans
- if a child becomes ill, send them to a school office or medical room un-accompanied or with someone unsuitable
- penalise a child for their attendance record if their absences are related to their medical condition or hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including toileting issues
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child

## **Policy for First Aid**

This document follows guidelines set out by Somerset LA and takes into account the requirements of the Health and Safety (First Aid) Regulations 1981, and the Approved Code of Practice and Guidance by the Health and Safety Executive, revised in 1997.

### **First Aid means .....**

(a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and

(b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

This definition is taken from the First Aid Regulations. It means that people at work are entitled to attention if they suffer injury or fall ill, whether or not the injury or illness was caused by the work they do. It is important that casualties receive immediate attention and that assistance is sought, normally by calling for an ambulance, when necessary. First Aid does not extend to giving medical treatment or medications, such as analgesics (Headache Relief) etc.

### **Ditcheat Primary School Provides .....**

- **Qualified First Aiders**
- **First Aid equipment in suitably stocked First Aid cupboard.**
- **Information for employees on First Aid arrangements.**
- **Insurance providing full cover for claims arising from actions of staff acting within the scope of their employment.**

The school employs a qualified 'First Aid at Work' First Aider who holds a valid certificate issued by JayLee First Aid Training whose role is specifically to care for unwell and injured children. In addition we have 2 staff members with Paediatric First Aid training and staff undergo basic First Aid for schools and hold a valid certificate. A First Aid certificate is valid for a period of 3 years and re-certification must be taken before this period expires for the person to continue as a First Aider. If this period is exceeded (i.e. certification expires) then it is necessary to requalify by taking the full course again. *App3*

### **•Appointed Persons**

The LA recommends that an appointed person is chosen where the First Aid assessment indicates that no qualified First Aider is required. In this case it is the appointed person's role to take charge when someone is injured or falls ill, including calling an ambulance if required and to look after First Aid equipment e.g. restocking First Aid boxes. Ditcheat Primary School has qualified First Aiders on the staff, but in the absence of the school's qualified First Aiders, an appointed person needs to be available. For this reason the school has a member of staff as appointed person, in addition to the qualified First Aiders. *App3*

## **Provision for Pupils, Students and Visitors**

Ditcheat Primary School has taken pupil numbers into account when assessing the numbers of First Aid personnel needed. Pupils and students are not regarded as “employees” under safety law and have no explicit entitlement to First Aid as employees. This would however result in an unacceptable situation as they are entitled to a common law duty of care and are known to be the major recipient of First Aid in schools.

### **First Aid Equipment**

Ditcheat Primary School provides a stock of First Aid items including the following:

- Eye Wash
- Individually wrapped sterile adhesive dressings
- Sterile eye pads with attachment
- Triangular bandage
- Medium sized sterile unmedicated dressings
- Large size sterile unmedicated dressings
- Extra large sterile unmedicated dressings
- Individually wrapped moist cleansing wipes
- Safety pins
- Disposable gloves
- Adhesive tape
- Eye Wash
- Pharmastrips
- Instant icepacks
- Clinical waste bag
- Yellow needlebox

### **Number of First Aid Boxes to Be Provided**

First Aid provisions are kept in Cherry classroom. Travel kits are available for groups going off site. First Aid kits are also located in the each classroom.

### **Records of First Aid Treatment**

Any injury involving treatment is recorded in the Accident Book which is kept in the corridor hung up by the main playground door, and any person can enter details and sign the Accident Book on behalf of the casualty. We will contact parents on the day of the injury if the child has a minor bang to the head. App5

Major injuries (fractures, amputations, dislocations, loss of sight etc) must be recorded on IR1 and reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 RIDDOR.

In respect of pupils, the “trigger” requiring reporting to Health and Safety Executive is if the person has been taken from the site of the accident to hospital or was taken to hospital later in respect of an injury that happened in school.

### **Special Points Relating to Children Requiring First Aid**

### **(a) Identifying injuries to children**

Every care is taken to ensure that injuries are not missed. If a child sustains a knock to the head, every effort is made to contact the parent(s) or emergency contacts as recorded on the child's records.

### **(b) Calling ambulances**

Where there is any uncertainty, medical assistance will be sought, and where it is required urgently, this is done by ambulance.

### **(c) Arrangements for children who are taken to hospital by emergency services**

If parents cannot arrive at the school before the ambulance, they should arrange to meet their child at the hospital. When a child is taken to hospital, he/she will be accompanied by an adult if possible from school, who will remain with the child until parents can arrive to relieve them.

### **(d) Arrangements for emergencies in class/playground**

In an emergency in class a child would be sent to summon the First Aider(s) and Headteacher.

At playtime there are always two members of staff on duty, in an emergency one will summon a First Aider and the Headteacher.

### **(e) Update of medical information**

All staff working in school are kept informed of any child's special medical needs. This information is circulated if a child in school has, for instance, been diagnosed with a medical condition (e.g. diabetes, epilepsy) or if he/she cannot take part in physical activities due to a medical condition, or has a limb in plaster.

## **Hygiene and Infection Control**

All persons giving First Aid at school will take precautions to avoid infection. Hands must be washed before and after giving any First Aid, single use disposable gloves must be used and care taken when dealing with blood and any body fluids.

## App1. Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	

**NB: Medicines must be in the original container as dispensed by the pharmacy with the child's name on.**

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## App2. Record of medicine administered to an individual child

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials




### App3. First Aid Personnel at Ditchheat Primary School

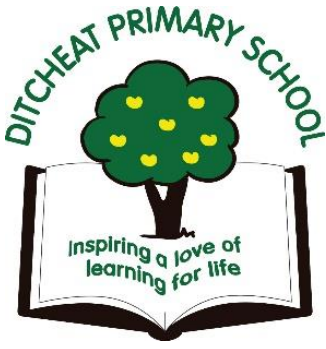
Holders of other First Aid Training (valid for 3 years)

Nicki Green	First Aid at Work	Nov 2018	Nov 2021
Chloe Mason	First Aid Training	May 2018	May 2021
Hannah Mascall	First Aid Training	May 2018	May 2021
June Pearce	First Aid Training	May 2018	May 2021
Jo Crook	First Aid Training	May 2018	May 2021
Dawn Hunt	First Aid Training	May 2018	May 2021
Kate Knowles	First Aid Training	May 2018	May 2021
Maddy Battye	First Aid Training	May 2018	May 2021
Mavis Robinson	First Aid Training	May 2018	May 2021
Gill Cooper	Paediatric First Aid	Feb 2018	Feb 2021
Rose Boyce	Paediatric First Aid	Feb 2018	Feb 2021

Appointed person

<b>Member of Staff</b>	<b>Date</b>	<b>Valid until</b>
Nicki Green	Nov 2018	Nov 2021





**DITCHHEAT PRIMARY SCHOOL**  
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Telephone number: 01749 860329  
e-mail: [ditchheat@educ.somerset.gov.uk](mailto:ditchheat@educ.somerset.gov.uk)

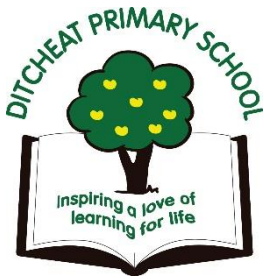
Headteacher: Victoria Withers

## Asthma Inhaler

My child.....no longer requires the use  
of an inhaler in school.

Signed.....

Date.....



Headteacher: Victoria Withers

**Incident/Illness Report Sheet**

Date:	Time:	Child's Name:	Class:
Location of where the accident/injury happened eg: playground/classroom etc			
Details of treatments:			
Ice pack applied	Anti-bac wipe	Plaster/dressing/ Bandage	Cleaned with cold water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of incident/illness:			
Bump/Bruise	Vomiting/Nausea	Nosebleed	Headache/High temperature
Cut/Graze	Asthma	Other	Parent Contacted
Unable to Contact Parent	Mark the area of the body which had the injury		
First Aider name:		Name of parent/carer contacted:	Time:
Witness:		Collected by:	Time:
Slip completed by:		Signature of person collecting:	

**IMPORTANT**

Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital for advice.

Please circle:                      HOME COPY                      SCHOOL COPY

## **Appendix 5. Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

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

1. your telephone number
2. your name
3. your location as follows - Ditcheat Primary School, Ditcheat, Shepton Mallet, Somerset, BA4 6RB
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone