The Catholic High School Chester

Supporting Pupils with Medical Conditions Policy

Approved By	Governing Body
Category	Inclusion and SEND
Policy Owner	Andrew Kilkoyne
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Statement of intent

The governing board of The Chester Catholic High School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

The Catholic High School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHCP) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

Legal framework

This policy has due regard to legislation including, but not limited to, the following:

The Children and Families Act 2014

The Education Act 2002

The Education Act 1996 (as amended)

The Children Act 1989

The National Health Service Act 2006 (as amended)

The Equality Act 2010

The Health and Safety at Work Act 1974

The Misuse of Drugs Act 1971

The Medicines Act 1968

The School Premises (England) Regulations 2012 (as amended)

The Special Educational Needs and Disability Regulations 2014

The Human Medicines Regulations 2019 (as amended)

Benedict's Law 2026

This policy has due regard to the following guidance:

DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'

DfE (2015) 'Supporting pupils at school with medical conditions'

DfE (2000) 'Guidance on first aid for schools'

Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy has due regard to the following school policies:

SEND Policy

Drugs Policy

Complaints Procedure Policy

Allergy Policy

The role of the governing board

The governing board:

Is legally responsible for fulfilling its statutory duties under legislation.

Ensures that arrangements are in place to support pupils with medical conditions.

Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.

Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.

Instils confidence in parents/carers and pupils in the school's ability to provide effective support.

Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.

Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.

Ensures that policies, plans, procedures and systems are properly and effectively implemented.

Mrs C. McKeagney, Headteacher holds overall responsibility for implementation of this policy.

The role of the Headteacher

The Headteacher:

Ensures that this policy is effectively implemented with stakeholders.

Ensures that all staff are aware of this policy and understand their role in its implementation.

Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in emergency situations.

Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.

Has overall responsibility for the development of IHPs.

Ensures that staff are appropriately insured and aware of the insurance arrangements.

Contacts the relevant health service where a pupil with a medical condition requires support that has not yet been identified.

The role of the SENCO

The SENCO:

Medical information is collected upon intake via AdmissionsPlus.

Allocates a lead member of staff who has responsibility for coordinating the sharing of medical information to all staff in school.

The role of parents/carers

Parents/carers:

Notify the school if their child has a medical condition or a change to an existing medical condition as recorded on AdmissionsPlus.

Provide the school with sufficient and up-to-date information about their child's medical needs as necessary.

Ensure their child's medication is in date.

Take responsibility for sending their child to school carrying their own inhaler and / or two AAI's.

Provide school with a spare AAI and / or inhaler.

Take responsibility for providing school with any medication that their child needs and completing the relevant forms for school.

Are involved in the development and review of their child's HCP.

Carry out any agreed actions contained in the IHCP.

Ensure that they, or another nominated adult, are contactable at all times.

The role of pupils

Pupils:

Are fully involved in discussions about their medical support needs.

Contribute to the development of their IHP.

Carry their own inhaler and / or two AAI at all times.

Are sensitive to the needs of pupils with medical conditions.

The role of school staff

School staff:

May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.

Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.

Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.

Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The role of First Aiders in school

We have First aiders in school who are available to support students following an accident or injury. Appropriate forms for record keeping can be found in the appendices of this policy.

First Aiders:

Neil Cross (expires 11 Nov 2027)

Andrew Kilcoyne (expires 11 Nov 2027)

The role of healthcare professionals

Other healthcare professionals, including GPs and paediatricians:

May notify the school nurse when a child has been identified as having a medical condition that will require support at school.

Provide advice on developing IHCPs.

May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

The role of providers of health services

Providers of health services co-operate with the school, to ensure communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training takes place effectively.

The role of the LA

The LA:

Commissions school nurses for local schools.

Promotes co-operation between relevant partners.

Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.

Provides support, advice and guidance, and suitable training for school staff as required, ensuring that IHCPs can be effectively delivered.

Works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

The role of clinical commissioning groups (CCGs)

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).

Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school

Admissions

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

Medical information will be collected through AdmissionsPlus upon intake.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Notification procedure

Parents / carers take ultimate responsibility in notifying the school of their child's medical needs and support requirements. This includes informing the school of any changes to the information that they have provided.

The school may be notified that a pupil has a medical condition by a relevant medical professional, who will inform the Headteacher, YLL or SENCO. Following this, the medical professional may arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

Staff training and support

Any staff member providing support to a pupil with medical conditions receives suitable training.

Training needs are assessed by Health Care Professionals through the development and review of IHCPs.

Training is commissioned by the SENCO and provided by the following bodies:

- Commercial training provider
- Local Healthcare professionals
- The school nurse
- Name of GP consultant
- Parents/carers of pupils with medical conditions

Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary.

Self-management

Pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines (with the exception of controlled drugs) and procedures. This is reflected in their IHCP.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHCP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken.

Supply teachers

Supply teachers are:

Provided with access to this policy.

In the event of a medical emergency, the supply teacher will send a student to the nearest classroom to send an alert to on call and for a first aider

Covered under the school's insurance arrangements.

Individual Healthcare plans (IHPs)

Individual Healthcare Plans are usually written for long term or complex medical conditions or where there is a high risk that emergency intervention and are agreed by healthcare professional and parents.

If it is deemed appropriate, the school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional may work in partnership to create and review IHCPs. Where appropriate, the pupil is also involved in the process. It is normal practice for the lead healthcare professional to write a student's Individual Healthcare Plan. In rare cases, if there is no lead healthcare professional and an Individual Healthcare Plan is deemed necessary, the school's proforma may be used (See appendix).

IHPs may include the following information:

The medical condition, along with its triggers, symptoms, signs and treatments.

The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.

- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the Headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.

Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.

What to do in an emergency, including contact details and contingency arrangements.

IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. Parents are responsible for informing school of any changes to IHPs.

Managing medicines

Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional
- With parental consent

No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

When medicines are no longer required, they are returned to parents/carers for safe disposal using the Medication Return Form (see Appendix). Sharps boxes are always used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the doses administered.

Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

The child's role in managing their own medicines

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should is outlined in parent medical questionnaires and Individual Healthcare Plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parents should be informed so that alternative options can be considered.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

Inhalers

Pupils who have a prescribed inhaler keep it in their possession.

Parents are responsible for providing a spare inhaler in school and ensuring that their child's inhaler is kept in date and order replacements as required.

The school will hold any spare pupil inhalers issued by parents in the main school office.

In the event that the school's emergency inhaler is used, the pupil's parents/carers will be notified.

Defibrillators

The school has 4 automated external defibrillators (AED). These are found in the following locations:

- The main school office
- The premise manager's office
- The sports hall wall
- One in possession of a TA to support a specific student in school, otherwise kept in SENCO office

All staff members and pupils are aware of the AEDs locations and what to do in an emergency.

A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using.

Bleed control kits

The school has two bleed control kits, which are found in the main office.

Record keeping

Written records are kept of all medicines administered to pupils.

Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

Appropriate forms for record keeping can be found in the appendices of this policy.

Emergency procedures

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher. Some pupils will carry an 'Urgent Medical Pass' with details of their condition, signs that they will need urgent treatment and actions. The decision of whether a student requires an 'urgent medical pass' lies with the parent / carer. A template can be found in the Appendices.

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

In the event of an emergency school evacuation, a Personal Emergency Evacuation Plan may be used with a student who requires support.

Day trips, residential visits and sporting activities

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Students will be responsible for carrying their own inhaler and / or two AAIs on all school trips.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP, states that this is not possible. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to: • prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

• assume that every child with the same condition requires the same treatment;

• ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);

• send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans;

• if the child becomes seriously ill, send them to the school office unaccompanied or with someone unsuitable;

• penalise children for their attendance record if their absences are related to their medical condition, e.g. 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 with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

• 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.

Appendices

The Catholic High School, Chester
Individual Healthcare Plan

Child/Young person: Click or tap here to enter text.	**Date of Birth:** Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	**Key Worker/Teacher/Tutor**: Click or tap here to enter text.
Medical diagnosis or condition: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	**Clinic/Hospital:** Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	**Review date:** Click or tap here to enter text.
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
IHP copied to: teacher/member of staff responsible for medication in school/parent-carer/ **Date IHP added to school setting database:** Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: Date: Click or tap here to enter text. **I give permission for this IHP to be shared with anyone who needs this information to keep my child/young person safe:** Parents: Date: Click or tap here to enter text. Young person: Date: Click or tap here to enter text.	
Summary of child's needs with supporting medical evidence as part of the IHP: (copies attached)	
What is considered an emergency situation? What are the symptoms, triggers and actions that need to be taken?	
Is the child aware of their health worsening? Are they able to alert an adult?	
What training is required? • Who needs to be trained • What frequency does the training need to be	

• Where is the training obtained • When has the training been completed (sign and date)

List the medication the child is taking with dosing instructions and where it is located.

Medicine	Dose	Frequency	Where stored

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? Does this impact learning? i.e. tiredness, enjoyment of life if treatment is always at the weekend	
Are there any physical restrictions caused by the medical condition(s)? • Is any extra care needed for physical activity? Does this include playtime/forest schools as well as PE lessons? Are there any other regular physical activities that happen at school? • Detail any actions needed before, during or after physical activity	
What planning and adaptions are needed for trips and activities away from the school including overnight residentials. Consider: • Responsibility for and storage of medicines • What care is needed and at what point. Will there be suitable facilities?	
Can or is the child's emotional health and well-being affected by their condition? • The child is likely to have to have time off to attend medical appointments within the school day; these should be authorised and adjustments made to any attendance award system to ensure the child is not penalised for their medical condition. • What is the process for the child catching up on work missed through illness or appointment? Is additional time needed during lessons/tests/exams? • Does the child need any assistance to move from location to location either physical or with their equipment? Who has responsibility for equipment? Can a peer buddy help or does this need to be an adult? • Does the child require any emotional support? i.e. ELSA/Counselling	

Are there any considerations needed at meal or snack times? • Is medicine needed? ○ Who is responsible for ensuring that it is administered	
Can the school environment affect the child's medical condition? • Describe how the environment impacts the child's condition • Is it possible to make any reasonable adjustments? ○ Who is responsible for ensuring that the reasonable adjustments are put into place	
Other information:	
Young person's comments regarding the IHP:	

THE CATHOLIC HIGH SCHOOL, CHESTER
CHRISTO FIDELIS

Record of Medicine Administered to an Individual Child

Name of Student:	
Form:	
Date medication provided to school:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Dose and frequency:	
Quantity returned:	
Date returned:	

Date	Time given	Dose given	Name of staff member

Medical Pass

Front

MEDICAL PASS

Name:	
Form:	
Contact Name:	
Contact Number:	
Medical condition:	
Signs that I will need urgent medical treatment:	

Back

What should you do?

Personal Emergency Evacuation Plan

All sections to be completed by the SENCO / YLL and a copy put in the individual's file.

Person's Name:	**Form:**
Main area(s) of need:	

Usual areas to be visited:

Please identify any equipment used (wheelchair, crutches, walking stick, etc):

Agreed evacuation plan: Step by step account starting when alarm is raised and finishing on reporting to final assembly point). This should include detail of who will provide assistance, how they will be contacted and what assistance they will give.

Completed by:	**Signature:**	**Date:**
Support staff:	**Signatures(s)**	**Date:**
Headteacher:	**Signature:**	**Date:**

Parental Agreement for the school to Administer Medicine

Note to parent / carer:

- Medication will not be accepted by the school unless this form is completed and signed by the parent / carer of the student and that the administration of the medication is agreed by the Headteacher.
- Medicined must be in the original container / packaging

By signing this form, you are agreeing to the following statements:

- I confirm that the information I have given is true and accurate
- I understand that I must immediately notify the school of any changes to these details

Student Name:	
D.O.B:	
Form Group:	
Name of Medication:	
Reason for Medication: **(As described on container)** **NB Medicines must be in the original container as dispensed by the pharmacy**	
Expiry date:	
Self-Administration (please tick) **This must be completed**	☐ **YES** ☐ **NO**
Duration of course: **(please circle)**	1 day / 1 week / 10 days / ongoing / other (please specify)
Dosage:	
Time(s) to be given:	
Other instructions:	
Procedures in an emergency:	

Any side effects that the school needs to know about?	
Parent / Carer name:	
Parent / Carer signature:	
Date:	

Only to be completed if or when any unused medication needs collecting:

Student Name:	
Medication returned (including amount):	
Date:	

For office use only: Please scan and upload to the student's file on SIMS under Medical and update the Medical Register as required.

Medication Received Form

Student name:	
Medication:	
Quantity received:	
Have you previously completed a 'Parental Agreement for the School to Administer Medication form'?	**Yes / No**
If Yes, have any details changed on the form?	**Yes / No**
If Yes, please comment:	
Name and relationship to student:	
Address:	
Contact Number:	
Signature and date (parent / carer or designated adult):	
Signature and date (member of staff):	

Only to be completed if or when any unused medication needs collecting:

Student Name:	
Medication returned (including amount):	
Date:	

Head Bump Notification

Dear Parent / Guardian,

Your child _____ received a bump to their head today. Your child was seen by a first aider and has not displayed any adverse effects. However, as a precautionary measure you may wish to observe your child for any of the following and seek medical attention if necessary:

- Confusion / memory loss
- Nausea / vomiting
- Vision changes
- Excessive sleepiness
- Severe headache
- Slurred speech
- Restlessness / irritability
- Dizziness

Signed:

Date:

Contacting Emergency Services

<u>To be stored by the phone in the school office</u>

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.

- The telephone number: 012449 952788.
- Your name.
- Your location as follows: **The Catholic High School, Old Wrexham Road, Handbridge, Chester CH4 7HS**
- The satnav postcode: CH4 7HS.
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Accident / Incident Report Form

To comply with GDPR, please keep the completed form confidential

1. Details of the person

Full Name:	Date of Birth:	Age:	Year Group (if applicable):

2. Accident / Incident detail

Date:	Time:	If fall, extent of drop:
How did the accident happen: Location (e.g. Astro): Weather (if applicable): When was it first reported (if different to above date and time):		

3. What was the injury? (if any)

Please state injury, exact part of the body and whether it was LEFT or RIGHT side:		
First Aid administered:	Yes □	No □
Paracetamol administered:	Yes □	No □
Ice pack issued:	Yes □	No □
Head bump letter issued:	Yes □	No □
Name of First Aider (if different from section 6):		

4. What action has been taken to avoid a recurrence of the accident / incident?

5. Post accident / incident details

Parent / Carer called:	Yes □	No □
Ambulance called:	Yes □	No □
Did the person:		

Stay at school □	Leave Early □	Visit Doctor □	Visit Hospital □
Stay in Hospital □			

6. Name of person completing this form

Name (BLOCK letters): **Post Held:**	**Signed:** **Date:**
Signature of Senior Manager:	**Signed:** **Date:**

Adrenaline Auto-Injector (AAI) Administration Record

Pupil Name:
Date of Birth:
Date:
Time of Incident:
Known Allergies:

Incident Details

Location of Incident:
Suspected Allergen Trigger:
Description of Symptoms Observed:
☐ Difficulty breathing
☐ Swelling of lips/tongue/throat
☐ Rash/hives
☐ Dizziness/faintness
☐ Other:

AAI Administration

Brand & Dose:
Time Given:
Administered By:
(Print Name & Signature)
Position of Injection: ☐ Right thigh ☐ Left thigh
Second Dose Given? ☐ Yes ☐ No
Time of Second Dose:
Administered By:

Emergency Response

999 Called: ☐ Yes ☐ No
Time:
Ambulance Arrival Time:
Parent/Guardian Contacted: ☐ Yes ☐ No
Time:
Name of Contacted Person:

Follow-Up Actions

☐ Pupil taken to hospital
☐ AAI device(s) handed to paramedics

Staff Sign-Off

Name:
Role:
Signature:
Date:

THE CATHOLIC HIGH SCHOOL, CHESTER
CHRISTO FIDELIS

Record of Controlled Drug Administration

Controlled Drug Name: …… Form and Strength: ……

Date supply obtained	Name and address of person/supplier from whom obtained	Quantity obtained (from supplier)	Current balance in stock	Date	Name of Patient (Healthcare professional's name and address if collecting)	Identity proven (if required) Yes / No	Time given	Amount supplied	Given / Disposed by (signature)	Witnessed by (signature)	Balance left in stock