

**Orchard County**

**Primary**



**School**

# **First Aid and Administration of Medicines Policy**

DRAFT

Reviewed Jan 2024



# **FIRST AID POLICY**

## **Rationale**

Children become ill or get injured in school due to minor accidents daily. Whilst we recognise that parents are best placed to care for ill or injured children, our school is well placed to provide strong support and care in the area of first aid.

In Orchard County Primary School, we understand the term **First Aid** to mean **the treatment of any injury or sudden illness**.

## **Aims of our Policy**

- To establish appropriate and consistent treatment for ill or injured pupils
- To ensure parents and guardians are communicated with if their child is ill or is injured and requires first aid

## **Objectives**

- To provide factual information about school policy on first aid procedures
- To develop confidence in the school's ability to care for sick and injured children

## **First Aiders**

Mrs Davidson, Mrs Allen and Mrs Boyd are the current trained first aiders in school. This places us well ahead of the Education Authority's health and safety requirements which dictates one first-aider should be trained for every 100 pupils and one relief to provide cover in case of absence.

First Aid training continues on a rolling cycle and certificates are valid for 3 years.

## **Responsibilities of a First Aider**

- Be calm and quickly identify what has happened, speak to casualty and witnesses
- Look for dangers to yourself, the casualty and others
- As far as possible protect the casualty from further danger
- Summon appropriate help
- To identify as far as possible the injury or nature of the illness affecting the casualty
- To give early, appropriate and adequate treatment
- To arrange for the removal of the casualty to hospital, to the care of a doctor or home
- To remain with the casualty until handing him/her over to the care of an appropriate person
- To make and pass on a report and give further help if required.

All staff members are provided with annual awareness training updates in regard to anaphylaxis, diabetes and epilepsy, depending on the needs of the pupils in their class. In addition, any specific training that is required for a particular pupil is arranged through the school health/nursing team.

## **Accidents and Injuries**

Here in Orchard County our children come first, and their health and safety will always be our number one priority. As school is a place where the children are encouraged to be physically active both in P.E. and whilst out in the playground, we will from time to time have minor collisions and falls resulting in cuts, bumps and bruises.

No matter how well the children are taught or supervised, accidents will occur, and this policy is to advise you of how we will be dealing with injuries.

**Obviously every single fall or bump does not need first aid treatment and on most occasions the children get up, dust themselves off and continue with the school day. In such cases where there is no need for first aid treatment and a parent would not to be advised by a member of staff through a written incident slip.**

However, a percentage of the children will require some first aid and for this we plan to implement the following system:

### **Minor Injuries – requiring first aid**

If, following assessment by a member of staff or one of our trained first-aiders, we decide that an injury is minor and the treatment required is minimal, staff will:

- administer first aid and advise you of this by placing an ***'I've Had First Aid Treatment'*** sticker on the child (N-P4) and send home a green incident/illness slip with further details of the injury and the first aid administered
- P5-P7 pupils will **not get a sticker** as they should be able to relay information verbally to inform their parents of the incident, however they will still get an incident slip with details of the injury and any necessary first aid
- first aid includes occasions when ice is used to reduce swelling or bruising or when a minor wound has been cleaned and covered
- we fully appreciate that some bumps can sometimes develop into more significant issues and the sticker/slip will ensure that you have been informed of the injury and can keep an extra eye on them that evening and the days following the injury
- Not every bump or bruise can be viewed and treated by a member of staff due to the area of the injury. If a child remains upset and is complaining of pain, we will contact parents to come into school to assess their child's injury. Many bruises don't appear immediately, and staff may not be able to treat the injury due to its location and they may not see a red area, bump or bruise so can't administer first aid

## Treatment of Minor Injuries

### **Cuts and grazes**

- Where possible rinse the wound under running water to remove dirt, using swabs, gently clean around the wound
- Stop the bleeding by applying pressure to the wound for approx. 15 minutes
- Gently dry around the wound and apply, if permission has been given by parent/guardian, a plaster or sterile dressing will be applied
- Rest the injured area and keep in a raised position

### **Swelling**

- Check to ensure there is no breakage
- Raise the affected area and apply an ice pack wrapped in a paper towel

### **Burns**

- If skin is not broken run under cold water
- Do not cover or put on lotion or plaster

### **Allergies**

Staff will be informed of pupils with serious allergies.

Their photos and information will be stored in the confidential medical information file.

## More Significant Injuries

When a child has had a more serious injury (i.e., significant cut, significant head injury or suspected sprains or fractures) we will:

- **immediately be advising parents** and may request that you collect your child and either have them assessed by a doctor or supervised (one-to-one) by an adult at home
- a senior manager or the principal should always be informed of these injuries
- If emergency medical treatment is deemed necessary and the parents cannot be contacted, the child should be taken to hospital by 2 adults (see data form)

## **Reporting and Communication**

- All accidents that happen at break or lunch should be reported to the class teacher and a trained first-aider if necessary
- If after assessment by a trained first-aider, a pupil's accident or injury is confirmed as minor and first aid is necessary, the child will be given an 'I've had first aid today' sticker (N-P4) and an incident/illness slip to advise the parent/guardian of the injury and the first aid given
- A copy of these incident slips is kept in the school office and monitored by the principal monthly
- In the case of a serious accident, a member of staff will:
  - Phone the parent/guardian
  - Phone the doctor or ambulance immediately
  - If necessary, accompany the child to hospital and stay until the parent arrives.
- In both minor and major injuries, a staff member who witnessed the accident or the first aider who treated the injury will complete an 'Incident and Illness' slip (form 1) in the class 'Incident and Illness register and a copy will be sent home to parents
- An EA online form will be completed for any very serious injuries/accidents. Staff should obtain a paper copy from Mrs McCluskey and return this to the school office where the information will be transferred to the EA online reporting system

All children are individuals, and some have specific extra issues to be considered. The process outlined above is a general one. If your child has specific issues, we will be happy to discuss a different plan with you if you feel that it is in your child's best interests.

### **In the event of an injury occurring in school or on a school trip**

#### **The person in charge at the time will:**

- seek the assistance of a first aider if not one themselves
- check the pupils' medical information
- inform the school and child's parents
- explain to the parent the treatment given and who administered it.
- complete the incident/illness register

## **What is an emergency?**

This is defined as a critical or life-threatening situation and the following conditions require immediate action

- Unconsciousness - check airway, breathing, circulation  
If breathing, place in recovery position, if not, commence relevant CPR procedure
- Heavy blood loss
- A deep wound
- A suspected heart attack
- Serious difficulty with breathing
- Slow pulse rate
- Crush injuries
- Suspected breakage of spine/limbs do not move casualty unless in danger

## **Procedures for calling an ambulance for the above conditions**

- Phone 999 ask for appropriate services
- Explain the number of casualties, nature of injuries and the scene
- Give detailed information on how to get to the school/ scene
- Give your name, telephone/mobile phone number.

## **Location of First Aid Equipment**

- All staff will be made aware of the location of the First Aid Cupboards (Nursery cloakroom; KS1 and KS2 Resource Areas) and any additional medication required by children with specific problems, i.e. epi-pens, etc. There is an emergency first aid box stored at the MUGA for minor cuts (wipes & plasters) and a first aid trip kit.
- All children with a significant medical condition will have an individual care plan in the school.
- All staff are encouraged to wear latex gloves when dealing with injuries or sickness.

It is the responsibility of the first aiders to maintain the first aid cupboards and kits and inform Mrs McCluskey if any are needed.

A standard **First Aid Kit** will contain the following items:

- Leaflet giving general advice on First Aid
- 20 individually wrapped sterile adhesive dressings assorted sizes
- 4 triangular bandages
- 2 sterile eye pads
- 6 safety pins
- 6 medium wound dressings
- 2 large wound dressings
- 3 extra-large wound dressings
- disposable gloves

## ADMINISTRATION OF MEDICATIONS POLICY

The Board of Governors and staff of Orchard County Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school.

**There is no legal duty that requires school staff to administer medication. This is a voluntary role.**

**Please note that parents should keep their children at home if acutely unwell or if they have infections.**

- Parents are responsible for providing the Principal with comprehensive information regarding the pupil's medical condition and medication. This should be provided on the annual Medical Information sheet **(Form 2)**.
- Prescribed medication will not be accepted in school without completed and signed Administration of Medication form, including instructions from the parent **(Form 2)**. This form is available to download from the school website or can also be obtained from the school office.
- Staff will **not** give a non-prescribed medicine to a child. Where this may be necessary, for example Calpol in the event of a headache, a parent may be invited to school to administer.
- Only reasonable quantities of medicine should be supplied to the school at any one time.
- Each item of medication must be delivered to the office or class teacher, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:
  - Pupil's Name;
  - Name of medication;
  - Dosage;
  - Frequency of administration;
  - Date of dispensing;
  - Storage requirements (if important);
  - Expiry date.

A properly completed Form 3 provides all of this information and should be provided along with the medication.

We will not accept items of medication in unlabelled packaging and without the correct paperwork as above.

- Medication will be kept in a secure place, out of the reach of pupils.
- The school will keep records, (Form 4) of any medicines administered to pupils.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The school will not make changes to dosages without parental instructions.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with long-term or complex medication needs, the Principal will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- We will make every effort to continue the administration of medication to a pupil whilst on trips away from school premises, even if additional arrangements might be required. Parents will be asked to complete Form 7 Residential form. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate provision cannot be guaranteed.

## **ASTHMA**

### **Rationale**

Orchard County Primary School recognises that asthma is a widespread, serious but controllable condition. The school ensures that staff are trained in order to support the child with asthma and what to do in the event of an asthma attack occurring so that the pupil can participate fully in all aspects of school life, including PE, trips and after school activities. This policy has been written with advice from Asthma UK. The school will ensure the plan is put into action, with communication to all stakeholders. The school will monitor and review the policy every two years.

### **School Environment**

The school seeks to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. The school refrains from using known chemicals that may trigger asthma.

### **Responsibility of Staff**

- Recognise that pupils with asthma need immediate access to reliever inhalers and spacers at all times
- Ensure they call a senior member of staff or First Aider, if they are unsure of what to do.
- Keep a record of pupils with asthma and the medication taken.
- Work in partnership with interested parties including EA/ Trust, school nurses, parents/carers, doctors
- Watch out for the pupil using copious amounts of the **blue inhaler** (reliever) who may need to be taking more of their **brown inhaler** (preventer). Teachers should inform parents.
- Meet with parents where a pupil is missing school or is always tired because their asthma is disturbing sleep at night. If appropriate, contact the school nurse and Principal.
- Send home inhalers to parents at the end of the term to check expiry dates

### **Responsibility of Parents**

When the pupil joins school, parents indicate any medical conditions (including asthma) on the data form. Parents send an inhaler and spacer to be kept in school.

### **Recordkeeping**

A list of all medical needs is compiled and teachers are informed of pupils with asthma. A record is kept in the office of medicines administered to pupils.

### **Use of Medication (Inhalers)**

Immediate access to reliever medication is essential. Pupils with asthma are encouraged to have their blue reliever inhaler in school at all times.

Parents are asked to ensure that the school is provided with a labelled reliever inhaler at the beginning of the year. These are stored in the child's classroom and taken to PE lessons, swimming and on trips.

### **PE/ Games/ Trips/ After Schools Activities**

Taking part in sports, activities and trips is an essential part of school life. Teachers remind pupils (especially those where asthma is triggered by exercise) to take their reliever inhaler before the lesson, and to thoroughly warm up and cool down before and after the lesson. Pupils can bring their inhalers to the PE lesson. Teachers bring inhalers on trips.

**In the Event of an Asthma Attack**

Asthma attacks rarely happen but for around 80 per cent of people, asthma symptoms get gradually worse for a few days or more before an asthma attack.

\_\_\_\_\_ Chairperson of the Board of Governors

\_\_\_\_\_ Principal

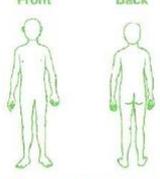
Date \_\_\_\_\_

## **Annex of Forms and Templates**

- Form 1** Incident/Illness Report Slip
- Form 2** Annual Medical/Dietary Needs
- Form 3** Administration of Medication Form
- Form 4** Record of Medicines Administered to Pupils
- Form 5** Special Diet Application
- Form 6** Special Diet Form – Medical Evidence
- Form 7** Residential Medical Form
- Form 8** The Child with an Asthma Attack
- Form 9** Emergency Call Information

**Incident/Illness Report Slip**

This is an example of the report slip you should receive home to notify you if your child has had first aid treatment or was ill in school.

Date /		Time ● ●		Pupils Name		Class / Form		Location of incident		Pupils Initials		
Details of Treatment and Additional Comments										ELR form Completed ✓		
										Name of parent/carer contacted (if applicable)		
										Time ● ●		
Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High temperature	Head injury	Cut / graze	Asthma	Other	Parent contacted	Unable to contact Parent.	Parent has decided child is well enough to remain in school	The child was collected from school.	This school is of the opinion that your child should consult a Doctor.
										IF YOUR CHILD WAS SENT HOME WITH A TEMPERATURE/VOMITING/DIARRHOEA THEY SHOULD NOT RETURN TO SCHOOL FOR AT LEAST 48 HOURS. <b>HEAD INJURY ADVICE</b> Observe your child carefully & should your child suffer any drowsiness, vomiting, visual disturbance, severe headache or complain of feeling generally unwell following this injury, please seek medical advice.		
								Front Back  Mark the area of the body which had the injury		Child Collected <input checked="" type="checkbox"/> Time:		
								Parent/Carer Signature:				
<b>Orchard County</b> Primary School				Tel: 028 3885 2696				<b>INCIDENT / ILLNESS REPORT SLIP</b>		REPORT SLIP No. 00 160 1		

## Annual Data, Parental Permission and Medical/Dietary Needs Form Form 2

To prevent you having to complete this form every year, once completed, we will file this form and then send it out at the beginning of each year for you to check and amend.

Please check all details, make any changes in **red** and sign to confirm that these are correct.

If there are major changes, please request a new form from the school office.

	Nursery	Y1	Y2	Y3	Y4	Y5	Y6	Y7
Form Completed								
Form Checked								
Initial Signature								
Date								

### PERSONAL DETAILS OF CHILD

Surname		Legal Surname (if different)	
Forename		Middle name	Chosen Name
Names of brothers/sisters at OCPS		Gender	M / F
Address		Date of Birth	
		Post Code	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place Put them in the order of priority that you wish for them to be contacted.  
Please note that the priority 1 & 2 mobile numbers and email addresses will be used for the school to notify you of important information eg early closures, reminders etc. Please ensure you download the Schools NI App on your phone/mobile device to receive important messages and information.

<b>1. PARENT/GUARDIAN</b>	<b>Relationship to Pupil e.g. Parent/Step-parent/Guardian</b>		
Surname	Forename	Mr/Mrs/Miss/Ms	
Address (if different from above)			
Home Tel	Mobile	Work Tel	
Email Address			
<b>2. PARENT/GUARDIAN</b>	<b>Relationship to Pupil e.g. Parent/Step-parent/Guardian</b>		
Surname	Forename	Mr/Mrs/Miss/Ms	
Address (if different from above)			
Home Tel	Mobile	Work Tel	
Email Address			
<b>3. OTHER CONTACT</b>	<b>Relationship to Pupil e.g. Parent/Step-parent/Guardian</b>		
Surname	Forename	Mr/Mrs/Miss/Ms	
Address (if different from above)			
Home Tel	Mobile	Work Tel	
Email Address			

<b>Ethnicity</b> (eg White/Black/ Traveller)		<b>Home Language</b> (eg English/Other)		<b>Religion:</b> (eg C of I, Presb, Other Prot, No Rel)	
<b>MEAL ARRANGEMENTS</b> (Circle appropriate choice/s)				Eligible for Free Meals	YES      NO
Free School Meal		Paid School Meal		Packed Lunch	
<b>TRAVEL ARRANGEMENTS</b> (to and from school) (Circle appropriate choice/s)					
Bicycle		Walks		Car	
				Taxi	
				School Bus	
<b>WALKING HOME (P4-P7 ONLY)</b>					
I give permission for my child to walk/cycle home without an adult.					YES      NO
<b>P1 ONLY</b>					
Previously registered with a Sure Start project (Circle appropriate choice)					YES      NO
Attended a Sure Start Programme for 2-3 year olds (Circle appropriate choice)					YES      NO
<b>INTERNET/PHOTOGRAPHS</b>					
consent can be withdrawn at any time by contacting the Principal					
I give permission for my child:					
to use the Internet in school (following the e-safety policy)					YES      NO
to have photographs/video footage taken for school use (displays, performances, prospectus)					YES      NO
to be photographed and named in local newspapers (charity presentation and special occasions)					YES      NO
to have photographs/video footage taken and placed on the school website and school twitter account. (following e-safety and twitter policy) (pupils will not be individually named)					YES      NO
<b>PERSONAL CARE</b>					
I give permission for the school to provide appropriate personal care support to my child eg changing wet/dirty clothes, washing and toileting.					YES      NO
I will inform and advise the class teacher or school principal of any medical complaint my child may have which affects issue of personal care.					YES      NO
<b>CHILD PROTECTION</b>					
I confirm I have read the school's Child Protection Policy (available on the school website, parents' area - policies)					YES      NO
<b>DATA</b>					
I have read the Privacy notice for pupils and parents and the Data Protection Policy regarding use of Personal Information. I agree to the school storing my data for school use. I am aware that if there are any changes to my address, telephone numbers, email address, emergency contacts, doctor's details, family situation or medical information, I will contact the school and make the necessary changes in writing.					YES      NO
Data Protection Act 2018: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.					
I have downloaded the Schools NI app to receive school messages					 YES      NO
I have activated a ParentPay account for school payments (after school clubs, meals, trips and extra curricular activities)					 YES      NO
I am able to access and read the school policies on the school website <a href="http://www.orchardcountypcs.co.uk">www.orchardcountypcs.co.uk</a> Password – apple18					YES      NO

Does your child have any medical/dietary needs?			
Medical – Allergies	NO	YES	Complete Section A
Medical – Asthma	NO	YES	Complete Section B
Medical – Other	NO	YES	Complete Section C
Dietary	NO	YES	Complete Section D

Does your child have any behavioural challenges?	YES	NO
Please give details		

If you have answered no to all of the above, please go to Section E

SECTION A - ALLERGIES					
<b>Allergic to:</b>					
Does your child have a care plan?		YES		NO	
Have you returned an updated, signed copy of the care plan to your teacher?		YES		NO	
Any other relevant information?					
Medical evidence provided by GP/Nurse (Please send a copy of this to school)		YES		NO	
If your child will be taking school meals, please tick if you require a Special Diet Form (available from office)		YES		NO	
SECTION B – ASTHMA (please tick) All inhalers should be named					
Inhaler	What inhaler does your child use?	Needed in school?	Can child administer it?	Kept in school bag?	Will a spare be kept by teacher?
Reliever (blue)					
Preventer (brown)					
Are there any triggers for your child's asthma?					
Please state when inhaler should be given and dosage.					
SECTION C – OTHER MEDICAL CONDITIONS					
What medical condition does your child have?					
Medical evidence provided? (GP/Nurse)				YES	NO
Does your child have a care plan?				YES	NO
Have you returned an updated, signed copy of the care plan to school?				YES	NO
Is your child taking any form of medication on a regular basis? (Please give details below)				YES	NO
Any other relevant information?					

<b>SECTION D – DIETARY NEEDS</b>		
What food is your child allergic or intolerant to?		
Medical evidence provided? (Letter from GP/Nurse)	YES	NO
I request a Special Diet Form as my child has special diet requirements	YES	
Details		

<b>SECTION E – FIRST AID</b>		
Basic First Aid may be administered (ice, antiseptic wipes, plasters)	YES	NO
If no, please add details		
Emergency Medical Consent for Emergency First Aid/Treatment*	YES	NO
*If a parent is not available, I agree to my child being given any emergency medical, surgical or dental treatment, including general anaesthetic and/or blood transfusion, as considered necessary by the medical authorities present.		
Please note that teachers do not generally administer medication. If a child requires medication, a parent or other responsible adult (authorised by the parent) must come into school to administer this medication. In special circumstances the school can be requested to assist with this, but this will only be considered when requested in writing and when authorised by the Principal. If your child is required to take medication during the school day (on a temporary basis) you must complete a 'Temporary Administration of Medication' form which is available in the school office or on the school website.		

<b>SECTION F – CONTAGIOUS/INFECTIOUS DISEASES</b>		
Has your child suffered from any recent contagious/infectious conditions?	YES	NO
Has your child recently been in contact with anyone who has had a contagious/infectious diseases?	YES	NO
If yes, please add details		

<b>SECTION G – HOSPITAL TREATMENT</b>		
Has your child received hospital treatment in the past year?	YES	NO
If yes, please add details		

<b>SECTION H – GP DETAILS</b>			
Name of GP		Telephone Number	
Name and address of surgery			

<b>SECTION I – SCHOOL TRANSPORT</b>		
I give permission for my child to travel by bus/coach on school trips or to tournaments. (Parents will always be notified of details of visit/journey)	YES	NO

**Please remember it is the parent/guardian's responsibility to provide updated information and ensure medication has not passed the expiry date.**



**Temporary Administration of Medication  
(available on website)**

**Consent Form for Administering Medication in School**

Name of Pupil: \_\_\_\_\_

Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

I request permission for my son/daughter to be given the following medication during school hours by the class teacher or a designated member of staff.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

When taken: \_\_\_\_\_

Prescribed for: \_\_\_\_\_

I have checked the expiry date  (please tick)

Doctor's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Teacher): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that this form relates to temporary administration of medication. Any child requiring ongoing medication requires a personal medical care plan which will be discussed and agreed with the Principal and signed by both parties.**





## Special Diet Application Form

If your child requires a special diet, please fully complete this form and return to the school office. Please note-

- If your child requires a special diet for religious or cultural reasons or because they are vegetarian or vegan, please fully complete Part A and Part B of this form.
- If your child requires a special diet for medical/ health reasons, please complete Part A and Part C of this form, **in addition to** a Special Diet Medical Form. Please note, special diet medical forms may be signed **only** by a medical consultant, GP or registered dietitian.

Incomplete forms will not be accepted and will be returned to parent/guardians for completion. This may result in a delay in your child receiving a special diet.

**PLEASE NOTE-** The school catering service will accommodate specific dietary needs from existing menus and ingredient range, therefore a child with a special dietary need may not always get a choice of dishes. If any specialist dietary preparations and prescription foods are required these will need to be supplied by the child's parent/guardian. The set price for school meals will remain the same in these circumstances.

### PART A- CONTACT DETAILS

<b>Pupil details</b>	
Pupil's Name	Date of birth
<b>School details</b>	
School	
School Address	
<b>Parent/Guardian's details</b>	
Contact Name	Contact daytime telephone number
Contact address	

**PART B- RELIGIOUS, CULTURAL OR VEGETARIAN/VEGAN DIET REQUIREMENT**

Cultural, religious, vegetarian or vegan diet	
Please specify the type of diet required:	
Please list the foods to be avoided and list the foods that can be used as a substitute	
List of foods to be avoided	List of substitute foods
Other relevant information	

**PART C- MEDICALLY PRESCRIBED DIET REQUIREMENT**

Medically prescribed diet	
Please indicate the type of medical condition the special diet is to be provided for (please tick all boxes that apply)	
Diabetes	Nut Allergy
Coeliac disease	Dairy/ Lactose intolerance
Crohn's disease	Egg allergy
Phenylketonuria (PKU)	Wheat allergy
Other (Please specify)	
If other please list the foods to be avoided and list of foods that can be used to substitute these. An additional list of food and drinks can be attached to this form.	
Health Care Professional contact details	
Contact Name	Contact Telephone Number

List of foods to be avoided	List of substitute foods
Does your child require any foods to have changes in texture?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list any foods that need changes in texture and state the changes required	
Do you use special dietary products with your child?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give further details	
Do you use prescribed dietary products with your child?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Please give details of the product and amount</p>	

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

**Please print name:** \_\_\_\_\_

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

**To be completed by school office:**

**Date received by school:** \_\_\_\_\_

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

# Special Diet Medical Form

Private and Confidential

TO BE RETURNED TO SCHOOL PRINCIPAL

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

Dear: \_\_\_\_\_

RE: (Child's name) \_\_\_\_\_

DOB: \_\_\_\_\_ H&C No: \_\_\_\_\_

I would like to confirm that the above child requires special diet provision.

Diet required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

His/her parents/guardians have received written dietary advice.

Any other additional relevant information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

He/she will/will not continue to be reviewed by the Consultant/ General Practitioner/ Paediatric dietitian.

Yours faithfully

\_\_\_\_\_

Consultant/ General Practitioner/ Paediatric dietitian

cc Parents

cc File

**Residential Medical Form**

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

DOB: \_\_\_\_\_

Please provide details of any of the following

<b>Allergies</b>	<b>Dietary Requirements</b>	<b>Medical Conditions</b>

Details of any medication required during residential. Please provide detailed information of any medication required throughout the duration of the residential trip.

<b>Medicine</b>	<b>Dosage</b>	<b>Day</b>	<b>Time of day</b>

Signed \_\_\_\_\_ parent

Date \_\_\_\_\_

The school follows the procedure outlined by Asthma UK. This procedure is visibly displayed in **the staffroom** inside the First Aid Cupboard and on the staff noticeboard.

# The Child with an Asthma Attack

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## Recognising an Asthma Attack

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<ul style="list-style-type: none"> <li>The blue inhaler isn't helping</li> </ul>	<ul style="list-style-type: none"> <li>Breathing hard and fast</li> </ul>	<ul style="list-style-type: none"> <li>Coughing or wheezing a lot</li> </ul>
<ul style="list-style-type: none"> <li>Can't walk or talk easily</li> </ul>	<ul style="list-style-type: none"> <li>They may also complain of a tummy ache</li> </ul>	

**Always call 999 immediately if you don't have a reliever inhaler with you.**

### STEPS TO FOLLOW

- SIT** the child on a chair. **LOOSEN** clothing around the neck. Remain **COOL, CALM** and **COLLECTED**. **Listen** to what the child is saying. Is he/she able to finish a sentence?
- Take 1 puff** of **BLUE** inhaler or **INHALER & SPACER** (*placed over nose and mouth*) every 30-60 seconds up to a **maximum of 10 puffs**. (*Shake inhaler before each puff*)
- CALL 999 and PARENTS**
  - If the symptoms get worse while using the inhaler- this could be a cough, breathlessness, wheeze, tight chest or they say they have a tummy ache
  - They don't feel better after 10 puffs
  - You are worried at any time, even if they haven't had 10 puffs
- Repeat 2 above** if the ambulance is taking longer than 15 minutes. Always reassure and remain calm.

If the child didn't need to go to hospital, inform the parent and ask that they bring their child to the GP or asthma nurse that same day.



# EMERGENCY CALL

TO BE DISPLAYED BY THE OFFICE TELEPHONE

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

## REQUEST FOR AN AMBULANCE

For

ORCHARD COUNTY PRIMARY SCHOOL

(name of school)

1. Your telephone number 028 38852696  
(insert telephone number here)
  
2. Give your location as follows:  
65 Blackisland Road, Annaghmore,  
Portadown BT62 1NH  
(insert school address and postcode)
  
3. Give exact location within the school.
  
4. Give your name.
  
5. Give brief description of pupil's symptoms – state ANAPHYLAXIS
  
6. Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil.

**SPEAK CLEARLY AND SLOWLY**