



**Mission Statement**

“A Caring Christian Family Where We Grow Together”

# MEDICAL NEEDS PROCEDURE

**Effective Date:** 01/04/2017

**Review Date:** September 2025 Annual

Review Date	Signed Head Teacher	Signed Director RCSAT
08/09/2018	<i>J. L. Jedd</i>	<i>P. Bartlett</i>
11/09/2019	<i>J. L. Jedd</i>	<i>P. Bartlett</i>
18/09/2020	<i>J. M. Badger</i>	<i>P. Bartlett</i>
30/09/2021	<i>J. M. Badger</i>	<i>P. Bartlett</i>
30/09/2022	<i>J. M. Badger</i>	<i>P. Bartlett</i>
01/10/23	<i>J. M. Badger</i>	<i>P. Bartlett</i>
30/09/2024	<i>J. M. Badger</i>	<i>P. Bartlett</i>

Persons Responsible for Policy:	Executive Headteacher RCSAT
Approval Date	01/04/2017
Signed:	Director RCSAT



Signed:

Executive Headteacher RCSAT

## 1. Introduction and General Principles

- 1.1. The staff and Board of Trustees of RCSAT schools are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.
- 1.2. The policy is drawn up in consultation with a wide range of local key stakeholders within the school and health care setting and complies with DfE guidelines “Managing Medicines on School Premises” within “Supporting Pupils at School with Medical Conditions” document (December 2015).

## 2. Responsibilities for Implementing the Procedure

- 2.1. The Executive Headteacher shall have overall responsibility for the implementation of this Procedure and shall ensure that all aspects of the procedure are managed appropriately.
- 2.2. To facilitate this, the Executive Headteacher has designated named staff and governors to manage aspects of this procedure, including co-ordination, health and safety governance overview and daily checks on the conditions of the premises, reporting any issues to the Executive Headteacher.
- 2.3. The named persons are detailed in Appendix 1 of the procedure.
- 2.4. The object of this procedure shall be to provide a clear policy that is understood and accepted by all staff, and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

## 3. Rationale and Aims

- 3.1. The procedure includes:
  - 3.1.1. A clear statement of parental responsibilities in respect of medicines
  - 3.1.2. Roles and responsibilities of staff administering medicines
  - 3.1.3. Procedures for managing prescription medicines that need to be taken in the school day
  - 3.1.4. Procedures for managing prescription medicines on outings and trips
  - 3.1.5. Written permissions from for medicines
  - 3.1.6. Circumstances in which children may take non-prescription medicines
  - 3.1.7. Assisting children with long term medical needs
  - 3.1.8. Staff training
  - 3.1.9. Record keeping
  - 3.1.10. Safe storage of medicines
  - 3.1.11. The school’s emergency procedures
  - 3.1.12. Risk assessment and management procedures
  - 3.1.13. Management of medical conditions.

## 4. Statutory Guidance (Dec 2015) “Managing Medicines on School Premises”

- 4.1. Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so
- 4.2. No child under 16 should be given prescription or non-prescription medicines without their parent’s written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered



- 4.3. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- 4.4. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- 4.5. Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- 4.6. All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- 4.7. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- 4.8. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- 4.9. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school

## 5. Other Responsible Persons

- 5.1. Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.
- 5.2. There is no legal duty which requires school staff to administer medication, this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in '*loco parentis*', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.
- 5.3. The policy of these schools is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The Principal accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

## 6. Prescribed Medicines

- 6.1. Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day.



- 6.2. Medicines prescribed ‘three times a day’ should be administered “before school, after school and at night”. This school recognises in extreme cases (as stipulated by a doctor in writing), and agreed by the head teacher, that staff may administer medication following completion of Form 3A, with a supporting letter from the doctor. Without a letter from a doctor, staff will not administer three times a day prescribed medicines. However, Parents are allowed into school to administer medication if they so desire.
- 6.3. Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.
- 6.4. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil’s name, prescriber’s instructions for administration and dosage.

## 7. Non-Prescribed Medicines

- 7.1. Non-prescribed medicines will only be administered with prior written permission in extreme circumstances such as residential trips and with conditions such as hay fever.
- 7.2. Staff will check the medicine has previously been administered without adverse effect and a form must be completed. Staff will never administer medicines containing aspirin unless prescribed by a doctor.
- 7.3. Staff will never administer medication containing ibuprofen to children who are asthmatic.

## 8. Administering Medicines

- 8.1. RCSAT schools recognise that no child under 16 should be given medicines without their parent’s written consent.
- 8.2. Following a written consent using form, any member of staff administering medicines to a pupil shall verify that:
  - 8.2.1. The child’s name
  - 8.2.2. Name of medication
  - 8.2.3. The prescribed dose
  - 8.2.4. Expiry date
  - 8.2.5. Written instructions provided by the prescriber on the label or container
- 8.3. If in doubt about any procedure, staff shall not administer the medicine before checking with parents/carers or a health professional before taking further action.
- 8.4. A record shall be kept following administration of medicines to pupils, using medical tracker.
- 8.5. If a child refuses to take a medicine, staff shall not force them to do so, but shall record this on the form and parents shall be notified of the refusal.

## 9. Long-Term Medical Needs

- 9.1. Where a pupil has a chronic illness, medical or potentially life threatening condition, the school shall initiate a health care plan to meet individual needs and support the pupil.
- 9.2. This shall be drawn up by health care professionals in consultation with the child’s parents/carers or guardians and shall contain the following information:
  - 9.2.1. Definition and details of the condition
  - 9.2.2. Special requirements e.g. dietary needs, pre-activity precautions
  - 9.2.3. Treatment and medication
  - 9.2.4. What action to take/not to take in an emergency
  - 9.2.5. Who to contact in an emergency
  - 9.2.6. The role the staff can play
  - 9.2.7. Consent and agreement.

## 10. Record Keeping

- 10.1.** Parents/carers should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions.
- 10.2.** Requests for staff to administer medication should be written on the form, including:
  - 10.2.1.** Name of child
  - 10.2.2.** Name of medicine
  - 10.2.3.** Dose
  - 10.2.4.** Method of administration
  - 10.2.5.** Time/frequency of medication
  - 10.2.6.** Any side effects
  - 10.2.7.** Expiry date
- 10.3.** Completed forms shall be kept in the school medical folder or book in the Bunbury, St Oswald's and Warmingham and Staff rooms with any medication in a locked fridge or cupboard and referred to when administering medication.
- 10.4.** Following administration medical tracker will be completed by the administering staff member.
- 10.5.** If a child refuses medication, this shall be recorded on Form 6 and school office should be notified.
- 10.6.** Requests for updated medical conditions including asthma, shall be distributed to parents/carers at the beginning of each school year. These shall be collated by the First Aid coordinator and registered and recorded in each class medical folder and in the first aid folder. All staff shall have access to this information and actions to take in an emergency.
- 10.7.** Children with food allergies shall have their photographs and details displayed in the office & school kitchen to ensure that food products are safe for children. Information is shared with any wraparound care provision.
- 10.8.** Updated medical conditions and reviews of policies and practice shall be monitored and disseminated by the First aid coordinator in liaison with the Principal as they are presented.

## **11. Storing Medicines**

- 11.1.** Staff shall only store, supervise and administer medicine that has been prescribed for an individual child. Medicines shall be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.
- 11.2.** Non-emergency prescribed medication shall be stored in the schools locked medical tin.
- 11.3.** Medication requiring refrigeration shall be stored in the lockable fridge.
- 11.4.** Emergency medications such as Epi-pens and asthma inhalers shall be readily available in a clearly labelled container in the class room. Children shall be told where their medicines are stored; they should not be locked away.
- 11.5.** Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. Medical tracker will alert The First Aid coordinator to expiring medication stored in school.

## **12. Disposal of Medicines**

- 12.1.** Staff shall not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year.
- 12.2.** Any medicines that have not been collected shall be taken to a local pharmacy for safe disposal.
- 12.3.** Sharps boxes shall always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

## **13. Emergency Procedures**

- 13.1.** All staff shall be aware of procedures when dealing with a medical emergency. These shall be supervised by a trained First Aider.
- 13.2.** All staff shall be aware of pupils on a health care plan and understand the need to follow agreed emergency support.



- 13.3.** All staff shall know how to call the emergency services; guidance is displayed on the school office.
- 13.4.** In the event of an emergency, every effort shall be made to contact a parent/carer so that they may accompany their child to hospital.
- 13.5.** If this is not possible, a member of staff shall accompany the child to hospital by ambulance and stay until the parent arrives. A hospital report from Medical tracker will be printed.
- 13.6.** Health care professionals are responsible for any decisions on medical treatment when parents are not available.

#### **14. Educational Visits**

- 14.1.** The schools shall actively encourage children with medical needs to participate in trips and visits.
- 14.2.** Staff shall aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits.
- 14.3.** Risk assessments shall be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.
- 14.4.** Prior to an overnight school trip, parents/carers must complete an up-to-date medical questionnaire about pupil's current general health and medication.
- 14.5.** Prescribed medication shall be administered, providing parents/carers have completed the relevant forms.
- 14.6.** Parents/carers are invited to provide written consent to enable staff to act 'in loco parentis' and administer paracetamol suspension such as Calpol if required.
- 14.7.** Where this is refused, parents/carers are requested to discuss alternative support measures with staff.
- 14.8.** Accompanying staff shall be aware of any medical needs and relevant emergency procedures.
- 14.9.** A copy of health care plans shall be taken on all visits as well as emergency medication that may be required.

#### **15. Staff Training**

- 15.1.** RCSAT schools shall hold training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals.
- 15.2.** A log of staff training shall be kept and reviewed every 12 months to ensure new staff receive training.
- 15.3.** Staff training shall be provided to support the administration of emergency medications such as Epi-pens or insulin.
- 15.4.** The school shall keep a register of staff who have undertaken the relevant training. Only staff who have received this training shall administer such medications.
- 15.5.** RCSAT schools shall have several appointed First Aiders and Paediatric First Aiders.
- 15.6.** Training shall be reviewed regularly and updated every three years.
- 15.7.** All staff, including supply staff, shall be made aware of medical needs where necessary and appropriate.

#### **16. Understanding Medical Conditions**

##### **16.1. Asthma**

- 16.1.1.** RCSAT schools recognise that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.
- 16.1.2.** Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the pupil and class name. These shall be kept in an assigned container within the teacher's cupboard and accompany the child if they are educated outside the school premises.
- 16.1.3.** Children with asthma shall have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the pupil may need support to use this.
- 16.1.4.** Where usage exceeds normal daily administration a record will be kept in medical tracker.
- 16.1.5.** Parents shall be notified when a child has used an inhaler excessively or more regularly than usual.
- 16.1.6.** Pupils with asthma shall be listed in the school Asthma Register, found in class folders.
- 16.1.7.** Leaders of 'after school clubs' are notified on club registers if a member is asthmatic.



**16.2.** On 1st October 2014 the Department of Health passed the Human Medicines (Amendment) (No. 2) Regulations 2014 permitting primary and secondary schools to purchase salbutamol inhalers to treat asthma attacks among students who have been diagnosed asthmatic and already have an inhaler prescribed, but unable to use it. Schools are not required to hold an inhaler - this is a discretionary power enabling schools to do this if they wish. A school salbutamol inhaler is kept in the main offices for use in an emergency only for children who already have a diagnosis and are prescribed salbutamol.

### **16.3. Head Injuries**

- 16.3.1.** Pupils who sustain a head injury MUST be reviewed by a First Aider in school. If the head injury occurs outside pupils are monitored by a member of staff for 10 minutes.
- 16.3.2.** If a pupil has a visible wound, swelling or adverse reaction, parents shall be informed and are invited to assess their child personally via immediate phone call or text.
- 16.3.3.** Where there are no residual effects, the pupil may remain in school whilst being observed and recorded as injured. A head injury advice email must be completed and sent along with a head bump text.
- 16.3.4.** If there is a severe adverse reaction or the First Aider is concerned, Emergency Services shall be called.

### **16.4. Epilepsy, Anaphylaxis and Diabetes**

- 16.4.1.** Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school.
- 16.4.2.** Relevant health care professionals will liaise between and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

## **17. Insurance**

- 17.1.** Public Liability Insurance is in place covering all school staff. A table of treatments to which the policy refers can be accessed through the schools admin offices.

## **18. Unacceptable Practice**

- 18.1.** Although school staff shall use their discretion and judge each case on its merits with reference to a child's individual healthcare plan, it is not generally acceptable practice to:
  - 18.1.1.** prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
  - 18.1.2.** assume that every child with the same condition requires the same treatment;
  - 18.1.3.** ignore the views of the child or their; or ignore medical evidence or opinion, (although this may be challenged);
  - 18.1.4.** 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 healthcare plans;
  - 18.1.5.** if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
  - 18.1.6.** penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
  - 18.1.7.** prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
  - 18.1.8.** require, 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
  - 18.1.9.** prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring to accompany the child.



**19. Communicable Diseases**

**19.1.** If a child is absent for any of the following reasons, the school must be informed as soon as practicable:

Bacillary Dysentery	Chicken Pox	Conjunctivitis
Cryptosporidiosis	Diphtheria	Food Poisoning
German Measles	Giardiasis	Hand, foot and mouth disease
Hepatitis A or B	Measles	Mumps
Poliomyelitis	Scarlet Fever	Threadworms
Tuberculosis	Typhoid fever	Paratyphoid fever
Viral gastro-enteritis	Whooping cough	

And the following skin infections:

Impetigo	Streptococcal	Staphylococcal
Head lice	Ringworm	Athlete's foot
Scabies		

The Chart "Guidance on Infection Control in Schools and Nurseries" is available for staff to refer to.





## Appendix A

### Non-routine administration of medicines

Any request for 'Unusual Administration' of medicine or treatment should be referred to the school nurse for advice.

#### Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency (Appendix C).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services. If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements. Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor.

Examples of these conditions follow – but should be more fully explained during training and in the individual's protocol:

#### 1. Anaphylaxis (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and require an immediate injection of adrenaline. This is life-saving.

#### 2. Major fits

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

#### 3. Diabetic hypoglycaemia

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.



**Appendix B**

**This form should be completed by parents/carers and filed in the school medical folder.  
Administration of the medication must be recorded in medical tracker  
Request for school to administer medication**

Dear Principal,

I request that ..... (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth.....Group/class/form.....

Medical condition or illness.....

Name/type of Medicine .....(as described on container)

Expiry date..... Duration of course.....

Dosage and method. ....Time(s) to be given.....

Other instructions .....

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child’s name in FULL.

Name and telephone number of GP.....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed .....Print Name ..... Date.....  
(Parent/Guardian)

Daytime telephone number .....

Address .....

.....

**Commencement of medication in school Date.....**

**Note to :**

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Principal.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Board of Trustees and Principal reserve the right to withdraw this service



## Appendix C

### Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult. Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance.

Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once or other relatives have arrived in hospital.



## Appendix D

### Administering First Aid

Children should not help with First Aid.

Current First Aiders in the school are:

**Bunbury**

Refer to the list of staff names within the school office & staff room.

**St Oswald's**

Refer to the list of staff names within the school office & staff room.

**Warmingham**

Refer to the list of staff names within the school office & staff room.

Always wear gloves when administering First Aid.

First Aid entries to be recorded in medical tracker:

- Name of child and class
- Name of the first aider
- Name of referring staff member
- Date and time Where it occurred and what happened
- The resulting injury
- How it was dealt with.
- If the child stayed at school or was sent home/to hospital

Parents will be notified of any head bump to a child during the school day (by email & text)). Any serious injuries (other than non-serious bruises, grazes etc) will require the to be contacted immediately.

If the accident occurs due to a Health and Safety oversight, please pass on the information to the Site Maintenance Officer.

#### Relevant legislation and guidance

Supporting Pupils within School with Medical Conditions (DfE December 2015)

Statutory Framework for the Early Years Foundation Stage (DFE April 2017)

Disability Discrimination act 1995 and Special Educational Needs and Disability Acts 2001

The Education Act 1996

Health and Safety at Work act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968



## Appendix E

### Head Injury Email

todays\_date\$

Dear Parent/Carer Head Bump Notification for #student\_name\$, #year\_group\$

Your child received a bump to his/her head today. #incident\_date\_time\$

Description of Incident: #incident\_description\$

Your child was seen by a first aider and has not displayed any adverse effects.

Treatment administered: #treatment\_administered\$

Please see the following guidance taken from the NHS inform/service site:

Symptoms of a minor head injury are usually mild and short-lived. They may include:

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

If your child's symptoms get significantly worse, take them straight to the accident and emergency (A&E) department of your nearest hospital or call 999 for an ambulance.

What to look out for:

Signs of a brain injury after a head injury include:

- unconsciousness – either brief concussion or for a longer period of time
- fits or seizures
- problems with the senses – such as hearing loss or double vision
- repeated vomiting
- blood or clear fluid coming from the ears or nose
- memory loss (amnesia)

If any of these symptoms occur after a head injury, immediately go to your nearest A&E department or call 999 and ask for an ambulance.



**RESPONSIBILITIES**

<b>Area of Responsibility</b>	<b>Person Responsible</b>
Overall responsibility	Executive Headteacher
Co-ordinator in School	Principal
Governor	Jenifer Yates – Bunbury Alex Camm -Warmingham Rebecca Alexander -St Oswald's
Daily checks: Bunbury	TA responsible in school
St Oswald's	TA responsible in school
Warmingham	TA responsible in school

