

THE EDUCATION OF CHILDREN WITH MEDICAL NEEDS POLICY.

**Beckmead Family of Schools**

**February 2017**

**THE EDUCATION OF CHILDREN WITH MEDICAL NEEDS.**

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| References:  DfE: Ensuring a good education for children who cannot attend school because of health  needs – Statutory guidance for local authorities (January 2013)  DfE: Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (September 2014) |

**Supporting pupils within the school community**

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

**At Beckmead Family of Schools, the Co-ordinator for pupils with medical needs is:**

*Beckmead School Upper: Michael Nelson*

*Beckmead School Lower: Dean Monfries*

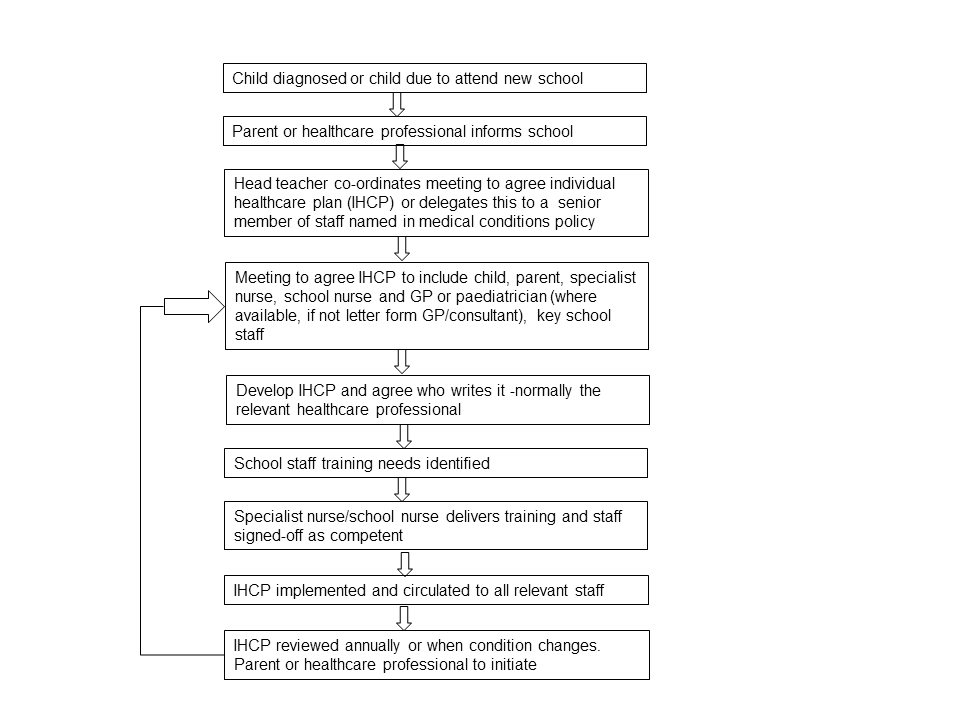
*Chaffinch Brook: Judith Azzopardi*

*Upper Chaffinch Brook: Andy Millard*

*Bramley Bank Short Stay School: Alison Page*

*CLT: Andre Genas*

### Procedure to be followed when notification is received that a pupil has a medical condition

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### Individual healthcare plans

Individual healthcare plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one.

**At this school the individuals responsible for drawing up IHCPs will be the Co-ordinator for Children with Medical Needs on each respective site.**

Plans will be reviewed at least annually or earlier if the child’s needs change. They will be developed in the context of assessing and managing risks to the child’s education, health and social well-being and to minimise disruption. As all pupils who attend Beckmead Family of Schools have special educational needs, the individual healthcare plan will be linked to the child’s statement or EHC plan where they have one.

When drawing up an IHCP the following will be considered:

* the medical condition, its triggers, signs, symptoms and treatments;
* the pupil’s resulting needs, including medication (its side-affects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
* specific support for the pupil’s educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
* the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
* who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child’s medical condition from a healthcare professional;
* who in the school needs to be aware of the child’s condition and the support required
* written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
* separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
* where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition
* what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

**Collaborative working arrangements**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

**The Governing body will:**

* ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admissionor prevented from taking up a place in school because arrangements for their medical condition have not been made;
* take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
* ensure that their arrangements give parents confidence in the school’s ability to support their child’s medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child’s ability to learn, increase their confidence and promote self-care. In line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;
* ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Governing bodies should ensure that written records are kept of all medicines administered to children**.

**The Head teacher will:**

Head teachers have overall responsibility for the development of individual healthcare plans.

* ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
* ensure that all staff who need to know are aware of the child’s condition;
* ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
* contact the school nursing service (mainstream schools) or special school nursing service (special schools) in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
* make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

**School staff may:**

* any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
* All staff will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.
* Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Pupils** **will:**

* often be best placed to provide information about how their medical condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will 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 a level of supervision.

**Parents** **will:**

* provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases notify the school that their child has a medical condition. They will also be involved in the development and review of their child’s individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**School nurse or other qualified healthcare professionals will:**

* notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.
* The school nursing service would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can support staff on implementing a child’s individual healthcare plan (if required) and provide advice and liaison
* The school nursing service is able to provide training to school staff to administer the following medications:
  + Epipen (for allergies)
  + Buccal Midazolam (for epilepsy)
  + Inhalers (for asthma)

The school nursing service has a duty phone number for enquiries relating to training or health care plans and can be contacted on 020 87142560.

**At the Beckmead Family of Schools, the allocated school nurse/qualified healthcare professional is:**

Chaffinch and Beckmead

School Nursing Central Team

12-18 Lennard Road

Croydon

CR9 2RS

Tel: 020 8274 6391/6320 for North Croydon Team

Chaffinch Nurse

Manga Chambeshi

email – TR-Northschoolnurses@nhs.net

Beckmead Nurse

Vicky Sharman

email – vsharman@nhs.net

Bramley

Croydon Universal Services

Sanderstead Clinic

40 Rectory Park

South Croydon

CR2 9JN

Tel: 020 8714 2560

Jenny Connell

Jenny.connell4@nhs.net

**GPs, paediatricians and other healthcare professionals** **will:**

* notify the school nurse when a child has been identified as having a medical condition that will require support at school.
* they may provide advice on developing healthcare plans.
* Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy or other health needs as appropriate).

**Local authorities will**:

* promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
* provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively;
* work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

**Providers of health services** **will:**

* co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

**Clinical commissioning groups will:**

* 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.

**Managing Medicines on School Premises:**

**AGREED PROCEDURE**

Prescribed Medicines

Medicines should only be taken 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. Staff will only administer medicines prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber. Parents are encouraged to ask the doctor to prescribe in dose frequencies, which enable the medication to be taken outside school hours.

No child is given medicine without written consent from the parent or carer. The parent or carer must complete and sign a **consent form** and hand the medicine direct to the designated person. These forms can be obtained from the school office or from the school website on the Parents page.

Medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber’s instructions for administration. A new consent form must be provided each time there is a change to the medication or dosage. It is the parent/carer’s responsibility to collect the medicine at the end of the day.

Non-Prescription Medicine (including herbal remedies)

The school will only give non-prescription medicines to a child (eg calpol, piriton or cough medicine) if parents have filled in a **Medical Treatment Form** (Appendix 1) giving their instruction to do so. If this medication goes on for more than 3 days school staff will need to see a doctor’s prescription in order to continue to administer any medication.

School staff may administer travel sickness remedies with the parent/carer’s written consent. The travel sickness medicine must be provided in the original packaging, with manufacturer’s instructions included. It must be stored and administration recorded as prescription medicine.

If a child has been advised to take regular pain-killers for a medical condition such as migraine, the medicine must be prescribed by a doctor accompanied by a written note from the doctor.

Residential Visits

Staff may only administer the following non-prescription medicines: travel sickness remedies (see details above) and paracetamol (provided by the school).

Paracetamol – if a pupil becomes unwell during a residential visit, it may be appropriate to administer paracetamol. The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. Written parental consent must be obtained beforehand. Dosage must be strictly according to the instructions on the packaging. Should paracetamol fail to alleviate symptoms and/or should staff have any concerns about a pupil’s condition, they should not hesitate to get professional medical attention. Paracetamol must be stored securely as all other medicines are stored and should not be kept in first aid boxes.

Staff must not give other non-prescription medicines to children and children must not carry them for self-administration.

At the school’s discretion **and** with the Head of School’s authorisation, hay fever/allergy remedies, which are not on prescription may be administered, providing they are in the **original packaging,** and **clearly labelled with the child’s name and dosage.** This label must be signed by a parent/guardian.

A **Medical Treatment Form** will also be required, which must be signed by a parent/guardian.

Refusal of medicines

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

Storage of medicines

All medicines must be delivered to the designated person by the parent/carer – this will be the class teacher of the child who needs the medication. In no circumstances should medicines be left in a child’s possession. With the exception of Asthma inhalers, medicine will be kept in the school office or medicine fridge (in the First Aid Room).

In line with current guidance each site will also have an emergency asthma kit which will be kept in the First Aid Room and will be used for any adult or child in an emergency.

All personal asthma inhalers should be readily available to children and staff and kept in an agreed place in the classroom. Children may carry their own inhalers, when appropriate.

Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that medicines are collected at the end of the day. Parent/carers are responsible for ensuring the medicines such as adrenaline pens and asthma inhalers are kept in date.

Off-site activities/trips

Children with medical needs are given the same opportunities as other children. Staff may need to consider what *reasonable adjustments* they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit leader will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to participate in ways appropriate to their own abilities. Any restrictions on a child’s ability to participate in PE should be recorded in their individual health care plan. Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines, such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken, and emergency procedures.

Record keeping

When a new pupil joins the Beckmead Family of Schools, the parent fills in the Medical Information and Emergency Treatment Consent Form. See Appendix 2

A Parental Consent Form or a Medical Treatment Form must be completed and signed by the parent/carer before any medicines can be administered in school. At the time of administering medicines, the member of staff must complete the medicines record sheet, which is kept in the First Aid Room.

If a pupil has an accident and bumps their head during the school day, a letter will be sent home, and a phone call home made, to inform the parent of this event. A copy of the letter will also be kept on the pupil file. See Appendix 3.

**STAFF TRAINING AND SUPPORT:**

The school must ensure that staff who administer medicines are fully briefed in general procedures for medicines and that they receive appropriate training to administer specific medicines, eg epipens, insulin. Records are maintained of all training completed by staff and are kept in all First Aid/Medical Files. Staff should not give medicines without appropriate training from health professionals. The Head of School and Admin staff monitor staff training and ensure that there are 2 Qualified First Aiders on the staff at the school. All relevant staff will be made aware of children’s medical conditions and how to deal with them. Due to the high staff ratio there will always be a member of staff in each class who knows about any pupil’s ongoing condition.

**Liability and indemnity**

**Governing bodies of maintained schools and management committees of PRUs should:**

* **ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk**.
* Teachers and Teaching assistants will only be asked to be involved in certain medical interventions. These interventions will be risk assessed by the Special School Nursing Team and will be deemed suitable for delivery by a member of the school team. Teaching staff will be trained by the School Nursing Team to deliver support.
* Insurance in Croydon LA maintained Schools: Croydon Council maintains employer liability insurance cover for all members of staff, which includes the staff at LA maintained schools. LA schools are billed on an annual basis for their element of cover. All special schools are currently also insured through this process. The council’s insurance team have confirmed that employees are covered for actions they undertake on behalf of the school/council, unless they deliberately undertook a negligent act or acted in an unreasonable manner.
* The underwrite for the Council and School’s insurance has advised that the liability policy would provide cover for members of staff administering medicine to pupils, orally, topically, by injection or by tube and the application of appliances or dressings, and any other ‘non-invasive’ medical procedures.
* School staff need to be aware of the following:
  + Staff need to be fully trained by a member of the Special School Nursing team before undertaking a medical intervention.
  + Parental consent needs to be gained in writing
  + Records of staff training and parental consent must be kept on file by the school for insurance purposes.

For any clarification regarding school insurance, contact The Council Insurance Team on [insuranceteam@croydon.gov.uk](mailto:insuranceteam@croydon.gov.uk).

### 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;
* send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
* if the child becomes ill, send them to the school office or medical room unaccompanied ;
* 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;
* prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

### Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn’t resolve the issue, they may make a formal complaint via the school’s complaints procedure which can be obtained from the school office on each site.

**Supporting pupils through periods of absence from school**

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child’s health condition requires an extended period of absence from school, the school may need to seek the assistance of the Springboard Service. Staff at the service, including hospital tutors, will support pupils who are temporarily unable to attend classes on a full time basis. These pupils may be:

1. Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
2. Pupils with mental health problems who are unable to attend school.

Some children with medical conditions may be disabled. Where this is the case the governing body willcomply with their duties under the Equality Act 2010.

The aim of Springboard will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to Springboard relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including Springboard, the Educational Welfare Service, and the Educational Psychology Service. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Finally, the school will do all that it can to fully implement Croydon’s policy on the education of children and young people with medical needs.

This policy will be reviewed regularly and will be accessible to parents/carers via the school office on each school site.

**Date ratified by the governing body:**

**Written by: Judith Azzopardi**

## Date reviewed: 16/02/2017

Appendix 1: Each School site will adapt this letter to reflect their current First Aiders.

Eg. Chaffinch Brook letter to parents:

**PERMISSION TO ADMINISTER PRESCRIBED OR OTHER MEDICATION – SHORT TERM**

As there are legal implications regarding the administering of medication to any pupil at school, we cannot give out medicine which has been requested by parents / carers verbally. Therefore, could you please complete the slip below giving written permission for your request.

Medication should be handed to the class teacher or one of our qualified First Aiders, Sinead Chalmers or Tina Male, who will be responsible for its administration. Should your child be brought to school by Transport, please keep some copies of this letter, complete the slip and hand the medication and form to the escort. A member of staff will contact you to verify its validity on receipt within the school.

We appreciate your co-operation in this matter.

Yours sincerely,

Judith Azzopardi

Head of School

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**Pupil Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Consent given by:**

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

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescribed: Yes / No**

**Name on Prescription Checked by staff: Yes / No**

**If not prescribed medication please give reason for use i.e. cold, pain relief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Last dose given and by whom i.e. mum at 8am: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of dosage (ie one a day/ every 4 hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received in school by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Bramley Bank Short Stay School letter to parents:

**PERMISSION TO ADMINISTER PRESCRIBED OR OTHER MEDICATION – SHORT TERM**

As there are legal implications regarding the administering of medication to any pupil at school, we cannot give out medicine which has been requested by parents / carers verbally. Therefore, could you please complete the slip below giving written permission for your request.

Medication should be handed to the class teacher or one of our qualified First Aiders, Sharon Rose, Emmanuel Sedegah or Stephen Hill, who will be responsible for its administration. Should your child be brought to school by Transport, please keep some copies of this letter, complete the slip and hand the medication and form to the escort. A member of staff will contact you to verify its validity on receipt within the school.

We appreciate your co-operation in this matter.

Yours sincerely,

Alison Page

Head of School

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**Pupil Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Consent given by:**

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

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescribed: Yes / No**

**Name on Prescription Checked by staff: Yes / No**

**If not prescribed medication please give reason for use i.e. cold, pain relief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Last dose given and by whom i.e. mum at 8am: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of dosage (ie one a day/ every 4 hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received in school by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Appendix 2:**

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**Appendix 3: Letter about bump to the head.**

Dear Parent / Carer

Name:

Date:

Your child bumped his head at school today at approximately ……am/pm. They have been monitored since the incident and we have not identified anything that caused concern up to the time of them going home.

Details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

If any of these symptoms are present, particularly loss of consciousness (even for a short time) you should call an emergency ambulance (99112) NHS Direct on 111/0845 4647:

• Lasting headache that gets worse or is still present over six hours after the injury;

• Extreme difficulty in staying awake, or being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check them regularly and make sure you are able to wake them;

• Nausea and vomiting several hours after the injury;

• Unconsciousness or coma;

• Unequal pupil size

• Confusion, feeling lost or dizzy, or difficulty making sense when talking

• Pale yellow fluid or watery blood, coming from ears or nose (this suggests a skull fracture);

• Bleeding from the scalp that cannot be quickly stopped;

• Not being able to use part of the body, such as weakness in an arm or a leg;

• Difficulty seeing or double vision;

• Slurred speech or

• Having a seizure or fit.

Regards

Chaffinch Brook