



## Queen Elizabeth Grammar School

<b>Document Reference</b>	<b>First Aid, Medicine and Medical Information Procedure</b>
<b>Version Number</b>	V1.1
<b>Author/Lead</b>	Mrs C Grattrick
<b>Job Title</b>	School Nurse
<b>Consultation</b>	WGHS School Nurse
<b>Checker Person Name / Title</b>	Alistair McKinlay, Chair of QEGS GEC
<b>Quality Assurance</b>	
<b>Name of Approver / Committee</b>	QEGS GEC
<b>Date Approved</b>	<b>08.05.2024</b>
<b>Date of Next Review (Annually)</b>	<b>May 2025</b>

**VALIDITY** – Policies should be accessed via FireFly to ensure the current version is used.

### CHANGE RECORD (Annually)

<b>Version</b>	<b>Date</b>	<b>Change details</b>
V1.0	March 2023	Reviewed, C Grattrick
V1.01	April 2024	Reviewed, C Grattrick

To be published on the following:

<b>Staff shared</b>	<b>X</b>	<b>School website</b>	<b>X</b>
---------------------	----------	-----------------------	----------

# **QEGS First Aid and Medicine and Medical Conditions Procedures**

## **1. Introduction**

This document details local procedures at QEGS. It should be read in conjunction with the Foundation's First Aid Policy, Health and Safety Policy and the Safeguarding and Child Protection Policy.

## **2. Personnel**

QEGS School Nurse: Ext 313. Mobile 07702 838395  
School Medical Officer: Dr D R Fyfe

At QEGS appropriately trained staff (Emergency First Aid at Work qualification) act under the overall supervision of the QEGS School Nurse. The School Nurse is based on the ground floor in the medical room near the main senior school reception. Anyone requiring first aid can see the School Nurse, first aid trained office staff or a first aid trained member of staff in each department.

## **3. Appointment of First Aiders**

A list of First Aiders is held on training records held by Educational Visits coordinator and Director of Studies (Staff). Anyone who is interested in undertaking First Aid Training should contact the Director of Studies (Staff).

## **4. Equipment**

First Aid boxes are placed strategically around QEGS and on school minibuses. These should not be removed. The contents are checked by the School Nurse annually but replenished when staff inform the School Nurse. If First Aid supplies are seen to be running low or expiry dates reached, the School Nurse must be informed so that she can replenish them. First Aid bags and pouches are also available for school trips; a number of these are stored within each academic department, in the school office along with spares, if required, which are kept in the School Nurse's office. Please see Appendix 1 for locations in QEGS.

Emergency First Aid equipment, spare adrenaline Autoinjectors, spare salbutamol inhalers, Defibrillators and bleed kits are available in school. Please see Appendix 2 for these locations in QEGS

## **5. Calling for an ambulance**

Where an injury or illness is an emergency, an ambulance must be called on 999 from a mobile or 9999 from a school landline phone.

The decision to call for an ambulance is the responsibility of the First Aider attending the casualty. The call may be delegated by them to another member of staff assisting. Time must not be wasted seeking the authority of the School Nurse, the Head, or other members of the Senior Leadership Team, though they should be informed as soon as is feasible. The person making the call must give details of the casualty, the injury and the situation in school.

Please contact the main office in school to inform after emergency services have been called to support with coordinating care. Members of staff should be stationed in strategic points in order to direct the ambulance to the correct location.

Parents or those with parental responsibility should be informed as soon as possible and

requested to meet the child, and accompanying staff member at the allocated hospital. Staff should endeavour to protect the privacy and dignity of the casualty by redirecting pupils away from the scene.

## **6. Administering medicine to children and young adults in Years 3-13**

Any pupils requiring long-term prescribed medication will be referred to the School Nurse to discuss how this will be administered with the involvement of a parent and specialist nurse if necessary. Any long-term treatment will be supported by a care plan. Please see appendix 3 for standard Care plans.

The School Nurse or a qualified First Aider may give short term prescribed medication, for instance, antibiotics, ear/eye drops etc. if a covering letter is provided by parents, and the medication is in date, in its original container, clearly marked with name, dosage and frequency.

Any prescribed, controlled medication (e.g. Methylphenidate or buccal midazolam) must be stored in a locked cupboard in the School Nurse's office if it needs to be administered at school, which will be documented appropriately.

Pupils should take any medication under adult supervision.

Parents are encouraged to inform school of a pupil's long term medication regime regardless of whether that medicine is administered at school or not.

Non-prescribed medicine will only be given to children in Years 3-11 if parents have completed an annual parental consent form indicating that they give permission for their child to receive simple analgesia (such as Paracetamol) which is recorded on SIMS. The School Nurse and First Aider in the school office keep a log of all pupil visits, including date, time, reason for attendance, with any first aid or medication administered. Young adults in years 12 and 13 are deemed old enough to give consent for simple analgesia.

Medication is stored in the medical room in a lockable cupboard.

Individual Adrenaline Auto Injectors (A.A.I) such as Epipen or Jext for individual named pupils along with any further emergency medication - antihistamines and salbutamol inhalers are stored in an easily accessible, labelled cupboard outside the medical room in QEGS or in the Junior Section staff room.

Staff are trained to administer A.A.I. in case anaphylaxis occurs to a pupil who has known allergies with prescribed adrenaline. Teaching staff are to familiarise themselves with rescue relieving Inhalers and medication for Diabetes and Epilepsy, should the need arise. Staff should highlight any need for further support to increase their competence.

Children who become ill or may be infectious during the school day are kept in isolation in the medical room or a safe place until they are collected by a family member following the Health Protection Agency in Schools Infection Control Guidance.

Parents will be contacted if a child is unwell and needs to go home by the School Nurse, or a member of staff. The office must be notified of any pupil leaving school. If a Sixth Former is ill but able to get home safely, they must phone the school office on their arrival. If they are too unwell to travel alone, a family member must collect them or arrange a taxi.

## 7. Medicines

- All medication is stored safely in the School Nurse's office. Any medication stored in the fridge is clearly labelled.
- The School Nurse is responsible for ensuring medicine is handed back at the end of each session or term to the child/young adult if appropriate.
- The School Nurse checks that any medication held to administer on an as required basis, or on a regular basis, is in date and will return any out of date medication back to the parent / carer.
- If the administration of medication requires medical knowledge for responsible staff, for instance, on trips and residentials, individual training will be provided by the School Nurse.
- No children should self-administer, except in exceptional circumstances, for example when Insulin is essential, or Antihistamines are required quickly to prevent an allergic reaction. Where children are capable of understanding when they need medication, for example with Asthma, they should be encouraged to use their inhaler as instructed by their GP but to inform an adult that they have used it. The School Nurse is available to offer guidance and support as required. Inhalers are held by the pupil and are taken with the child if they leave the school premises, for example to the sports field and on trips out of school. As per the document 'Guidance on the use of emergency Salbutamol inhalers in schools: 2015' QEGS keeps spare Salbutamol inhalers for use in situations where pupils' inhalers are not available.
- Auto adrenaline injector e.g. epipen or Jext (at least one) and/or antihistamines prescribed for pupils with allergies at Senior School are carried by pupils at all times. The Junior Section individually prescribed Auto adrenaline injectors are kept in a medical cupboard in the staffroom.

See the [WGSF First Aid Policy](#) for more detailed information.

## 8. Children who have long term medical conditions and who may require ongoing medication

A Health Care Plan (see appendix 3) for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff whilst at school or on trips. The Health Care Plan should include measures to be taken in an emergency and is reviewed by the School Nurse annually or more frequently if necessary. There is an expectation that parents will inform the School Nurse of any changes. Health Care Plans are annually reviewed by the School Nurse and the parent.

## 9. Record keeping

The School Nurse and staff in the office will keep records of all First Aid administered on the Excel Treatment Sheet and EVOLVE Accident Book online, following the [WGSF Data Retention and Storage Policy](#). Significant events such as safeguarding, wellbeing or pastoral concerns will be recorded on CPOMS: Child Protection Online Management System.

## 10. Guidelines for referring a pupil to the School Nurse or to the Designated Safeguarding Lead (DSL)

The School Nurse should be called to the location of an unwell pupil if it is considered unsafe for them to walk across the school grounds to the school office e.g. pupils with allergies or pupil who has fainted or the pupil is sent to the Medical room at QEGS if deemed well

enough to do so. Pupils should not be referred to the School Nurse/office staff for on-going conditions which require the attention of a GP. Routine errands such as dropping off tablets, instilling eye drops, minor cuts, etc. can be dealt with at break and lunchtimes. If the School Nurse is not in school, emergencies will be dealt with by the office or first aid staff in the nearby vicinity.

Pupils may see the school nurse or the office at break or lunch-time, or during a lesson if the teacher contacts the School Nurse to arrange. If a pupil is visiting the School Nurse or the office frequently, or without obvious reason, their Form Teacher, Head of Year and Pastoral Deputy Head, will be consulted on an appropriate course of action and a parent notified. If staff have severe concerns about a pupil's welfare, immediate action will be taken, following the child protection policy guidelines, such as an assessment, recording and feedback to the DSL. Monitoring may continue, possibly including pastoral support or referral will be made to the appropriate agency if concerns escalate.

The School Nurse is available from 08:15-16:15. After 16:15, if there are medical or First Aid issues with pupils still on site, please refer cases to a First Aid trained member of staff or office staff if available.

The School Nurse is bound by a Code of Professional Conduct and is not at liberty to disclose confidential matters to teaching staff regarding a pupil unless the pupil and parents have given permission for her to do so or where there is deemed to be a risk to the pupil's safety and/or well-being. They will liaise confidentially with the Designated Safeguarding Lead. Wherever possible, they will work closely with teaching staff in the best interests of the pupil, but there may be issues which are not disclosed.

The School Nurse is here for advice, staff First Aid, support or illness which may present during the course of the school day, but not in place of the family GP or hospital doctor.

## **11. A Whole School Approach to Promoting Positive Mental Health**

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands.
2. Helping pupils to develop social relationships, support each other and seek help when they need to.
3. Helping pupils to be resilient learners.
4. Teaching pupils social and emotional skills and an awareness of mental health.
5. Early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. Supporting and training staff to develop their skills and resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with

an 'Open Door Policy'.

We believe that all staff have a responsibility to promote positive mental health, and to understand protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need. A discussion or referral to School counsellor can be made if needed and pupils can directly refer themselves as well.

All staff understand possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying.

They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

We recognise that many behaviours and emotional problems can be supported within the school environment, with school counsellor or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families.

Any member of staff concerned about a pupil will take this seriously and discuss with the Head of Year or Section or the Designated Safeguarding Team. These signs might include: non-verbal behaviour, isolation from friends and family and becoming socially withdrawn, changes in activity or mood or eating/sleeping habits, lowering academic achievement, talking or joking about self-harm or suicide expressing feelings of failure, uselessness or loss of hope, an increase in lateness or absenteeism, not wanting to do PE or get changed for PE, drug or alcohol misuse, physical signs of harm that are repeated or appear non-accidental, wearing long sleeves in hot weather, repeated physical pain or nausea with no evident cause.

Staff are aware that mental health needs such as anxiety might appear as noncompliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed and speak to the Designated Safeguarding Lead or Deputies if the Lead is not available.

More information and support can be found in Appendix 4.

## Appendix 1 - First Aid Kits Locations

School Office + inhaler

Learning support -inhaler

Physics Q4

Physics Q5

Physics B3

Physics B4

Physics prep

Chemistry Q7

Chemistry prep

Biology prep

Biology Q1

Biology Q2

Biology B1

Biology B2

D.T. Dept office

D.T. D 3

MFL office

Art office

Cooking suites x2+ Epipen

Staff quiet room

Kitchen +epipen + burns

Q.E Hall

P.E. office

(inhaler)

Learning hub

Maths prep room

English office

6th form kitchen-catering + burns +Epipen

ET

ICT office

Junior Section

Staff Room -inhaler/ 2 x epipen

Yr4 Block

Changing rooms -swimming pool

Swimming pool office - inhaler

Changing rooms + Inhaler

Science lab

FT lab- catering + normal

Playground bag

Forest Building

JS pavilion (bag+ inhaler)

Outdoor Ed bag (inhaler)

Forest schools bag (inhaler)

Estates

Boiler room

Joiners workshop

Gardener

Porters

Cleaners

Estates Office

Games Field

First Aid Room cupboard + inhaler + epipen


Kitchen -catering

Function Area


Ground Staff cupboard

Appendix 2


**Defibrillators**

	QEGS Junior school reception outside office
	QEGS Senior School Main Building corridor (office end)
	QEGS Senior School sports Hall
	QEGS Senior School Elizabeth Theatre/sixth form centre
	QEGS Senior School Games field pavilion

**Emergency Epipens- anaphylaxis (severe allergy)**


	QEGS Junior school in staff Room x2
	QEGS Dining room in office
	QEGS Senior school Staff Room
	QEGS Senior school sixth form centre kitchen under counter
	QEGS Senior School Games field pavilion
	QEGS Main building in cupboard before Health centre Room (School Nurse's room)

**Salbutamol Emergency inhalers- Asthma**

	QEGS Junior school in staff Room
	QEGS Junior school swimming office
	QEGS Junior school pavilion
	QEGS Junior school games changing room
	QEGS Senior school repro office
	QEGS senior school staff Room
	QEGS Senior school learning support
	QEGS Senior games field pavilion
	QEGS Main building in cupboard before Health centre Room (School Nurse's room)



## Bleed Kits

	<b>QEGS Senior school on top of the cupboard near School Nurses room</b>
	<b>QEGS Senior games field pavilion</b>

## Appendix 3 - Standard Asthma Care Plan



Wakefield Grammar  
School Foundation

### ASTHMA

**INDIVIDUAL CARE PLAN** – the aim of this plan is to enable staff to recognise your son's/ daughter's symptoms and facilitate prompt and effective treatment while he/she is at school or on school activities/trips. With parental consent, all information will be made available to all staff involved including catering /kitchen staff and treated confidentially . This plan will be reviewed annually.

Student's name:	
Date of Birth:	
Form:	
Date:	

**CONTACT INFORMATION** in the case of an emergency, use the contact numbers below. If they are not available, or you need to speak to a healthcare professional, the numbers on page 2 can be used

#### Family contact 1

Name

Mobile no.

Relationship

#### Family contact 2

Name

Mobile no.

Relationship

Describe condition and give details of student's individual symptoms:

## Daily Treatment

Inhaler: Reliever: \_\_\_\_\_

Preventer: \_\_\_\_\_

Oral medication: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Possible side effects: \_\_\_\_\_

\_\_\_\_\_

## First Aid Treatment

Inhaler: Reliever: \_\_\_\_\_

\_\_\_\_\_

Oral medication: \_\_\_\_\_

\_\_\_\_\_

If a student is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so.

Reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. Loosen tight clothing.

During an asthma attack, you should encourage the pupil to:

1. Sit up straight – try to keep calm.
2. Take one puff of the reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
3. If they feel worse at any point, or they do not feel better after 10 puffs, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and the symptoms are not improving, repeat step 2.
5. If the symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately

If the student appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

Family Doctor: \_\_\_\_\_

Clinic/Hospital contact: \_\_\_\_\_

Phone no: \_\_\_\_\_

Phone no: \_\_\_\_\_

## Responsibility of Parents

1. This form is completed, so that members of staff are aware of the treatment required in the event of an asthma attack.
2. Ensure your son/ daughter has an inhaler with them at all times, not in their bag or locker and it is clearly named (as all inhalers look the same it is impossible to return it if lost).
3. The inhaler is replaced when empty or out-of-date.
4. Inform the school when there is a change in your son's/ daughter's condition or medication.
5. Your son/daughter is fully aware of her condition, knows when and how to take his/her inhalers properly. Asthma can be for life so it is important that she/he starts to take responsibility for themselves so that he/she is able to cope.
6. An extra named inhaler can be kept in the medical room.

## Responsibility of Staff

1. School medical team will regularly review the school asthma policy.
2. School medical team will ensure care plans are available to staff and they are regularly updated.
3. Staff will be familiar with the care plans of students in their care.
4. Students will have immediate access to their reliever inhalers when they need them.
5. Staff must know how to help a student during an asthma attack with their inhaler and how to look after them.
6. Staff should highlight their need for further training.
7. School medical team will provide information for staff on asthma in addition to specific training as required.
8. Parents will be informed if their son/daughter has had an attack, even if they have returned to lessons fully recovered.

**Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_**

## Preparation for Physical activity

**Asthma shouldn't stop children enjoying any kind of physical activity, or being selected to represent school and other teams, providing they have made some simple preparations.**

Teachers taking PE classes have an important role in supporting and encouraging pupils with asthma. Staff should enable:

**Before an activity**, for the student to take a dose of her reliever medication a few minutes before the start of class. They should be encouraged to have a five minute warm up.

**During an activity**, make sure the student always has their reliever inhalers in the gym or on the sports field, and be allowed to use the medication as necessary and rest until recovered.

**This student should have:**

While it is important that teachers keep watch over all the children, the child with asthma need not be singled out for special attention. This could make them feel different and may lead to embarrassment.

Children with asthma should not use their condition as an excuse for not participating in any physical activity. Staff can speak to their parents/carers to allay any fears.

## School trips

### Day trips

Going on a day trip should not cause any real problems, as the routine will be much like that at school.

### Overnight stays

Staff will need to know whether students have the correct inhalers/medication with them and know how to use them.

For any trip, a copy of this care plan and current medication regime should be taken along with completed parental consent form for administration of medication

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## Standard Anaphylaxis Care Plan



## Wakefield Grammar School Foundation

### ANAPHYLAXIS

**INDIVIDUAL CARE PLAN** – the aim of this plan is to enable staff to recognise your Son's/Daughter's symptoms and facilitate prompt and effective treatment while they are at school or on school activities/trips. With parental consent, all information will be made available to all staff involved including kitchen/catering staff and treated confidentially. This plan will be reviewed annually.

<b>Student's name:</b>  Date of Birth:  Form:  Date:	Photo
--	-------

**CONTACT INFORMATION** in the case of an emergency, use the contact numbers below. If they are not available, or you need to speak to a healthcare professional, the numbers on page 2 can be used

<b>Family contact 1</b>	<b>Family contact 2</b>
Name	Name
Mobile no:	Mobile no:
Relationship:	Relationship:

### **ALLERGY:**

**Can your child eat 'may contain' products with this allergen YES/NO**

**Details .....**

### **Signs and symptoms of allergic/anaphylactic reaction:**

## Treatment and medication required in an acute reaction:

1. In the event of a student showing the above symptoms, summon an **ambulance -999-** clearly stating the reason, and **Matron 07825 806910- WGHS site and Matron 07702838395 - QEGS site** .
2. Put them in the recovery position and administer the auto adrenaline injector i.e epipen,jext - checking expiry date and that the solution is clear.
3. Stay with them, monitoring and observing their condition. Keep calm and try to reassure them.
4. Inform parents.
5. Give CPR if necessary.
6. Hand details of any medication given to the medical team. What, when, why.

**Family Doctor:** \_\_\_\_\_

Phone no: \_\_\_\_\_

**Clinic/Hospital contact:** \_\_\_\_\_

Phone no: \_\_\_\_\_

### Responsibility of Parents

1. This form is completed, so that members of staff are aware of the treatment required in the event of an anaphylactic reaction.
2. **Senior school only** - In an emergency, your son/daughter has the ability and knows how to give themselves the injection or to direct others.
3. **Senior school only** - The auto adrenaline injector is available at times in school and may be carried by the student when in school, on school trips and activities and at all sporting events, not in your son's/ daughter's school bag or locker.
4. Parents check the auto adrenaline injector regularly and ensure it is replaced before the expiry date.
5. The school is informed when there is a change in your son's/ daughter's condition or medication.
6. Permission is given for staff to administer the injection, if the need should arise.
7. A spare pen can be kept in the Medical Room, which can also be used as a back-up pen on out-of-school activities, if needed.
8. Ensure medication, if used, is replaced.

### Responsibility of Staff

1. School medical team will regularly review the school anaphylaxis policy.
2. School medical team will ensure care plans are available to staff and they are regularly updated.
3. Staff will be familiar with the care plans of students carrying auto adrenaline injector.
  1. The auto adrenaline injector is available at all times when in school, on school trips and activities and all sporting events.
  4. Catering Staff will be informed of student's with food allergies; they will label any food containing known allergens. Nuts will be omitted from all food served in the dining hall.
  5. School medical team will provide information for staff on anaphylaxis and how to care for someone suffering a reaction. School medical team will provide training on how to administer auto adrenaline injectors.
  6. Staff should highlight their need for further training.

### Parental Consent:

I agree to comply with the School Policy on Anaphylaxis and give permission for staff to give my son/ daughter- Antihistamines and auto adrenaline injector in the event of anaphylactic shock

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Standard General Care Plan



## Wakefield Grammar School Foundation

**INDIVIDUAL CARE PLAN** – the aim of this plan is to enable staff to recognise your son's/daughter's symptoms and facilitate prompt and effective treatment while they are at school or on school activities/trips. With parental consent, all information will be made available to all staff involved including kitchen/catering staff and treated confidentially. This plan will be reviewed annually.

<p>Student's name:</p> <p>Date of Birth:</p> <p>Form:</p> <p>Date:</p>	
--	--

**CONTACT INFORMATION** in the case of an emergency, use the contact numbers below. If they are not available, or you need to speak to a healthcare professional, the numbers below can be used

### Family contact 1

Name

Mobile no.

Relationship

Family Doctor: \_\_\_\_\_

Phone no: \_\_\_\_\_

### Family contact 2

Name

Mobile no.

Relationship

Clinic/Hospital contact: \_\_\_\_\_

Phone no: \_\_\_\_\_

Describe medical needs and give details of your son's/ daughter's individual symptoms:

Daily care requirements:



.
What constitutes an emergency? Describe necessary action.
Follow up care

**Responsibility of Parents**

1. This form is completed, so that members of staff are aware of your son's/ daughter's medical needs and care/support required
2. Inform the school when there is a change in your son's/daughter's condition or medication.
3. Any prescribed medication required should be stored in the medical room, as per school policy.
4. Your son/daughter is fully aware of her condition, and is encouraged where possible to self-care.

**Responsibility of Staff**

1. School medical team, in collaboration with pupil / parents will ensure care plans are available to staff and they are regularly updated.
2. Staff will be familiar with the care plans of pupils in their care.
3. Pupils will have immediate access to their medication when they need it.
4. Parents will be kept informed of their son's/ daughter's needs/changes in condition while at school.
5. School medical team will regularly review school medical policies.
6. Staff should highlight their need for training.
7. School medical team will provide information for staff on specific conditions.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgements: DfES/DoH documents.

## Appendix 4

Where to get information and support For support on specific mental health needs

- Anxiety UK [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)
- OCD UK [www.ocduk.org](http://www.ocduk.org)
- Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)
- Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)
- National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk)
- Self-Harm [www.selfharm.co.uk](http://www.selfharm.co.uk)
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

For general information and support

- [www.youngminds.org.uk](http://www.youngminds.org.uk) champions young people’s mental health and wellbeing
- [www.mind.org.uk](http://www.mind.org.uk) advice and support on mental health problems
- [www.minded.org.uk](http://www.minded.org.uk) (e-learning)
- [www.time-to-change.org.uk](http://www.time-to-change.org.uk) tackles the stigma of mental health
- [www.rethink.org](http://www.rethink.org) challenges attitudes towards mental health
  
- [Mental health and behaviour in schools - GOV.UK](#)

## Appendix 5 - Head Bump Procedure

1. Ensure all pupils who have had a head bump have been checked by a First Aider
2. First Aider to record all head bumps
3. The Office to notify the child's family member of the head bump via telephone
4. The Office / First Aider to complete the 'head bump' slip and put in the child's bag ready to go home
5. First Aider/ to monitor the child for head injury and concussion symptoms, following NHS advice: [Head injury and concussion - NHS](#)
6. If deemed necessary, the Office should contact the parent to ask them to collect their child from school early and take them to A&E.