



## Queen Elizabeth Grammar School

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<b>Job Title</b>	
<b>Consultation</b>	WGHS School Nurse QEGS Deputy Head / DSL
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<b>Quality Assurance</b>	
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# 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:

- [WGSF First Aid Policy](#)
- [WGSF Health and Safety Policy](#)
- [WGSF Safeguarding and Child Protection Policy](#)

## 2. Personnel

QEGS School Nurse, Claire Grattrick: 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 reception in the senior school. 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 the Educational Visits Coordinator and Director of Studies (Staff). Any member of staff 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 annually by the School Nurse but replenished when staff inform the School Nurse. If First Aid supplies are seen to be running low or expiry dates have been reached, the School Nurse must be informed so that they can be replenished. 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, and there are spares, if required, which are kept in the School Nurse's office. Please see Appendix 1 for their locations.

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

## 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 an 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 examples of 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 and 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 Medical room 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, and any first aid or medication administered. Young adults in Years 12 and 13 are deemed old enough to give consent for simple analgesia.

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

Staff are trained to administer AAIs 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 or training to increase their competence.

Pupils 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, in line with the [Health Protection Agency in Schools Infection Control Guidance](#).

Parents will be contacted by the School Nurse or a member of staff if a child is unwell and needs to go home. The school 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.

See Appendix 5 for the 'Head Bump Procedure'.

## **7. Medicines**

All medication is stored safely in the Medical room. 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 pupil 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.

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 injectors, e.g. epipen or Jext (at least one) and/or antihistamines prescribed for pupils with allergies are carried by pupils in the senior section 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 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 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 school office will keep records of all First Aid administered on the Treatment Sheet and EVOLVE Accident Book online, following the [WGSF Data Retention and Storage Policy](#). Significant incidents such as safeguarding, wellbeing or pastoral concerns, will be recorded on CPOMS.

## **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 to the school office, e.g. pupils with allergies or a pupil who has fainted, or the pupil is sent to the Medical room 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. If the School Nurse is not in school, emergencies will be dealt with by the office or first aid staff in the nearby vicinity.

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.

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. Routine errands such as dropping off tablets, instilling eye drops, minor cuts, etc. can be dealt with at break and lunchtimes. If a pupil is visiting the School Nurse or the office frequently, or without obvious reason, their Form Teacher, Head of Year and the 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 Safeguarding and Child Protection Policy, such as an assessment, recording and feedback to the DSL. Monitoring may continue, possibly including pastoral support, or a referral will be made to the appropriate agency if concerns escalate.

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 to do so or where there is deemed to be a risk to the pupil's safety and/or wellbeing. 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 everyone understands which support mental health and resilience.
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 may have mental health needs and planning support to meet their needs, including working with specialist services as required.
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 we 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 the 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 as 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 the 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, Head of Section or the Designated Safeguarding Lead. 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 must be followed and staff should 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)

### **Senior Section**

Learning support (- inhaler)  
Physics Q4  
Physics Q5  
Physics B3  
Physics B4  
Physics prep room  
Chemistry Q7  
Chemistry prep room  
Biology prep room  
Biology Q1  
Biology Q2  
Biology B1  
Biology B2  
D.T. Dept office  
D.T. D3  
MFL office  
Art office  
Cooking suites (x 2, + 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)  
Elizabeth Theatre  
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 School Building (“Owls Den”)**

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 - Locations of Emerging Equipment and Medication**


**Defibrillators**

	QEGS Junior Section reception outside office
	QEGS Senior Section Main Building corridor (office end)
	QEGS Senior Section Sports Hall
	QEGS Senior Section Elizabeth Theatre/Sixth Form Centre
	QEGS Senior Section Games field pavilion

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


	QEGS Junior Section in Staff Room (x2)
	QEGS Dining room, in office
	QEGS Senior Section Staff Room
	QEGS Senior Section Sixth Form Centre kitchen under counter
	QEGS Senior Section Games field pavilion
	QEGS Main building in cupboard before Medical Room (School Nurse's room)

**Salbutamol Emergency inhalers- Asthma**

	QEGS Junior Section in Staff Room
	QEGS Junior Section swimming office
	QEGS Junior Section pavilion
	QEGS Junior Section games changing room
	QEGS Senior Section reprographics office
	QEGS Senior Section staff Room
	QEGS Senior Section learning support
	QEGS Senior Section Games field pavilion
	QEGS Main building in cupboard before Medical Room (School Nurse's room)



## Bleed Kits

	<p><b>QEGS Senior Section on top of the cupboard near School Nurse's room</b></p>
	<p><b>QEGS Senior Section Games field pavilion</b></p>

**Appendix 3a - Standard Asthma Care Plan**



**Wakefield Grammar  
School Foundation**

**ASTHMA**

**INDIVIDUAL CARE PLAN** – the aim of this plan is to enable staff to recognise your child’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.

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

<p>Describe condition and give details of student’s individual symptoms:</p>
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## 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 student 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 child 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 child's condition or medication.
5. Your child is fully aware of their condition, knows when and how to take their inhaler properly. Asthma can be for life so it is important that she/he starts to take responsibility for themselves so that they are 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 the completed parental consent form for administration of medication.

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

**Appendix 3b - 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.

<p><b>Student's name:</b></p> <p>Date of Birth:</p> <p>Form:</p> <p>Date:</p>	<p>Insert Photo</p>
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**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>
<p>Name</p> <p>Mobile no:</p> <p>Relationship:</p>	<p>Name</p> <p>Mobile no:</p> <p>Relationship:</p>

**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 **School Nurse 07825 806910 - WGHS site or School Nurse 07702838395 - QEGS site.**
2. Put the students 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 section only** - In an emergency, your child 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 child'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 child's condition or medication.
6. Permission is given for staff to administer the injection, if the need should arise.
7. A spare AAI can be kept in the Medical Room, which can also be used as a back-up AAI 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.
4. The auto adrenaline injector is available at all times when in school, on school trips and activities and all sporting events.
5. Catering Staff will be informed of students with food allergies; they will label any food containing known allergens. Nuts will be omitted from all food served in the dining halls.
6. 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.
7. Staff should highlight their need for further training, where required.

## Parental Consent:

I agree to comply with the School Policy on Anaphylaxis and give permission for staff to give my child antihistamines and auto adrenaline injector in the event of anaphylactic shock

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 3c - 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.

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 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 child's medical needs and care/support required
2. Inform the school when there is a change in your child's condition or medication.
3. Any prescribed medication required should be stored in the medical room, as per school policy.
4. Your child is fully aware of their condition, and is encouraged where possible to self-care.

**Responsibility of Staff**

1. School medical team, in collaboration with pupils / 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 child'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, where required.
7. School medical team will provide information for staff on specific conditions.

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

## Appendix 4 - Information and Support regarding Mental Health

Where to get information and 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](http://www.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.