Annemount
Nursery and Pre-preparatory School

Annemount School First Aid, Administering Medicine and Medical Conditions Policy

This policy applies to the whole school including EYFS

Introduction

This policy outlines the School's responsibility to provide adequate and appropriate First Aid to pupils, staff, parents, visitors and the procedures in place to meet that responsibility. This policy is written with due regard to DfE documents: *Health and Safety; responsibilities and duties for schools, Managing medicines in schools and early-years settings (DfE/Department of Health, 2005), Supporting Pupils with Medical Conditions.*

The School has taken into account the requirements of the EYFS legislation which states that at least one person on the premises must have a Paediatric First Aid Certificate when EYFS pupils are on site and at least one person on EYFS outings. This is also the case for KS1 pupils.

Aims

- To provide adequate First Aid provision and medical care for pupils, visitors and staff
- To appoint the appropriate number of suitably trained people as appointed persons and First Aiders to meet the needs of the School
- To provide sufficient and appropriate First Aid resources and facilities
- To inform staff of the school's First Aid arrangements
- To provide information on the correct procedure to follow should First Aid be required
- To provide information on the correct reporting procedures.

Teachers and other staff in charge of pupils are expected to use their best efforts at all times, particularly in emergencies, to secure the welfare of the pupils at the School in the same way that parents might be expected to act towards their children.

Key Personnel

The Head Teacher

The Head Teacher is responsible for putting the policy into practice and for developing detailed procedures. The Head Teacher ensures that parents are aware of the School's Health and Safety Policy, including arrangements for First Aid (DfE First Aid in Schools 2014). The Head Teacher ensures the First Aid policy is updated regularly and that the needs of individual children with specific medical needs are met. The Head Teacher ensures that staff are adequately trained to deal with these.

Appointed Person
The school has appointed Aiden Griffin to work in conjunction with the Head Teacher to manage First Aid in the school. The appointed person is responsible for the ordering of First Aid resources and ensuring that First Aid kits are correctly stocked, assisting colleagues in the administering of First Aid, ensuring an ambulance or other professional medical help is summoned when appropriate and keeping staff aware of changes in the First Aid Policy as and when is necessary.

First Aid Procedure at Point of Need
1. Follow the First Aid Treatment recommendations from most recent training session, notes also available in First Aid boxes:

- Keep calm;
- Assess the situation and either send or call for help;
- Ensure that nobody else is going to be hurt and that the casualty is in no further danger;
- Give First Aid but only as far as knowledge and skill permit. The patient should be given all possible reassurances and if necessary removed from danger;
- Never give the casualty anything to eat or drink;
- Be prepared to give succinct and accurate information about the accident to a first aider or other health professional.

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Danger:

- Assess the scene for any immediate hazards that could endanger the first aider or the casualty, such as traffic, fire, or unstable structures.

Response:

- Check if the casualty is conscious and alert by speaking to them and lightly touching their shoulder.

Catastrophic Haemorrhage:

- Immediately control any major, life-threatening external bleeding with direct pressure or a tourniquet before securing the airway.

Airway:

- Ensure the casualty's airway is clear and open, preventing any obstruction like the tongue or foreign objects.

Breathing:

- Look for signs of breathing, listen for breath sounds, and feel for airflow on the first aider's cheek.

Circulation:

- Check for signs of circulation, such as a pulse and blood flow, and assess for any bleeding or other serious injuries.

2. Any injury should be dealt with promptly by either the teacher in charge at the time of the accident or by the nearest First Aider. Surgical gloves should be worn where appropriate.

3. All staff should know the location of the First Aid kits. These are maintained by the appointed person. New staff members should familiarize themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid. The Head Teacher should always be consulted should an incident require more than basic First Aid.

Further Care
Should a child need to lie down they should be taken to the Sick Bay/Office (as defined by the Education (School Premises) Regulations 1996) and parents will be asked to collect the child. The office serves as the First Aid room at Annemount School. The First Aid Room contains:

- Mattress
- Sink with hot and cold water
- First Aid kit
- Paper towels
- Refuse bin
- Telephone
- Record keeping facilities
- A chair
- The nearest WC is next door.

- The child should not be left unattended in the First Aid room.

First Aiders
First Aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by a governing body and the training will include resuscitation of children. Staff receive updated training at least every three years.

The Head Teacher assesses the number of personnel who need First Aid training and takes into account that there should be at least one person on the premises or on a school trip with appropriate First Aid qualifications, and for the Early Years at least one person on the premises and one person on an outing with Paediatric First Aid training. A list of school First Aiders will be found in school office. (See Appendix A).

Reporting Accidents
All accidents must be recorded as follows:

Children
- The accident form must be completed by the adults supervising at the time.

Minor Accidents
- Parents are to be informed of minor accidents at the end of the school day or, where appropriate, by the class teacher.

Serious Accident
- In the event of a serious accident, the Head Teacher is to be informed immediately.
- Parents will be contacted by the Head Teacher, or if she is not available, the class teacher.

Bump to the Head
- In the event of a child suffering a bump to the head, a completed Bumped Head Sticker (Appendix B) must be affixed to the child, and the parent must be called to explain the situation. The time of the bump must be indicated on the sticker. The

child will be observed throughout the remaining school day for any signs that they are becoming unwell.

Staff

- Staff who injure themselves at school are required to fill in a Staff Accident Form.
- The Head Teacher is to be informed of the injury and retains a copy of the accident form.
- The Accident Form identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

Visitors

- Visitors must sign in when they arrive at the school. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the Accident Book.
- The Head Teacher is to be informed of the injury.

Informing Parents

- Parents are immediately informed of serious accidents injuries and given advice accordingly.
- A parent is always telephoned if their child has had a bump to the head. The child is then given a sticker to wear and monitored.
- Parents should be informed of minor injuries, including scrapes and bumps, at the end of the School Day.
- Parents of children who are taken ill during the school day should be contacted and asked to collect their child from the Sick Bay.

Access to First Aid Kits

- The Appointed Person ensures that the appropriate number of First Aid containers is available according to the risk assessment of the site.
- First Aid containers are kept in the EYFS area (ground floor) and are easily accessible for all staff.
- First Aid bags/containers and individual medications must be taken:
    - To off-site lessons including Gym and Swimming
    - On all school trips
- Individual medications (e.g. Ventolin inhalers and Epipens) must be taken with the child when off site.
- First Aid Kits comply with the Health and Safety (First Aid) Regulations and are kept in the cloakroom at Annemount. Our first aid kits are regularly checked by a appointed member of staff and re-stocked as necessary.

Arrangements for Pupils with Specific Medical Needs

- The school has an **Allergy Policy** which should be read in conjunction with this policy.
- Should a child have a specific medical condition, e.g. asthma, diabetes, severe allergy, the Appointed Person will compile a Care Plan with the cooperation of the child's parent and medical practitioner.

- If necessary, staff working closely with the child should have specific training so that they can meet the special needs.

Communicable Diseases

Parents are asked to inform the School by email as soon as possible if their child has a communicable disease, e.g. chickenpox. The School Office will then alert the relevant parents via email. Care is taken to preserve the confidentiality of the child with the communicable disease. If necessary the school will contact RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995).

Presenting with symptoms during the school day
The school has a fully equipped Sick Bay and will be used for suspected illness.

Head Lice
If parents notify the school that a pupil has head lice or nits an email is sent to all those in the same year group. If staff suspect or are told that a pupil has head lice or nits – continuous scratching of the head is the most obvious sign – they should arrange for a First Aider to inspect the pupil's hair. Kindness and discretion must be exercised to both the child and the parent.

Sickness
- Annemount 's policy for the exclusion of ill or infectious children is shared with parents. This includes procedures for contacting parents (or other authorised adults) if a child becomes ill while in the setting.
- Children who are unwell, have a temperature (38c or above), or sickness and diarrhoea, or who has an infectious disease should not come to school whilst they are unwell. Children with diarrhoea or vomiting should stay away from school for 48 hours after their symptoms have gone.
- If a child is found to have any symptoms of infection they will be sent home. This includes a child with infected mucous, i.e. yellow or green with a constantly running nose requiring continual assistance.
- If a child presents with symptoms of a high temperature during school time, the child's temperature will be taken, to do so;
    - Place the protective cover on the tip of the thermometer.
    - Gently insert the thermometer probe into the outer ear canal.
    - Hold the thermometer in place until it beeps, then remove it from the ear.
    - Read the temperature
    - Repeat in the other ear for an accurate reading
    - Repeat in both ears a few moments later for further accuracy
- If a child becomes unwell in school hours, the parent is to be contacted so that collection can be arranged.
- Any child who is waiting to be collected but feels too ill to remain with their class can stay in the Sick Bay (Office). The Sick Bay room bed and bedding are portable and can be moved if required. Staff, who have the required First Aid qualifications, will look after the child.

Hygiene Procedures

- Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care

should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed.

Hygiene Procedures for Spillage of Bodily Fluids

- No child should be allowed to remain in the vicinity of a spillage of bodily fluids.
- If possible all adults and children should be removed from the area; however, if a child is injured and it may be unsafe to move him/her then an adult will need to be with them.
- The adult should ensure that both s/he and the child are protected from the body fluids. The Appointed Person should be called for and he will deal with the spillage appropriately.

When to Call an Ambulance

The number to dial for an ambulance is 999.

The nearest hospital to the School is The Royal Free Hospital, Pond Street, London, NW3 2QG; Tel: 020 7794 0500

Call an ambulance;

- If you are in doubt as to the condition of the casualty
- After administering First Aid and you feel there is a need for a hospital check up
- After placing in the recovery position if the casualty is breathing, but unconscious
- After an epipen has been administered for anaphylactic shock, after a severe asthmatic attack, after a diabetic coma, for an epileptic fit where the seizure lasts more than five minutes or if the victim is harmed in the seizure
- If the casualty is not breathing

Medical Conditions

Identification and Management of Medical Conditions

Before a child joins the School, parents/carers are asked to provide information about any physical or mental health conditions and whether their child will require medication to be administered during the school day. This information is collected as part of the enrolment process and reviewed annually.

Where a child has a medical condition, the Head Teacher will determine whether an Individual Health Care Plan (IHCP) is required to ensure that the child's medical needs can be safely and appropriately managed while at School.

An IHCP is an agreement between the parents/carers, the School and relevant healthcare professionals. It sets out the care required by the child while at School and how this care will be provided.

The School will ensure that an appropriate IHCP is in place before a child with a medical condition starts School where one is required. This is particularly important where a child may require support during an emergency or medical crisis.

Parents/carers are responsible for providing the School with appropriate medical information and evidence from a healthcare professional detailing the child's diagnosis and expected care requirements while at School. This includes temporary medical needs, such as a limb injury requiring a mobility aid or support sling.

Parents/carers must inform the School as soon as possible of any new diagnosis, change in medical condition or change in the care or medication required. The School will consider the information provided and update the relevant IHCP or other arrangements as necessary.

Children with Specific Medical Conditions

Children with specific medical conditions, including allergies, who require regular medication to maintain their health or may require urgent medication, will have an appropriate care plan in place.

Examples include:

- children with epilepsy who require regular medication;
- children with asthma who may require inhalers;
- children with severe allergies who may require emergency adrenaline.

The care plan will be prepared by the Appointed Person in consultation with the parent/carer and, where appropriate, relevant healthcare professionals.

The care plan should include:

- details of the child's condition;
- relevant background information;
- triggers and warning signs;
- the management strategy;
- important information for staff;
- emergency procedures and details; and
- relevant contact details.

For children with food allergies or other dietary requirements, particular care must be taken when food or treats are brought into School. Parents/carers of children who cannot eat certain foods, such as cake or sweets, should provide suitable alternative snacks for their child where appropriate.

Administering Medication During School Hours

This section applies across the whole School, including the Early Years Foundation Stage (EYFS).

Children may require medication for a short period, for example to complete a course of antibiotics, or on a longer-term basis to manage an ongoing medical condition. Some children may also require medication only in particular circumstances, such as an adrenaline auto-injector for a severe allergic reaction or an inhaler during an asthma attack.

Although there is no general legal duty requiring School staff to administer medication, the School recognises its duty of care to children and will support children with medical needs wherever it is appropriate and safe to do so.

No member of staff may administer medication unless the appropriate Medical Consent Form has been completed by the parent/carer.

All medication administered during the school day must be recorded. Parents/carers will be informed on the same day of any medication administered and the time it was given, in order to help prevent an accidental overdose or a subsequent dose being given too soon.

Requests to administer medication should be noted by the Class Teacher and Appointed Person so that any patterns or concerns can be identified.

Responsibilities of Parents/Carers

Parents/carers have primary responsibility for providing the School with accurate and up-to-date information about their child's medical needs.

Medical needs must be declared when a child joins the School on the Pupil Personal Record Form. This information is reviewed annually using the Current Pupil Details Update Form.

Where medication needs to be administered during school hours, parents/carers must complete and sign a Medical Consent Form. This must include:

- the child's name;
- the name(s) of the parent/carer;
- the date;
- the name of the medication;
- the prescribed dose;
- the time(s) at which it should be administered; and
- instructions regarding how and when it should be administered.

Parents/carers will be informed of medication administered during the school day and the time it was given. The relevant documentation will be completed as part of the handover arrangements to help prevent the next dose being administered too early.

Children who are taking medication must be well enough to attend School.

Responsibilities of Staff

The Appointed Person will normally be responsible for administering medication, as they are able to ensure that medication is stored safely and have ready access to a telephone should further information be required from a parent/carer or healthcare professional.

Where a child requires regular medication to maintain their health, the Class Teacher may be responsible for administering the medication where this has been agreed.

Where the Class Teacher administers medication, they will also provide the child with appropriate reassurance and support and ensure that the Medication Consent Record is completed correctly.

Before administering any medication, the authorised member of staff must check:

- the child's name;
- the prescribed dose;

- the expiry date; and
- the written instructions provided by the prescriber on the label or container.

If a child refuses to take medication, staff must not force the child to take it. The refusal must be recorded and the parents/carers contacted immediately.

If a member of staff is unsure about any aspect of administering medication, they must not administer it until they have checked with the parent/carer or prescribing healthcare professional.

Any concerns about administering medication to a particular child should be discussed with the Head Teacher, who will liaise with the parent/carer as appropriate.

Where administration of medication requires specific medical knowledge or skills, the relevant member of staff will receive appropriate training from a healthcare professional.

The School may decline to administer medication where it considers that the medication is dangerous, the timing or method of administration is of critical importance, or serious consequences could result if a dose is missed.

Prescription Medicines

Prescription medication must be handed to the School Office by the parent/carer together with the completed Medical Consent Form and written instructions regarding when and how the medication should be administered.

The instructions provided by the parent/carer must be checked against the instructions on the medication.

Medication must always be provided in the original container as dispensed by a pharmacist and must include the appropriate administration instructions.

The School will not accept medication that has been removed from its original container or make changes to the dosage or administration instructions based solely on parental instructions.

The School Office will inform the child's Class Teacher when medication needs to be administered and may arrange for the Class Teacher to administer it.

Storage of Medicines

All medicines must be stored safely and securely and in accordance with the child's care plan and the requirements of the medication.

Emergency medication, including Epipens and asthma medication, will be kept in the classroom in a clearly identified container bearing the child's name. All relevant staff will be informed of the location of these medicines so that they can be accessed promptly in an emergency.

Where a child requires an Epipen to be kept at School, two Epipens must be provided.

Medication brought into School for children must remain accessible to authorised staff while being kept safely away from other children.

Staff Medication

Medication brought into School by staff for their own personal use must be kept in the School Office.

Staff should inform the Appointed Person if they take regular medication. Where medication may affect a member of staff's ability to care safely for children, they should seek appropriate medical advice before undertaking duties involving the care of children.

Staff must not be under the influence of alcohol or any other substance that could affect their ability to care for children safely.

Educational Visits and Off-Site Activities

For children with specific medical conditions, the relevant care plan and necessary medication must accompany the child on educational visits and off-site activities.

The Class Teacher will be responsible for the care plan and medication during educational visits.

Additional safety measures may be required for particular visits. This may include asking a parent/carer or another appropriate volunteer to accompany an individual child where necessary.

Non-Prescription Medicines

Parents/carers may occasionally request that non-prescription medication is administered, for example Calpol when a child is recovering from an illness or prescribed/appropriate skin creams for eczema.

Such requests will be considered by the school and Appointed Person in consultation with the parent/carer. Where the School agrees to administer the medication, the same Medical Consent Form and recording procedures must be followed.

Sun cream should normally be applied by parents/carers before the child arrives at School. Children may apply sun cream themselves at School and may be assisted by an adult where requested by their parents/carers.

Record Keeping

The School, including the Early Years, will maintain written records whenever medication is administered.

Accurate records help demonstrate that staff have exercised their duty of care and ensure that parents/carers and staff have a clear record of medication given.

The Medical Consent Form must be completed before medication is administered and must record:

- the date the medication is due;
- the time the medication is due;
- the child's name;
- the name of the medication;

- the exact dosage administered;
- the name of the authorised member of staff administering the medication; and
- the signature of the person administering the medication.

The authorised person must complete the medication record immediately after the medication has been administered. The administration should be witnessed by another adult.

The Medical Consent Form should be kept with the medication until the relevant record is complete and should then be filed in the child's personal file.

The completed documentation provides a clear record of the arrangements agreed between the parents/carers and the School in relation to the administration of medication.

In addition:

- lists of children with allergies and other medical conditions will be issued at the beginning of each term;
- the medication held at School for each child will be identified on the relevant list; and
- photographs of children who require an Epipen will be displayed on the boxes containing their Epipens to assist staff in identifying the medication quickly in an emergency.

Management, Risk Assessment and Review

The School has Employers' Liability Insurance which provides cover for injury to staff acting within the scope of their employment, including actions taken by staff in the course of their duties.

The School, through the Proprietor who is also the Head Teacher, will support staff to use their best endeavours when responding to medical emergencies. In an emergency, taking appropriate action to assist a child will generally be preferable to taking no action.

The Head Teacher is responsible for ensuring that:

- this policy is understood by all staff;
- staff follow the procedures for administering and storing medication;
- appropriate records are maintained;
- staff receive any necessary training; and
- appropriate risk assessments and care plans are in place where required.

The Head Teacher will regularly review this policy and make amendments where necessary.

AED Defibrillator

The school has an ***Mediana A15 AED Defibrillator*** for the event of sudden cardiac arrest. This can be used by any bystander without training. Teaching staff have been shown how to access and use the kit. Further information can be obtained by watching this video.

https://youtu.be/QZR_3U5iESE

Existing Injuries
A pre-existing injury refers to an injury a child arrives at school with, that occurred outside the setting, such as at home or in the care of another professional.

It is crucial to record these injuries accurately and transparently.

Documentation:
An Existing Injuries Form is used to document the injury, including its location, size, how it occurred (if known), and any treatment provided.
Communication:
Parents or carers are asked to sign/acknowledge the record to verify the information and ensure both parties are aligned on the injury.
Safeguarding:
Staff should be trained to recognise potential signs of abuse or neglect when a child arrives with multiple or unexplained injuries, and safeguarding procedures should be followed if any concerns arise.
Monitoring:
Children with a history of pre-existing injuries may be monitored over time to ensure their well-being.
Privacy:
Information about pre-existing injuries should be handled confidentially and stored appropriately.
In Practice (for staff):
When the injury is noticed on a child, the teacher should in the first instance ask the parent or carer. Follow up by asking the child what happened. If the parent or carer has left, the teacher should notify the office who will call the parent to inquire further. The teacher should complete the Existing Injuries Form. In the event the injury could be a sign of abuse or neglect the teacher should raise the issue with the DSL or DDSL and follow the schools safeguarding procedures.

Disposal of 'sharps' Policy

Annemount School is committed to the health and safety of its staff, pupils and visitors. Ensuring the safety of the school community is of paramount importance.

The purpose of this policy is to deal with the disposal of sharps and to prevent infection from blood borne diseases.

This policy contains details of the process for the safe handling and disposal of sharps, and what procedure to follow in case of a sharps injury.

This policy should be followed in line with the schools Health and Safety Policy.

Aims

Annemount adopts practices that minimise the risk to staff, pupils and others coming into contact with sharps.
This section aims to:
• Protect all pupils and members of staff from the danger of exposure to sharps.
• Establish a procedure around the safe handling and disposal of sharps.
• Ensure all members of staff are aware of how and where to dispose of sharps correctly.
• Make members of staff aware of sharps injury and the procedure to follow in the event of an injury.

Safe disposal of sharps

• Ensure that any sharps are disposed of quickly and safely after use. An item must not be discarded in a manner so as to cause injury to others.

• The user of the sharp is responsible for disposal of it themselves and must not hand it to anybody else for disposal. It should not be passed from hand to hand.
• Sharps are to be held in the centre of shaft to prevent injury.
• The sharps box should be taken to the needle and not vice-versa.
• Used syringes/needles must not be re-sheathed by hand before disposal.
• All sharps must go directly into a sharps bin.
• Report any needlestick injury as soon as possible and seek medical attention.

Sharp boxes

• Sharps should be discarded straight into a sharps box which complies with British Standard 7230.
• The boxes should be marked 'Danger: Contaminated Sharps' and 'Destroy by Incineration'.
• They must be kept off the floor and out of the reach of children.
• At Annemount the sharps disposal box is located in office and brought to the location when necessary.
• Parent's/carer's are in charge of the disposal of the box.
• Sharps boxes must not be filled above the designated fill line on the outside of the box.
• Once filled, boxes must be sealed immediately and returned to the parents for disposal or removed by a clinical waste contractor or a specialist collection service.

Sharps injury

'Sharps' includes objects or instruments which could potentially cut, prick or cause injury. This includes needles, blades or other medical instruments.

Risks of sharps injury

According to the Health and Safety Executive (HSE), a sharps injury can potentially cause infections such as blood borne viruses (BBV) including Hepatitis B (HBV), Hepatitis C (HCV) and the human immunodeficiency virus (HIV).
An injury can occur when an individual is in contact with a contaminated sharp which is infected with blood or bodily fluid. It may also occur when sharps are not stored or disposed of properly.

Sharps injury

The HSE provides the following advice in case of injury from a contaminated sharp:
• Encourage the wound to bleed gently, ideally by holding it under running water.
• Wash the wound using water and soap.
• Do not scrub the wound while washing.
• Do not suck the wound.
• Dry the wound and cover it with a waterproof dressing.
• Seek medical advice as effective prophylaxis medication is available.

Training

The appropriate staff must be trained in:
• The safe collection and disposal of sharps.
• Assembling sharps boxes and verifying that they are in compliance with the accepted standards.
• The procedure to log incidents and who to inform.
• Immediate action in the event of sharps or needlestick injury.

Reporting

• Any accidents, injuries, or near misses of any sort MUST be reported to the school office.
• It is the responsibility of the injured person to report their injury unless they are incapable of doing so.
• If in doubt always obtain medical advice.

Reporting to Riddor

- Schools are required to report serious incidents to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (0845 300 99 23). Employers must report:
    - deaths;
    - major injuries;
    - an accident causing injury to pupils, members of the public or other people not at work;
    - a specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Date: July 2026
Review: July 2027

Appendix A – List of First Aiders

Appendix B – Bump My Head sticker

I bumped my head today at:

_____

Appendix C – Medication Consent Form

Medication Consent Form

Child's Name: _____

Child's Class: _____

Medication: _____

Reason for taking medication during school hours:

_____

_____

Time and Date medication is due:

_____

I authorise members of staff during the course of the school day to administer the above medication. I understand the following:

- a doctor has passed my child fit enough to return to school but still needs a course of medication,
- the medicine is not dangerous,
- the timing or nature of administration are not of vital importance,
- no serious consequences could result if the teacher forgets to administer a dose and
- the medicine is clearly labelled with contents, owner's name and dosage.

Medication instructions, including exact dosage, frequency and for how long treatment should continue:

_____

_____

_____

Signature of Parent _____ **Date** _____

Date/Time of Administration	Dose	Teacher Signature	Witness	Parent Signature

Appendix D – Care Plan

CARE PLAN

NAME **D.O.B**

BACKGROUND

-

TRIGGERS AND WARNING SIGNS

-

MANAGEMENT STRATEGY

-

IMPORTANT INFORMATION

-

EMERGENCY TREATMENT

-

CONTACT DETAILS

Home:
Mum's Mobile:
Dad's Mobile: