



Supporting Students with Medical Needs Policy

2022 - 2023

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Version Date:	13/06/22
Presented to Local Governing Body:	16/06/22
Review Date:	16/06/23

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1. Introduction and aims of the policy

Lister Community School aims to provide a world class education for young people in Newham. We recognise the important role that our school plays in caring for and promoting the welfare of the children in our community; this includes supporting all students with any medical conditions. We aim to provide all students with any medical condition the same opportunities as others. Any physical or mental health conditions are supported so that the students can play a full and active role in school life, remain healthy and achieve their academic potential.

We aim to ensure that our arrangements give parents, students and staff confidence. We understand the importance of medication and care being taken as directed by healthcare professionals and parents, working alongside them to ensure that children with medical conditions receive a full education. We also understand the importance of staff being aware of the medical conditions of students and the impact they may have on students on a daily basis. Staff understand their duty of care to children and young people and know what to do in the event of an emergency.

Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies of maintained schools to make arrangements for supporting students at their school with medical conditions.

1.2 Related Policies and Documents

[School Health and Safety Policy](#)

[Safeguarding, Child Protection and Early Help Policy](#)

[Supporting Pupils at School with Medical Conditions \(2014\)](#)

[Asthma and Allergy Recommendations for Schools \(2021\)](#)

[Whole School Asthma Approach 2020](#)

[Adrenaline Auto-Injectors in Schools Guide \(2017\)](#)

2. Scope and Communication

This policy applies to all Staff (including Contractors), Governors, Volunteers and Trustees working in or on behalf of Lister Community School. We will make the policy available on our school's website and all staff are provided with a hard copy at induction or the start of the academic year. All stakeholders are informed of and reminded about the medical conditions policy through training at the start of the school

year. Where there is new information about student medical conditions, this is communicated sensitively to those stakeholders who need to be made aware, through the Bulletin or email.

3. Roles and responsibilities

3.1 Governing body

The governing body ensures that the policy for supporting students with medical conditions in school is developed and implemented. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions.

3.2 Head Teacher

The Head Teacher will ensure that the school's policy is developed and effectively implemented with partners, that staff are aware of students' medical conditions and are trained and available to implement the policy. The Headteacher has overall responsibility for the development of Individual Healthcare Plans and insurance for supporting students in this way.

3.3 Assistant Headteacher for Inclusion

The AHT for Inclusion will identify any training needs necessary during the development or review of IHPs. Where needed they will liaise with external agencies to assess staff training needs, arrange for external professionals to train staff and support staff in carrying out their role. They will ensure that all staff are aware of their responsibilities towards students with medical needs and support the Medical Support Officer in communicating information about medical needs with other staff. They will meet with the Medical Support Officer regularly to review the record keeping and discuss any updates.

3.4 Pastoral Managers will liaise with the school's Medical Support Officer to identify any concerns regarding student medical needs having an impact on their wellbeing or progress in school. They will support with the administration of passes to support students eg. toilet or lift passes.

3.5 House Business Support Officers will ensure that any absences due to medical conditions are recorded as part of attendance procedures and brought to the House Panel Meetings for discussion; attendance is reviewed regularly and if due to asthma the House Panel will refer the student to the School Health Service for further investigation.

3.6 The school's Medical Support Officer will instigate and support the annual review of Individual Healthcare Plans alongside the school nurse. They will ensure the medical register is monitored, that all medical records are kept accurately, and Individual Healthcare Plans reviewed annually, and that the

latter can be accessed by staff. The school's Medical Support Officer has oversight of ensuring that student medical information is accurately inputted into SIMS alongside the pastoral teams and safeguarding team, and that any medical incidents/ administration of medication is recorded. They will inform the Assistant Headteacher for Inclusion if a student presents with a new medical condition or medication and ensure that the IHP can be amended by the school nurse accordingly.

3.7 School staff

All staff are responsible for reading IHPs for the students they teach or work with. All staff are expected to familiarise themselves with the identities of those students who have high risk medical needs and know the protocol in the event of these students needing medical support. Any member of school staff may be asked to provide support to students with medical conditions and should take into account the needs of students with medical conditions that they teach. They must know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

All staff will ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to students with medical conditions. PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to medical conditions. They will make sure students have their inhalers with them during PE and take them when needed, before, during or after PE.

Staff are expected to inform the Medical Support Officer if a student has used an inhaler (blue) more than 3 times a week (including at home) or if students and parents communicate that students are unable to take part in PE due to asthma. The Medical Support Officer will refer a student to the School Health Service if this is the case.

3.8 The School Nurse will support the school in following this Supporting Students with Medical Needs policy. They will work with the Medical Support Officer to maintain the medical register and will assist the Medical Support Officer in the checking and managing of emergency medical kits. The school nurse will create and update Individual Care Plans for any students with medical needs and make referrals to School Health Service for further support if necessary. The school nurse will support students and their families to ensure their correct medication or equipment is in school.

3.9 Students

Students with medical conditions will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. They will be encouraged to take responsibility for managing their own medicines and procedures

if it is agreed that they are competent. They will be allowed to carry their own prescribed medicines only and relevant devices wherever possible with the written or verbal (recorded) consent from parents/carers (Appendix C).

Students who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the IHP should be followed and parent/carer must be informed so that alternative options can be considered.

3.10 Parent/Carers

Parents/carers should ensure they provide the school with up-to-date information about their child's medical needs and any treatment and special care needed at school. They should carry out any action they have agreed to as part of its implementation, eg. provide medicines and equipment and ensure they or another designated adult are contactable at all times.

Parents/carers should inform the school if their child has an Individual Health Care Plan and ensure their medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging. They should ensure their child has regular reviews (usually every 3 months) with their doctor or specialist healthcare professional, so that new and in date medicines come into school on the first day of the new academic year (and are collected when out of date).

Parents/carers should work with the school so that any absence due to illness is communicated clearly and provide the relevant medicines and information to enable students to participate on all school activities and trips to enable full participation in the curriculum.

4. Individual Healthcare Plans

All children with a medical condition will have an Individual Healthcare Plan (IHP) put in place, detailing exactly what care they need in school, when they need it, who is going to give it and what to do in an emergency.

The plan will also include information on the impact any health condition may have on the student's learning, behaviour or classroom performance. This will be drawn up with input from the child (if possible), their parent/carer, relevant school staff and healthcare professionals. The IHP will only be reviewed or amended if the school is informed of any changes to the student's condition. It is the responsibility of the student's parents/carers to inform the school of any changes.

A centralised register of IHPs is kept by the Medical Support Officer in Student Services, as well as all needs being listed on SIMS and Go4Schools. The student's (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the students in their care through Go4Schools.

The exception to students having an IHP is if a student has asthma. This is covered by the whole school asthma action plan, which forms part of this policy.

The procedure for identifying and agreeing the support a student needs and developing an IHP is provided in Appendix A. A template IHP can be seen in Appendix B.

5. Emergency procedures

As part of our general risk management processes all school staff are aware of the students with High Risk medical conditions (through training and discrete posters in all offices), know how to access information about other student medical needs, and understand their duty of care to students in an emergency. All temporary and supply staff are provided with a student information booklet on arrival which contains details about student medical needs. All staff receive training in what to do in an emergency and this is refreshed annually. Other students in the school are made aware of what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a student becomes unwell and requires medical attention, a staff member will use the On-Call email system to contact a member of the leadership team so that the student can receive medical attention. The student may be escorted to the medical room or a trained first aider may be called to attend to them in their current location.

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Each child on the medical register has a medical pack stored in the medical room, including their IHP and GP details ready to access in case of an emergency. A child's pack will accompany a student should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

In the case that a student is suspected to be having an asthma attack, a first aider should be called immediately - either by calling the First Aid phone or seeking the support of a member of LT to do so,

and the school care plan will be followed; the student can have up to 10 puffs of the inhaler. If there is no progress, or if the student does not have their own inhaler and/or parental consent has not been confirmed for the use of the emergency inhaler, then the first aider should call 999 and ask for further guidance and support.

In the event of a student taking an overdose of any medication, 999 will be called immediately.

If a student needs to be taken to hospital, parents/carers will be informed. Staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Details of all accidents or injuries occurring on site are recorded using the secure online EVOLVE system (Appendix E).

Following any emergency incidents, the Medical Support Officer will review the incident with the Assistant Headteacher for Inclusion to see whether it was responded to appropriately or whether it could have been avoided, and change school policy according to these reviews if appropriate.

6. Training and guidance on providing care, support and administering medication

All training relating to medical conditions is provided by specialist, suitably qualified healthcare professionals and/or the parents/carers (where appropriate). The qualified healthcare professional will confirm their competence and this school keeps an up-to-date record of all training undertaken and by whom.

All staff access training to recognise the symptoms of an asthma and/or anaphylactic attack and how to distinguish them from other similar conditions. They will be annually updated on;

- The school's policy;
- How to check if a child is on the medical register;
- How to access the child's inhaler, epipen or emergency medication; and
- Awareness of who are the designated members of staff and how to access their help.

Designated staff have been trained to administer medication and respond to emergency medical situations. This includes symptoms, triggers, how to use specific equipment and knowing what to do in an emergency. These staff members will be aware of medicine management and the implications of medical conditions on PE and overnight trips.

There are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

This school's Governing Body has made sure that there is the appropriate level of insurance and liability cover in place for staff supporting students with medical conditions.

The flow-chart for identifying and agreeing staff training needs is included as part of the IHP procedure in Appendix A.

7. Managing Medicines on School Premises

Students with an IHP will have access to their medication at all times, to be administered by a designated member of staff as agreed in the IHP. Parent consent will be provided as part of this IHP and this can be seen in the IHP template in Appendix B. A letter to parents/carers regarding medication can also be seen in Appendix C.

Student prescribed medication/equipment and emergency medication is stored safely and securely in the Medical Room, accompanied by the student's IHP, consent letter and any other relevant documentation. Only named staff have access to this medication and they will only administer medication to a student once they have had specialist training.

In addition to the school's storage, students are expected to carry their own prescribed emergency medication with them and know exactly where to access spare medication in school.

When administering medication, the designated person will check the maximum dosage and when the previous dose was given, and parents/carers will be informed.

Medication (prescription or non-prescription) will not be given to a child under 16 without a parent's written consent. Aspirin will not be given to students under 16 unless prescribed by a doctor. If a student has brought in personal medication without prescription, a parent will be called to give consent for the medication to be administered. The medication will be administered by the Medical Support Officer or a trained first aider, logged on EVOLVE and returned to the parent at the end of the day.

Medication stored in school must be in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which must still be in date, and will

generally be supplied in an insulin injector pen or a pump. The school Medical Support Officer will keep a tracker recording all medication on site and expiry dates.

Parents are asked to collect all out-of-date medications/equipment, and to provide new and in-date medication as and when necessary. This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school.

If a student misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's safeguarding and disciplinary procedures are followed.

8. School emergency medication (Salbutamol inhalers and Adrenaline Auto-Injectors (AAI))

8.1 Asthma inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies (including evacuation), on school trips and at reception.

Lister Community School will ensure that the emergency salbutamol inhaler is only be used by students who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Written parental consent for use of the emergency inhaler must be given as recorded in a child's individual healthcare plan.

This medication will be stored within the school's emergency asthma kit alongside instructions on how to use and store the inhaler, manufacturer's information, recording forms and a register of children permitted to use the inhaler.

8.2 Adrenaline Auto-Injectors (AAI)

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay. The school's spare AAI should only be used on students known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

This medication will be stored within the school's emergency anaphylaxis kit alongside instructions on how to use and store the AAI device, manufacturer's information, recording forms and a register of students to whom the AAI can be administered.

Parents/carers will be informed in the event of either an emergency inhaler or AAI being administered.

The Medical Support Officer checks stocks weekly and this includes the emergency asthma kit and anaphylaxis kit. The School Nurse will conduct a termly visual check of the emergency asthma kit and anaphylaxis kit to ascertain contents are present and correct. Expiry dates will be recorded on the outside of the kit and on the school register and replenished in advance of the expiry date.

9. Day Trips, Residential Trips and Sporting Activities

As part of the approval process for educational visits and off site trips, trip leaders must identify the medical needs of any students due to attend the trip. A risk assessment will be put in place to take account of any steps needed to ensure that students with medical conditions are supported to participate in school trips and visits wherever possible. The school Educational Visits Coordinator will only approve trips for which this has been appropriately completed. We will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits, in consultation with parent/carers and relevant healthcare professionals. The student will take their own personal emergency medication on trips (e.g. asthma inhaler) and the trip lead will check that they have this before departing. Each child on the medical register has a medical pack including their IHP and GP details which is given to the teacher in charge before the trip departs.

During residential school trips, every attempt will be made to ensure a member of staff who has been trained in administering medication will accompany the trip. They will administer medicines as prescribed by the GP and will not administer other medication unless there are exceptional circumstances for the request. Permission must therefore be sought from parents/carers and trip leader in advance of any trip if any non-prescribed medicine (for example, travel sickness tablets, hay fever medication) is requested to be administered

For overnight visits, if parents/carers are concerned about their child's medical needs, they can meet with the school nurse prior to the trip in order to put together an overnight care plan, taking into consideration any medication taken outside school hours.

We ensure that the student's confidentiality is protected and seek permission from parents/carers before sharing any medical information with any other party. A record of medicine administered on the trip will be completed in the same way as in school - see below.

10. Record Keeping

The Medical Support Officer keeps a record of all student medical needs and what medication they require, whether long or short term. This record also notes which students require daily blood glucose checks and when this should occur, and logs the checking of student epi pens (whether the student has the pen with them and whether it is nearing expiry date) which occurs weekly. A record is also kept of any students requiring a lift pass or a toilet pass due to a medical condition, including how long term the requirement is. A record of all medicines administered to individual children is kept, stating what, how and how much was administered and by whom using the secure online EVOLVE system. Any side effects of the medication are also noted. When emergency medication is administered, or in the event of an accident or injury, parents are contacted by telephone in order to ensure that they receive this communication (as opposed to sending written information via students, which can be less reliable), and this communication is logged on EVOLVE.

11. Equal Opportunities

Lister Community School understands that not every child with the same condition requires the same treatment. We will take into account the views of the child or their parent/carer as well as medical evidence or opinion.

Students will not face unnecessary barriers to participating in any aspect of school life including school trips. Students will always be able to easily access their medication and administer their medication when and where necessary. Staff will give students access to drinking, eating or toilet or other breaks whenever they need to in order to manage their medical condition effectively. The Medical Support Officer, AHT for Inclusion and House teams will ensure that effective communication with staff and notes or passes are used to ensure students can do this easily and without embarrassment.

When a student needs to attend the medical room, staff will ensure that they are accompanied by an appropriate person if their condition is such that they are at risk when moving through the building alone.

Students with medical conditions will not be sent home or prevented from staying for normal school activities unless unavoidable. At the same time students and their parents/carers will not be penalised for their attendance record if their absences are related to their medical condition e.g. hospital appointments.

12. Liability and Indemnity

The school insurance policies are made accessible to staff providing support to students with medical conditions.

The school's insurance policies provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and scope of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

13. Complaints

If parent/carers are dissatisfied with the support provided for their child's medical needs they should discuss their concerns directly with the Assistant Headteacher for Inclusion at the school. If this does not resolve the issue they should make a formal complaint following the [school's complaints procedure](#) which is on the school website.

APPENDICES

Appendix A - Individual Healthcare Plan procedure

1. Parent or healthcare professional informs school that a child with a medical condition is due to join the school, or is due to return after a long-term absence, or that a child currently attending has a newly diagnosed medical condition or that their medical needs have changed.

2 The information is passed to the Medical Support Officer, and the MSO contacts parents to discuss the child's medical needs and arranges a meeting if necessary including healthcare professional(s) if appropriate.

3 The MSO arranges for the School Nurse to develop an IHP for the child which is shared with the school and parents/carers

4. School training needs identified and requested from relevant healthcare specialist. Medication is brought by the student to the Medical Room and stored in an accessible pack alongside the IHP and GP information. Medication is replaced as and when appropriate.

5. If necessary, healthcare specialist delivers training and signs staff off as competent. Review date agreed.

6. IHP implemented, circulated to all relevant staff and attached to students' SIMS and Go4Schools profile.

7. IHP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

Appendix C - Letter to Parents/Carers regarding Medical Conditions

Dear Parent/Carer,

MEDICAL INFORMATION REGARDING YOUR CHILD

In order for Lister Community School and its Board of Governors to meet its statutory obligations regarding supporting pupils at school with medical conditions, we require medical information for all students to be notified to us in writing and updated accordingly. We are requesting that all parents/carers of children with a Medical Need or Special Dietary Need kindly complete the first part of the form attached.

In the event that medication is to be administered in school you must have given us *written consent before we are able to administer any medicine to your child at school, or students are able to self administer. Medicines will only be accepted for administering if they are:*

- Prescribed by a UK based GP or hospital
- In-date
- Labelled clearly with the name of the child, date issued and dosage
- Provided in the original container as dispensed by a pharmacist* and include instructions for administration, dosage and storage.
**The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original boxed container.*
- Delivered to the school reception for the attention of the medical officer.

We are requesting that all parents/carers of children who require medicine to be administered in school complete the second part of the form attached.

Please note we will not be able to take your child on school trips or school journeys if we do not have your child's medication in school. The contents and use of this form will be treated as confidential. This information will be made available to medical or paramedical staff and other relevant officers in the event of an accident or emergency. If you have notified the school that your child has a medical condition, the school nurse or a member of school staff may be in touch with you for further information.

We ask that you complete and return this to the school reception as soon as possible.

Part 1: Medical conditions

Date

Name of Child

Date of birth

Tutor Group

Medical condition

Any additional information

Part 2: Medicine

Name of Medicine *(as stated on the container)*
Type of Medicine *(i.e tablets, liquid, inhaler, pen)*
Expiry date
Dosage, method and timing
Any side effects
Any additional information
Consent for staff administration
Consent for self administration
Procedures to take in an emergency
Consent for use of school epi pen/asthma pump in the event of an emergency

Part 3: Emergency Contact

Contact 1 Name	<input type="text"/>	Contact 1 Number	<input type="text"/>
Contact 2 Name	<input type="text"/>	Contact 2 Number	<input type="text"/>

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name and Signature: _____ **Date:** _____

Appendix D - EVOLVE logging of Medication Administration

EVOLVEaccidentbook THE EDUCATION SPACE

Lister Community

Dashboard | Add | Manage | Care Plans | **Medication** | Help Thameena Hussain [Log out](#)

Record Use | **Monitor Usage** | Manage Stock

Medication Tracker

+

From - To Student name or UPN filters Find

[Columns...](#)

Patient	Medication Name	Date	Time	Dosage	Administered by
	15g Hydrocortisone 1% oint	06/06/2022	14:00	Cream applied.	
	Contour next blood glucose test strips	06/06/2022	10:10	Blood glucose check = 16.0	
	30 Cetirizine 10mg tablets	27/05/2022	10:35	One tablet with water	
	100ml Aprodem colloidal oat cream (of 600)	27/05/2022	10:40	Cream applied.	
	15g Hydrocortisone 1% oint	26/05/2022	13:35	Cream applied.	
	Paracetamol 500MG Tablets	26/05/2022	09:50	One tablet	
	Salamol 100 mcg/dose 200 dose inhaler ctcf wi	26/05/2022	10:30	Two puffs	

Medication Use Record (#99790)



Added by: Thameena Hussain @
26/05/2022 09:54:47

Who was the medication administered to?

Type: Student

Name:

When was the medication administered?

Date: 26/05/2022

Time: 09:50

What medication was administered?

Medication Name: Paracetamol 500MG Tablets (Expires 01/03/2025)
[View All](#)

Dosage: One tablet

Notes:

Administered by:

Appendix E- EVOLVE logging of Accident, Injury or First Aid given

EVOLVEaccidentbook Lister Community

Dashboard | Add | Manage | Care Plans | Medication | Help Thameena Hussain [Log out](#)

myDashboard

Any time | All Incidents | Open | search... [Find](#) [Columns...](#)

ID	Date	Time	Type	Severity	Type	Name	Action	Status
559947	06/06/2022	11:10	New illness	Minor	Student	[REDACTED]	-	Open
559861	06/06/2022	09:10	New illness	Minor	Student	[REDACTED]	GP	Open
560012	06/06/2022	12:00	New illness	Minor	Student	[REDACTED]	-	Open
560278	06/06/2022	13:45	New illness	Minor	Student	[REDACTED]	-	Open
559977	06/06/2022	11:20	Accident	Minor	Student	[REDACTED]	First Aid	Open
560261	06/06/2022	13:30	Accident	Minor	Student	[REDACTED]	First Aid	Open
560031	06/06/2022	12:10	New illness	Minor	Student	[REDACTED]	GP Sent home	Open
559910	06/06/2022	10:30	New illness	Minor	Student	[REDACTED]	Sent home Hospital	Open

Incident ID: 559861

Added by: Thameena Hussain @ 06/06/2022 09:22:18

Shared with: No one

Who was involved?

Establishment: Lister Community
 Type: Student
 Name: [REDACTED]

When did it happen?

Date: 06/06/2022
 Time: 09:10

Where did it happen?

Location Details: Theatre room

What happened?

Incident Type: New illness
 Incident Severity: Minor
 Incident Description: Left eye itchy and red
 Injury Summary: None
 Injury Description:
 COVID-19 Symptoms? No
 Will the injury cause absence? No

Action Taken

Referred by:
 Who managed the incident?
 How was the incident managed? Advised to see GP
 Incident Management Details Washed eye applied ice pack, called mum advised to book an GP appointment, mum mentioned he has experienced hay fever in the last two days and he is using eye drops, mum will still contact the GP today for prescribed medication to keep in school, mum has been advised she will need to come to school to administer eye drops if Zahir feels he needs it.
 Action taken to prevent recurrence n/a