

# First Aid and Medicine Policy

Winhills Primary Academy

This policy will be checked annually and revised accordingly or where there is a change in the law or circumstances

# FIRST AID AND MEDICINES POLICY

# **REVIEW PROCEDURES**

The First Aid and Medicines Policy for The Diamond Learning Partnership Trust is to be reviewed annually by the Trust.

# **AMENDMENTS**

The Policy Document has been amended in light of updated guidance on supporting pupils with medical conditions, drafted by the Department of Education for maintained schools and proprietors of academies in England. It is the responsibility of the Headteacher to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

| amdt<br>No | Date of<br>Issue | Inc  | orporation Details |      |
|------------|------------------|------|--------------------|------|
|            |                  |      |                    |      |
|            |                  | Name | Signature          | Date |
| 1          |                  |      |                    |      |
| 2          |                  |      |                    |      |
| 3          |                  |      |                    |      |
| 4          |                  |      |                    |      |
| 5          |                  |      |                    |      |
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| 8          |                  |      |                    |      |

# FIRST AID AND MEDICINES POLICY

# **DISTRIBUTION OF COPIES**

Master Copy Headteacher

Copy One All First Aiders

Copy Two Front Office – all staff

The Policy Document will be accessible to parents if requested or deemed necessary.

# STATEMENT OF INTENT

The Diamond Learning Partnership Trust believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of all Academies within the trust.

We are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical needs are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations.

We will also make sure that the School is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness or injury, if appropriate a staff member will accompany the pupil to a central classroom area, where first aid supplies are available. In order to manage their medical condition effectively, the School will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant and staff should be aware of.

CEO

### **Arrangements**

# The School Nurse/ Healthcare Professional

The School have access to school nurse or other suitably qualified healthcare professional; this person will have the lead role in ensuring that pupils with medical conditions are identified and properly supported in schools, including supporting staff on implementing a pupil's Individual Healthcare Plan. The School healthcare professional will work with the Headteacher to determine the training needs of school staff. Suitable cover will be provided in the absence of the school nurse/healthcare professional.

# The First Aid Team

The members of staff in the school who trained in First Aid are:

Any member of staff who has completed their first aid training with the Diamond Learning Partnership Trust. A list of which is to be held by the school office, HR and is known to each Headteacher. This list is subject to change, on any new training and is to be updated. A list should be held with this policy.

# **Trained Staff**

A member of staff can only administer medicines if specifically trained to do so by the school nurse in relation to a specific child.

### First Aid Boxes

The first aid posts are located in:

- Central areas outside classrooms
- All classes will have own supplies for trips
- First aid equipment is stored in the staff room

### Medication

Pupils' medication (on completion of correct paperwork- see appendix) is stored in:

- School office
- Inhalers are stored in classrooms to allow immediate access if required. They must be stored in a secure location and clearly labelled with the pupil's name.
- Epi-pens will be stored in a location near the pupil and this information will be contained in the pupil's Individual Healthcare Plan.

### First Aid

In the case of a pupil accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the pupil can walk, takes him/her to a first aid post and calls for a first aider. No member of staff may treat a pupil if they are not first aid trained.
- The first aider administers first aid and records details in our treatment book and on a note for the parent / carer. If the incident was not witnessed this will be made clear on the note 'the child said.....' 'unwitnessed fall / trip / bump'. If a parent needs to be contacted, staff must take the first aid slip to the office to help inform the phonecall. On most occasions the person who has dealt with the first aid incident will make the call.
- If the pupil has had a bump on the head, they must be given a "bump on the head" note and a receive a sticker. For KS1 and EYFS pupils the note will be handed to the parent at the end of the school day. KS2 pupils will be given the note to give to their parent/carer at home time. In all cases a phone call home will be made to alert the parent /carer of a head bump, staff must take the first aid slip to the office to help inform the phonecall.
- Full details of the accident are recorded in our accident book.
- If the pupil has to be taken to hospital or the injury is `work' related then the accident must be reported to the Headteacher. **CEO must be informed immediately.**
- If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Headteacher will arrange for this to be done.

The same procedure will be followed when dealing with an adult accident. Although 'headbump' stickers and first aid notes may not be used; accidents and treatment will still be recorded in the treatment book.

# **School Insurance Arrangements**

RPA: Risk Protection Arrangement, through the DFE

# **School Visits**

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a first aid travel kit in case of need.

The school will ensure that there is an appropriate number of first aid trained staff on a residential visit and there are an appropriate number of first aid travel kits.

# **Administering Medicines in School**

Staff are prohibited from administering medicine to children. Most prescribed medicines can be taken outside of normal school hours.

Parents are welcome to come to the school at an appropriate and agreed time to administer any medicine to their child. The school however does take the view that if a pupil requires any medicine prescribed by a doctor for a short period of time they may not be considered fit and well to attend school.

In exceptional circumstances (pupils with special medical needs) an authorised member of staff may administer medicine providing the following mandatory requirements are in place:

- a member of staff has been appropriately trained by the school nurse;
- where it is deemed essential;
- only prescribed medicines that are in-date, labelled and include instructions for administration, dosage and storage will be accepted by the school. In most circumstances, the medicines should be provided in the original container and dispensed by a pharmacist, with the exception of insulin, which will be inside an insulin pen or pump;
- controlled drugs that have been prescribed for a pupil will be stored securely in a non-portable container and only named Academy staff will have access;
- controlled drugs will be easily accessible in an emergency at all times; and emergency medicines such as asthma medication, adrenaline pens and diabetes medication should be with the pupil or readily available – not locked away.
- an Individual Healthcare Plan is in place; and
- where permission has been given by the parent.

Details will be included in a pupil's Individual Healthcare Plan and parents are required to ensure they keep the school regularly updated.

Wherever possible, the pupil will administer their own medicine, under the supervision of the trained member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a pupil refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in appropriate appendix.

Non-prescribed medicines may not be taken in school.

# **Record Keeping**

Written records of all pupils requiring medicines must be kept by the School and updated regularly. Schools are responsible for ensuring information is correct and up to date and any communication with parents is logged.

Written Records of all medicines administered to individual pupils will be kept with the medication detailing what, how and how much was administered, when and by whom. See Appendix [Form 4] for the DLPT's record form of medicine administered to an individual child.

These accurate records offer protection to staff and pupils, whilst providing evidence that agreed procedures have been followed.

Parents will be informed when their child has been unwell at school by an appropriate member of staff.

# **Controlled Drugs:**

Controlled drugs must be kept in a locked non-portable container. There must be named members of staff who have access to this container. A record must be kept when this container is opened and when controlled drugs are administered. Two members of staff should **ALWAYS** be present when controlled drugs are administered or when the container with controlled drugs in it is opened. See appendix [Form 7] for the DLPT's Controlled Medication Record sheet.

# Storage/Disposal of Medicines

- All medicines (with the exception of Inhalers and Epi-pens) are locked in the medicine cabinet in the school office.
- Inhalers will be stored in classrooms and must be in a safe location but one which allows immediate access in an emergency.
- EpiPens will be stored in a secure location near the pupil and this information will be contained in the pupil's Individual Healthcare Plan.
- Pupils' medicine will be available on school trips if necessary.
- It is the responsibility of the School to return medicines that are no longer required or out of date to the parent for safe disposal.

Parents are reminded that pupils must not hold medication themselves (either at school or on residential trips) and medicines must always be held by the school or a member of staff (on residential trips). This will ensure there is no risk to other children and that a record of administration can be kept.

# Accidents/Illnesses requiring Hospital Treatment

If a pupil has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the pupil to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

# Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

Epileptic Asthmatic Have severe allergies, which may result in anaphylactic shock Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities; unless evidence from a clinician/GP states that this is not possible.

The School will consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An Individual Health Care Plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The School appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The school nurse may also provide additional background information and practical training for school staff.

<u>Procedure that will be followed when the School is first notified of a pupil's medical condition</u>

Written confirmation from their GP or hospital consultant is to be held on file along with information on how the school can aid in the continued attendance at school of the pupil. In exceptional circumstance where medicine is to be administered at school by a member of staff a parental agreement to administer medicine must be completed

by the legal guardian for each medicine due to be administered in school (see 'Administering Medicines in School' section above for full details of requirements).

This will be in place in time for the start of the relevant school term for a new pupil starting at the School or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the School mid-term. Regular review with parents will be required.

# **Appendix**

# **Forms**

| Form 1:  | Contacting Emergency Services   |  |
|----------|---|--|
| Form 2:  | Individual Health Care Plan   |  |
| Form 3:  | Parental agreement for school to administer medicine                  |  |
| Form 4:  | Record of regular medicine administered to an individual child        |  |
| Form 5A: | Indication for administration of medication during epileptic seizures |  |
| Form 5B: | Epileptic seizure medication chart                                    |  |
| Form 6:  | Emergency instruction for an allergic reaction - Anapen® / EpiPen®    |  |
| Form 7:  | Controlled Medication Record Sheet                                    |  |
| Form 8:  | Emergency Contact Numbers   |  |
| Form 9:  | Medication given in school (note to parent/carer)                     |  |
| Form 10: | Staff Training Record – administration of medicines                   |  |
| n/a      | Useful Contacts   |  |





# **Contacting Emergency Services**

| Request for an Ambulance |  |  |
|--------------------------|--|--|
| Dial 9                   | 99, ask for ambulance and be ready with the following information: |  |
| 1.                       | Your telephone number:   |  |
|                          |  |  |
|                          |  |  |
| 2.                       | Give your location as follows (insert school address)              |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
| 3.                       | State that the postcode is:  |  |
|                          |  |  |
| ,                        |  |  |
| 4.                       | Give exact location in the school (insert brief description)       |  |
|                          |  |  |
| Г                        |  |  |
| 5.                       | Give your name:  |  |
| 6.                       | Give name of child and a brief description of child's symptoms     |  |

| 7.<br>will | Inform Ambulance Control of the best entrance and state that the crew<br>be met and taken to the casualty |
|------------|---|
|            | ,   |
| Spe        | ak clearly and slowly and be ready to repeat information if asked   |
| Put        | a completed copy of this form by the telephone  |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |



# **FORM 2** (2 pages)

# **Individual Health Care Plan (IHCP)**

| School                         |                     |
|--------------------------------|---------------------|
| Pupil Name & Address           |                     |
| Date of Birth                  |                     |
| Class                          |                     |
| Medical Diagnosis or condition |                     |
| Triggers                       |                     |
| Contact Information            |                     |
| Family Contact No.1            | Family Contact No.2 |
| Name                           | Name                |
| Telephone (work)               | Telephone (work)    |
| Telephone (home)               | Telephone (home)    |
| Telephone (mobile)             | Telephone (mobile)  |
|                                |                     |
| Clinic/ Hospital Contact       | GP Contact          |
| Name                           | Name                |
| Telephone                      | Telephone           |
| Describe medical needs and     |                     |
| give details of symptoms       |                     |
|                                |                     |
| Daily care requirements        |                     |
|                                |                     |

| Staff involved in daily care requirements                      |      |   |
|--|------|---|
| What constitutes an emergency for the child                    |      |   |
| Action to be taken in the event of an emergency for the child. |      |   |
|  |      |   |
| Date   |      | - |
| Review date  |      | - |
| Parent's Signature   | Date |   |
| Head Teacher's signature                                       | Date |   |

This will be reviewed at least annually or earlier if the child's needs change

FORM 3 (2 pages)



# **Administration of Medicine Form:**

# Parental agreement for school to administer medicine

(One form to be completed for each medicine)

The school will **NOT** give your child medicine unless you complete and sign this form.

| School                         |                       |
|--------------------------------|-----------------------|
| Pupil Name & Address           |                       |
| Date of Birth                  |                       |
| Class                          |                       |
| Medical Diagnosis or condition |                       |
| Contact Information            |                       |
| Family Contact No.1            | Family Contact No.2   |
| Name                           | Name                  |
| Telephone (work)               | Telephone (work)      |
| Telephone (home)               | Telephone (home)      |
| Telephone (mobile)             | Telephone (mobile)    |
| Relationship to child          | Relationship to child |
| Clinic/ Hospital Contact       | GP Contact            |
| Name                           | Name                  |
| Telephone                      | Telephone             |

| Describe medical needs and g ve details of child's symptoms                                |  |
|--|--|
| Daily care requirements (e.g. efore sport/b lunchtime)                                     |  |
| Describe what constitutes an e nergency for the child and the action to tak if this occurs |  |
| Medicine: To be in original contain  | er with label as dispensed by the pharmacy       |
| Name of Medicine (as described on the container)   |  |
| Dosage   |  |
| Time to be given   |  |
| Are there any side effects that the School should know about?                              |  |
| Who is responsible in an Emergency: (state if different for off-site activities)           |  |
| I understand that I must deliver the medicine  | e safely to the school office.                   |
| The above information is, to the best of my  | knowledge, accurate at the time of writing       |
| ·  | ed school staff administering medicine in        |
|  | orm the school immediately, in writing, if there |
| is any change in dosage or frequency of the  |  |
|  |  |
| Date   |  |
| Review date  |  |
| Parent's Signature   |  |
| Date   |  |
| Head Teacher's signature   |  |
| Date   |  |

This will be reviewed at least annually or earlier if the child's needs change



# FORM 4

# Record of Regular Medicine Administered to an Individual Child

| Medication must not be admir  | nistered unless Appen | dix B is completed. |  |
|-------------------------------|-----------------------|---------------------|--|
| School                        |                       | ·                   |  |
| Pupil Name & Address          |                       |                     |  |
| Date of Birth                 |                       |                     |  |
| Date medicine dispensed on    |                       |                     |  |
| Name and strength of medicine |                       |                     |  |
|                               |                       |                     |  |
| Date                          |                       |                     |  |
| Time given                    |                       |                     |  |
| Dose given                    |                       |                     |  |
| Name of member of staff       |                       |                     |  |
| Staff initials                |                       |                     |  |
| Observations/comments         |                       |                     |  |
|                               |                       |                     |  |
| Date                          |                       |                     |  |
| Time given                    |                       |                     |  |
| Dose given                    |                       |                     |  |
| Name of member of staff       |                       |                     |  |
| Staff initials                |                       |                     |  |
| Observations/comments         |                       |                     |  |



# INDICATION FOR ADMINISTRATION OF MEDICATION DURING EPILEPTIC SEIZURES

| Name  | D.O.B |
|---|-------|
| Initial medication prescribed:                        |       |
| Route to be given:                                    |       |
| Usual presentation of seizures:                       |       |
|   |       |
| When to give medication:                              |       |
|   |       |
| Usual recovery from seizure:                          |       |
| A ation to be talken if initial place not offer time. |       |
| Action to be taken if initial dose not effective:     |       |
|   |       |
|   |       |

This criterion is agreed with parents consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.





# **EPILEPTIC SEIZURE MEDICATION CHART**

| Name:    |           |               |                                |                  |
|----------|-----------|---------------|--------------------------------|------------------|
| Medico   | ation typ | oe and dose:  |                                |                  |
| Criteria | ı for adn | ninistration: |                                |                  |
| Date     | Time      | Given by      | Observation/evaluation of care | Signed/date/time |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |
|          |           |               |                                |                  |



# FORM 6 (2 pages)

# ANAPEN® / EpiPen®

# **EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

| Child's Name:  DOB:  Allergic to:  ASSESS THE SITUATION  |   |
|--|---|
| Send someone to get the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise that the stages described by the emergency kit, which is important to realise the emergency kit, which is impo | RIBED BELOW MAY MERGE INTO  |
| Generalised itching     Mild swelling of lips or face     Feeling unwell/Nausea     Vomiting  SEVERE REACTION      Difficulty     breathing/choking/coughing     Severe swelling of lips/eyes/face     Pale/floppy     Collapsed/unconscious   | ACTION  Give(Antihistamine) immediately  Monitor child until you are happy he/she has returned to normal.  If symptoms worsen see – SEVERE REACTION |

# **ACTIONS**



1. Get \_\_\_EpiPen®/ ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an

# 'ANAPHYLACTIC REACTION'

- 2. Sit or lay child on floor.
- 3. Take EpiPen® and remove grey safety cap.
- 4. Hold EpiPen® approximately 10cm away from outer thigh.
- 5. Swing and jab black tip of EpiPen® firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
- 6. Remain with the child until ambulance arrives.
- 7. Place used EpiPen® into container without touching the needle.
- 8. Contact parent/carer as overleaf.

| Date | Time | Given by     | Observation/evaluation of care | Signed/date/time |
|------|------|--------------|--------------------------------|------------------|
|      |      | (print name) |                                |                  |
|      |      |              |                                |                  |
|      |      |              |                                |                  |
|      |      |              |                                |                  |
|      |      |              |                                |                  |
|      |      |              |                                |                  |
|      |      |              |                                |                  |
|      |      |              |                                |                  |

Check expiry date of AnaPen® / EpiPen® every few months.



# FORM 7

# **Controlled Medication Record sheet**

This sheet must be completed every time the medication storage container is unlocked.

| Μ    | ledicat  | tion                               |  |                                   |            |                                      |                                      |
|------|----------|------------------------------------|--|-----------------------------------|------------|--------------------------------------|--------------------------------------|
|      | Pupil    |                                    |  |                                   |            |                                      |                                      |
| Do   | ate of I | Birth                              |  |                                   |            |                                      |                                      |
| Date | Time     | Names<br>of staff<br>[2<br>people] | Amount of medication in package at start | Amount of medication administered | me<br>left | ount of<br>dication<br>in<br>ntainer | Signatures<br>of staff [2<br>people] |
|      |          |                                    |  |                                   |            |                                      |                                      |
|      |          |                                    |  |                                   |            |                                      |                                      |
|      |          |                                    |  |                                   |            |                                      |                                      |
|      |          |                                    |  |                                   |            |                                      |                                      |
|      |          |                                    |  |                                   |            |                                      |                                      |
|      |          |                                    |  |                                   |            |                                      |                                      |



# **Emergency Contact Numbers**

| Mother:       |              |               |
|---------------|--------------|---------------|
| Father:       |              |               |
| Other:        |              |               |
| Signed Heac   | l teacher:   | _ Print Name: |
| Signed parer  | nt/guardian: | _Print Name:  |
| Relationship  | to child:    | _Date agreed: |
| Signed Pedic  | atrician/GP: | _Print Name:  |
| Care Plan wr  | itten by:    | _Print Name:  |
| Designation:  |              |               |
| Date of revie | ew:          |               |



# Medication given in School (note to parent/carer)

| Name of Academy     |  |
|---------------------|--|
|                     |  |
| Name of child       |  |
| Group/class/form    |  |
| Medicine given      |  |
|                     |  |
| Date and time given |  |
| Reason              |  |
| Signed by           |  |
| Print Name          |  |
|                     |  |
| Designation         |  |



# **FORM 10**

# **STAFF TRAINING RECORD – Administration of Medicines**

| Name | Job Title | Training | Date<br>Undertaken | Date<br>Refresher<br>Required | Date<br>Refresher<br>Undertaken |
|------|-----------|----------|--------------------|-------------------------------|---------------------------------|
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |
|      |           |          |                    |                               |                                 |

# **USEFUL CONTACTS**

# Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

# The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

# Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

# Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

### **Council for Disabled Children**

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

# **Contact a Family**

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

# **Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

### Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

# **Department for Education and Skills**

Tel: 0870 000 2288

Website: www.dfes.gov.uk

# Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

# Disability Rights Commission (DRC)

DRC helpline: 08457 622633 Textphone: 08457 622 644 Fax: 08457 778878

Website: www.drc-gb.org

# **Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to

4pm)

Website: www.epilepsy.org.uk

# Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

# **Health Education Trust**

Tel: (01789) 773915

Website: www.healthedtrust.com

# Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

### **MENCAP**

Telephone: (020) 7454 0454 Website: www.mencap.org.uk

# National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

# National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

### **Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm) Website: www.psoriasis-association.org.uk/