



ARNOLD LODGE
4 - 18 yrs Co-educational Independent Day School

FIRST AID & MEDICINE POLICY (including EYFS)

ARNOLD LODGE SCHOOL

Reviewed Annually

FIRST AID AND MEDICINES POLICY

REVIEW PROCEDURES

The First Aid and Medicines Policy for Arnold Lodge School is to be reviewed annually by the Headteacher.

The next review of the Policy Document will be: May 2019

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 No | Date of Issue | Incorporation Details | | |
|------------|---------------|-----------------------|-----------|------|
| | | Name | Signature | Date |
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STATEMENT OF INTENT

The Board of Directors and Headteacher of Arnold Lodge School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

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, a staff member will accompany the pupil to the school office. 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.

Arrangements

The School Healthcare Professional

The suitably qualified healthcare professional 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 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 healthcare professional.

The First Aid Team

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

| Name | Course taken | Date Taken | Renewal Date |
|-------------------|-----------------------------|------------|--------------|
| Penny Partridge | Emergency First Aid at work | April 2017 | April 2020 |
| Meagan O'Sullivan | Emergency First Aid at work | April 2017 | April 2020 |
| Janine Hyde | Emergency First Aid at work | April 2017 | April 2020 |

| | | | | |
|-----------------------|--------------------|-----------|--------------|--------------|
| Wendy Gatfield | Paediatric Level 3 | First Aid | June 2018 | June 2021 |
| Matthew James | Paediatric Level 3 | first Aid | March 2018 | March 2021 |
| Rebecca Kelsall | Paediatric level 3 | First Aid | March 2018 | March 2021 |
| Calum Tombs | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Camilla Nunn | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Charlotte Liney | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| David Preston | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Hazel Burcham | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Karl Morris | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Kate Aston | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Louise Bottrill | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Megan Ward | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Peter Gooch | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Rebecca Holly Akister | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Richard Mitchell | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Sharon Green | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Susan Lilley | Paediatric level 3 | First Aid | January 2019 | January 2022 |
| Tony Gear | Paediatric level 3 | First Aid | January 2019 | January 2022 |

Administration of medicine.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff should always ensure that dosage and administration instructions are clear and follow these. IF instructions are unclear then staff must not administer the medicine, and instead contact parents.

First Aid Boxes & Management of First Aid Equipment

Potable School first-aid boxes are coloured green and are identified by a white cross on a green background. Fixed first-aid boxes are coloured white and identified by a green cross on a white background. This conforms to the Safety Signs and Safety Signals Regulations. Each fixed box is placed where it can be clearly identified and readily accessible.

First aid Boxes can be found:

- Main Playground;
- Junior Playground;
- Main School Office;
- Kitchen (inside main door by laundry);
- Staffroom;
- Main School outside room A5 / A6;
- Food Technology room A4;
- Science block S2 laboratory;
- Science block S4 laboratory;
- Sixth Form kitchen area;
- Hall block outside room H4;
- Nursery in Prepcare;
- Alkerton building first floor inside the photocopier room;

Portable First Aid kits are taken on educational visits and are available from the Reception and the PE Office. It is the responsibility of Charlotte Liney (Office Manager) and Carl Zebrowski-Shemmans (Site Manager) to ensure the provision of materials, equipment and facilities needed for the level of cover required. This will include ensuring that first-aid equipment, suitably marked and easily accessible, is available in the agreed designated areas listed below. Where additional or replacement material or equipment is required, staff should speak to Charlotte Liney about ordering more items immediately. Janine Hyde will also ensure that all out of date items are discarded and replaced. These need to be checked on a regular basis i.e termly. Although Charlotte and Carl are responsible for maintaining and checking the first aid equipment, it is also expected that before going on duty / on a school visit etc, first aiders shall take responsibility for ensuring their first-aid box and bag contents are sufficient.

Medication

Pupils' medication is stored in:

- The School Office

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 child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note.
- Full details of the accident are recorded in our accident book
- If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Board of Directors.

- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as the employer the Board of Directors will arrange for this to be done.
- For accidents involving bodily fluids, refer to the ALS Control of Infections Policy

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 travel kit in case of need.

Administering Medicines in School

Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

Arnold Lodge School, in compliance with the DfE document: Supporting children at school with medical conditions (2014) will ensure that:

- No child under 16 will be given prescription or non-prescription medicines without written consent from parents.
- Where a parent provides non-prescription medicine for a child, this must be accompanied by a completed Form 3 and the medicine stored in the school office
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor
- The School will only accept medicines if these are in-date, labelled, 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 still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- The School will keep a record of all medicines administered to individual children

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

If a child 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 the school office.

Storage/Disposal of Medicines

Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the School office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers will be held by the school for emergency use, as per the Department of

Health's protocol.

Accidents/Illnesses requiring Hospital Treatment

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

Defibrillators

Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

The local NHS ambulance service have been notified of its location.

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 children 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.

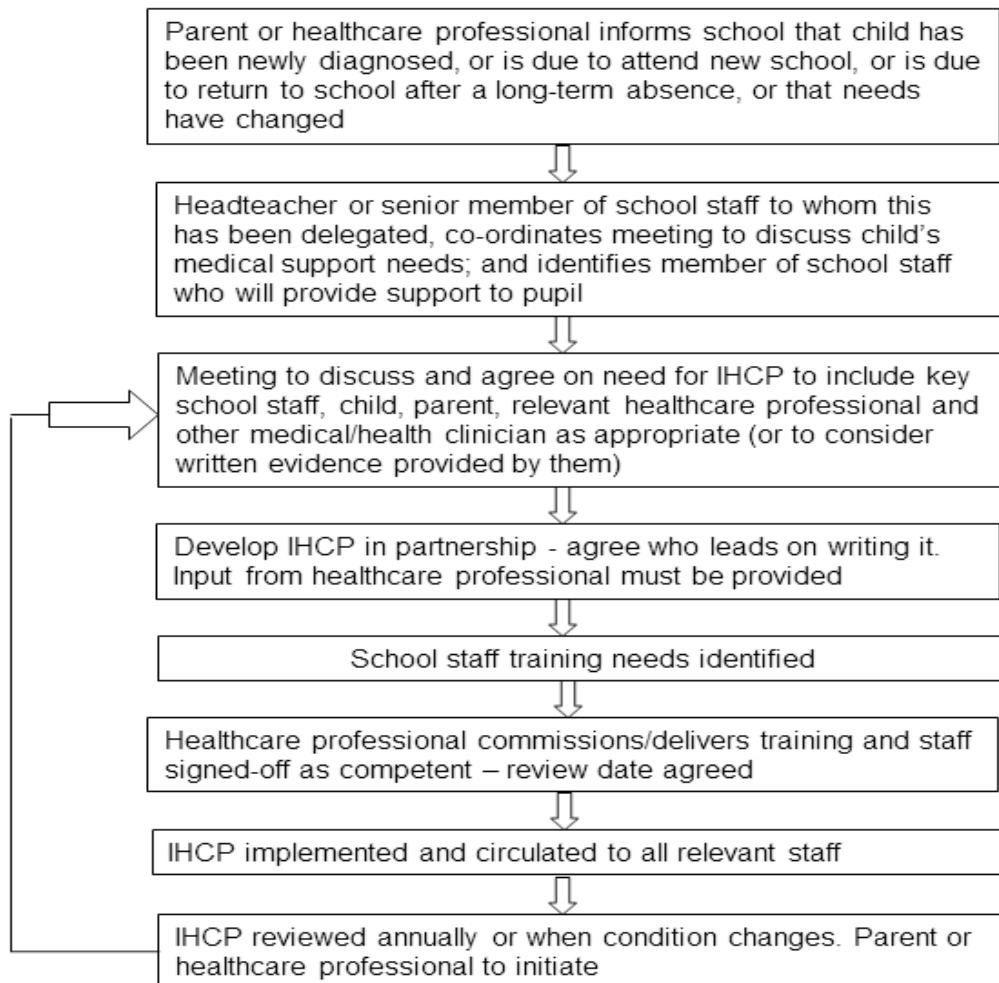
The School will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

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. For pupils with complex medical conditions, the school may request additional background information and practical training for school staff.

Procedure that will be followed when the School is first notified of a pupil's medical condition:



This will be in place in time for the start of the relevant school term no longer than two weeks after a new diagnosis or in the case of a new pupil joining the school.

Appendix

Forms

| | |
|-----------------|---|
| Form 1: | Contacting Emergency Services |
| Form 2: | Health Care Plan |
| Form 3: | Parental agreement for school to administer medicine |
| Form 4: | Record of regular medicine administered to an individual child |
| Form 5: | Indication for administration of medication during epileptic seizures |
| Form 5A: | Epileptic seizure chart |
| Form 6A: | Emergency instruction for an allergic reaction - EpiPen® |
| Form 6B: | Emergency Instructions for an allergic reaction - Anapen® |
| Form 7: | Medication given in school (note to parent/carer) |
| Form 8: | Record of staff training |

FORM I

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

01926 778050

2. Give your location as follows:

Arnold Lodge School 15-17 Kenilworth Road, Leamington Spa,

3. State that the postcode is:

CV32 5TW

4. Give exact location in the school

On the Kenilworth Road, further up from the Tennis Courts

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Form 2 - Health Care Plan

Health Care Plan for a Pupil with Medical Needs

| | | | |
|---|--|-----------------------|------------------|
| Name: | | Date of birth: | |
| Address: | | | |
| Name of School: Arnold Lodge School | | Year group/Form: | |
| Medical condition/s: | | | |
| Date of Plan: | | Review Date: | |
| Emergency contacts | Contact 1 (Parent/Guardian) | Contact 2 | Contact 3 |
| Name: | | | |
| Home Phone: | | | |
| Mobile: | | | |
| Work: | | | |
| Relationship to pupil: | | | |
| Person responsible for providing support in school: Member of staff in charge – must be first aid trained | | | |
| GP Name: | | Hospital/Clinic Name: | |

| | |
|---|---------------------------|
| GP Phone No: | Hospital/Clinic Phone No: |
| Describe medical condition and give details of pupil's individual symptoms: | |
| Name of medication: | |
| Dosage/timings: | |
| Administered by: | |
| Side effects: | |
| Daily care requirements: | |
| Specific support for the pupil's educational, social and emotional needs: | |
| Arrangements for school visits/trips etc: | |

| |
|--|
| |
| Other information: |
| |
| Describe what constitutes an emergency, and the action to take if this occurs: |
| |
| Who is responsible in an emergency: |
| |

The information contained within this plan must be treated in confidence and should be used to set up a good support system.

- An individual health care plan can help staff at Arnold Lodge School to identify the necessary safety measure to support pupils with medical needs and ensure that they and others are not put at risk.
- The health care plan is a written agreement with parents which clarifies for all concerned the help that the school can provide and receive.
- Each plan will contain different levels of detail according to the needs of the individual pupils.

Form 3

Parental agreement for school / setting to administer medicine

The school / setting will not give your child medicine unless you complete and sign this form and the school / setting has a policy that staff can administer medicine.

Date -----

Child's name -----

Group /Class / Form -----

Name and strength of medicine -----

Expiry date -----

How much to give (dose to be given) -----

When to be given -----

Any other instructions -----

Number of tablets / quantity to be given to school / setting -----

Note: Medicine must be in the original container as dispensed by the pharmacy

Daytime phone no of parent or adult contact -----

Name and phone no. of GP -----

Agreed review date to be initiated by (name of member of staff): -----

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to school / setting staff administering medicine in accordance with the school / setting policy. I will inform the school setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: ----- Print name: -----

If more than one medicine is to be given a separate form should be completed for each one

Form 4

Record of medicine administered to an individual child.

Child's name _____
 Date medicine provided
 by parent _____
 Group /Class / Form _____
 Quantity received _____
 Name and strength of medicine _____
 Expiry date _____
 Quantity returned home and date _____
 Dose and frequency of medicine _____
 Staff signature _____
 Parent signature _____

| | | | |
|-------------------------|-----------------|-----------------|-----------------|
| 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 | _____ | _____ | _____ |

Form 4 (continued)

| | | | |
|-------------------------|-------------|-------------|-------------|
| | | | |
| 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 | _____ | _____ | _____ |
| | | | |
| 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 | _____ | _____ | _____ |
| | | | |

| | | | |
|-------------------------|-------------|-------------|-------------|
| 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 | _____ | _____ | _____ |
| | | | |
| 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 | _____ | _____ | _____ |

FORM 5

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

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.

FORM 5B

Authorisation for the administration of rectal diazepam

Child's Name: -----

Date of birth: -----

Group /Class / Form -----

Child's Address -----

GP -----

Hospital consultant -----

----- (name of child) should be given Rectal Diazepam
----- mg. If he / she has a *prolonged epileptic seizure lasting over ----- minutes.

OR

*serial seizures lasting over ----- minutes.

An ambulance should be called for *at the beginning of the seizure.

OR

If the seizure has not resolved *after ----- minutes.

(*please delete as appropriate)

Doctor's signature: -----

Parent's signature: -----

Print Name: ----- Date: -----

NB: Authorisation for the Administration of Rectal Diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, consultant and / or Epilepsy Specialist Nurse and reviewed regularly. This secures the medicine is administered appropriately.

The authorisation should clearly state:

when the diazepam is to be given e.g. after 5 minutes; and

how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



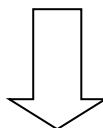
ACTION

- Give _____ (Antihistamine) immediately

- Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ EpiPen® 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.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Pediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

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

Check expiry date of EpiPen® every few months

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

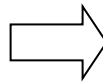


ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



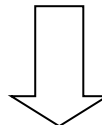
ACTION

- Give _____ (Antihistamine) immediately

- Monitor child until you are happy he/she has returned to normal.

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ 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. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

FORM 7

Medication given in School (note to parent/carer)

Arnold Lodge School

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

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/

