

## Pupil Emergency Procedure Plan (Non-routine health need)

This plan will be a procedure plan for staff to follow in a specific emergency for pupils who do not require routine medical or health care support but who require specific steps to be followed in the event of a specific emergency. This refers to a situation where universal support will not suffice, e.g., accessibility exiting the building ensuring medication or equipment is gathered, in the instance of a fall or a hard hit where a child has a rare condition and medication is immediately required or specific or unusual circumstances for a pupil, where an ambulance must be called.

<p><b>Background</b>          Details of pupil's condition          Details of risks or situations where these procedures should be followed          Details of signs to look out for          Details of how the pupil may present during or after this event.</p>	<p><b>MY PLAN</b>          Name:          DoB:</p>	<p><b>In the event of an (name of incident)</b>          Example of how this could be used in the event of a seizure:</p> <ul style="list-style-type: none"> <li>➤ Remain calm</li> <li>➤ Send notification to office – other staff will come to support</li> <li>➤ Evacuate other children to a safe space, e.g., gym hall</li> <li>➤ Clear area around (name) is free from harm</li> <li>➤ If possible, loosed an tight clothing</li> <li>➤ Lie (name) on floor in recovery position, tilting their head slightly back an allow (name) body to move freely during seizure</li> <li>➤ Record time and duration of seizure</li> <li>➤ Stay with (name)</li> <li>➤ Once the seizure stops, allow (name) to rest, and recover.</li> <li>➤ Call parent/carers when it is possible</li> </ul>
<p><b>Prevention Strategies</b>          Procedures to follow to prevent further risk, in the event of any warning signs          What to look out for or be aware of.</p>	<p>INSERT CHILD'S PHOTO HERE</p>	<p><b>Call for help (999) if:</b></p> <ul style="list-style-type: none"> <li>➤</li> <li>➤</li> </ul>
<p><b>Signature</b>          Parent/Carer signature:          Date:</p>		

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**Record – Please keep a record of any incidents so they can be shared with health professionals.**

Date	Incident	Help called for (Yes/No)	Staff Signature