Supporting Students with Medical Conditions Policy

Spring Term 2025

Version	Date	Details
1.0	March 2025	See details of version changes table

Date policy last reviewed: **Autumn 2024**

Policy Lead: **D Denny**

Signed by:

Principal Date: 8 April 2025

Chair of Governors Date: 8 April 2025

Holyhead
Teach What Matters

Details of the Changes

Page No	Section, if applicable	Details of the change/amendment etc
	1	Statement of Intent has been added.
	4	Addition to roles and responsibilities
	6.1	Addition to record-keeping
	7	Addition to training
	10.1	Addition to prescribed medication
	10.5	Addition to self-management of medication
	11.1, 11.3, 11.4 11.5	Addition to Prescribed Medicines, Non-prescribed Medicines Administering Medicines Addition and deletion in Self-Management of Medicine
	14	Addition of section: Defibrillators

1. Statement of Intent

Holyhead School has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education including school trips and PE and achieve their full academic potential.

Holyhead School believes it is important that parents of students with medical conditions feel confident that the school provides effective support for their child's medical condition and that students feel safe within the school environment.

Some students with medical conditions may be classed as disabled under the definition set out by the Equality Act 2010. The school has a duty to comply with the act in all such cases. In addition, some students with medical conditions may also have SEND and have an EHC Plan in place collating their Health, Social, and SEND provision. For these students, the school's compliance with the DfE's 'Special Educational Needs and Disability code of practice: 0-25 years and the schools' special educational needs and disabilities policy will ensure compliance with legal duties.

To ensure that the needs of students with medical conditions are fully understood and effectively supported we consult with health and social care professionals, students and their parents.

2. Aims

The aims of our supporting children with medical conditions policy are to:

- Ensure the health and safety of all staff, students and visitors.
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

3. Legislation and guidance

3.1 This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, including but not limited to the following:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, by qualified first aid personnel.

- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees.
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.
- The Education (Independent School Standards) Regulations 2014, which require that a suitable space is provided to cater for the medical and therapy needs of students.

3.2 This policy complies with our funding agreement and articles of association.

3.3 This policy operates in conjunction with the following school policies.

- Complaints Policy
- Health and Safety
- Safeguarding and Child Protection Policy
- Special Educational Needs Policy
- Keeping Children Safe in Education
- Educational Visits
- Whistle Blowing Policy
- Safer Recruitment

4. Roles and responsibilities

4.1 Appointed person(s)

The school's appointed person, Ikra Tabassum, is responsible for:

- Taking charge when someone is injured or becomes ill.
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- First aiders are trained and qualified to carry out the role (Appendix 1) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.
- Sending students home to recover, where necessary.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date.
- Our school's trained first aiders are listed in Appendix 1. Their names will also be displayed prominently around the school.

4.2 The Local Academy Governing Board

The Local Academy Governing Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the principal and staff members.

The Local Academy Governing Board will be responsible for:

- Fulfilling its statutory duties under legislation
- Ensure that arrangements are in place to support students with medical conditions.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements that are made to support students and sets out the procedures to be followed whenever the school is notified that a student has a medical condition.
- Ensuring that the school's policy covers the roles of individual healthcare plans and who is responsible for their development in supporting students at school with medical conditions.
- Ensuring that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

4.3 The Principal

The Principal is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of first aid personnel are present in the school at all times.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of

students.

- Reporting specified incidents to the HSE when necessary (see section 7)

4.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called.
- Informing the Principal or their Line Manager of any specific health conditions or first aid needs.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.

4.5 Parents

Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up to date information about their child's medical needs.
- Being involved in the development and the review of their child's IHP/IHCP.
- Carrying out any agreed actions contained in the IHP/IHCP.
- Ensuring that nominated contacts are contactable at all times.

4.6 Students

Students are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP/IHCP, if they have one, where applicable.
- Being sensitive to the needs of students with medical conditions.

5. First aid procedures

5.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until

help arrives.

- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the Lead First Aider will contact the Head of Year and parents immediately.
- The first aider will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

5.2 Off-site procedures

When taking students off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of students
- Parent/carer contact details

Risk assessments will be completed by the trip organizer prior to any educational visit that necessitates taking students off school premises.

A first aider will accompany the trip where possible.

6. First Aid equipment

6.1 A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Medical waste bag

6.1.1 No medication is kept in first aid kits.

6.2 First aid kits are stored in:

- First aid room
- SPACE
- Faculties where necessary- Science, Art and Food and Nutrition
- The school kitchens
- School vehicles

These kits are checked and re-stocked on a monthly basis.

7. Record-keeping and reporting

7.1 First aid and accident record book

The incident is recorded as soon as possible ideally on the same day after an incident which has resulted in an injury. As much detail should be provided regarding the injury with a copy of the incident reporting slip given to the child. The incident will also be logged onto Arbor by the First Aider/Medical Officer. Parents will be informed of any injury and if needed will be asked to collect the child from school. If a child has had a bump to the head they will be monitored and provided with a bump to head letter for parents (appendix 5), if they are presenting with any signs listed parents will be asked to collect their child from school.

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

7.2 Reporting to the HSE

The Health and Safety officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7) and keep the Vice Principal for Safeguarding and the Principal regularly informed of recordings.

- They will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.
- Reportable injuries, diseases or dangerous occurrences include: Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes.
    - Amputations.
    - Any injury likely to lead to permanent loss of sight or reduction in sight.
    - Any crush injury to the head or torso, causing damage to the brain or internal organs.
    - Serious burns (including scalding).
    - Any scalping that requires hospital treatment.
    - Any loss of consciousness caused by head injury or asphyxia.
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or

admittance to hospital for more than 24 hours

- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital.
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment.
    - The accidental release of a biological agent likely to cause severe human illness.
    - The accidental release or escape of any substance that may cause a serious injury or damage to health.
    - An electrical short circuit or overload causing a fire or explosion.
- The medical officer/first aider will inform parents/carers of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

7.3 **Reporting to Ofsted and child protection agencies**

- The Vice Principal for Safeguarding will notify the Principal of any serious accident, illness or injury to, or death of, a student while in the school's care.
- The Principal will contact the relevant staff at the Local Authority, school and governor support. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

8. Training

8.1 All school staff are able to undertake first aid training if they would like to.

8.2 All First Aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 2).

8.3 Staff are encouraged to renew their first aid training when it is no longer valid.

8.4 Training to support students with medical needs and understanding of the specific medical conditions, their implications and preventative measures. The relevant healthcare professional will lead on identifying the type of level of training required. Staff will not undertake any healthcare procedures or administer medication without appropriate training, the parents of students with medical conditions will be consulted for specific advice and their views are sought where necessary but they will not be used as sole trained.

9. Children with health needs who cannot attend school

9.1 Suitable education is arranged for students on roll who cannot attend school due to health needs.

9.2 The school will make arrangements to deliver suitable education for children with health needs who cannot attend school, if the school cannot make these arrangements then the Local Education Authority will become responsible for these children. The school will work constructively with the parents, the LEA and relevant health services to ensure the best possible outcomes for the student and be effective so that the student can be reintegrated back into school successfully.

9.3 The student will be able to access the same curriculum and materials as they would have used in school as far as reasonably possible. This is to enable the student to stay up to date with lessons and be invited to events.

10. Supporting students with medical conditions

10.1 Parents/carers

Parents/carers will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- be involved in the development and review of their child's IHCP
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

10.2 Students

- Students with medical conditions should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

10.3 School

- School will ensure that students' IHCPs are accessible through Arbor and updated on an annual basis to ensure staff have access to relevant information to support students with medical needs.

10.4 School nurses and other healthcare professionals

- Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHCP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the

school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHCP.

10.5 Equal opportunities

- Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

- The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

11. Administration Of Medicines In School

11.1 Prescribed Medicines

- Medicines should only be brought into Holyhead School when essential; that is where it would be detrimental to the student's health if the medicine was not administered during the school day. Students under the age of 16 years old will not be given prescription or non-prescription medication without their parents' written consent, except where the student has been prescribed medication without the parents knowledge in which case the student would be encouraged to involve their parents whilst respecting their right to confidentiality.

- Holyhead School will only accept medicines that have been prescribed by a Doctor, dentist, nurse prescriber, or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

- Parents/Guardians need to complete a 'parental agreement for school to administer medication' form (Appendix 3) when leaving medication in school.

- All medicine provided by parents will be securely stored in a locked cabinet in the First Aid room. It is the responsibility of the parent/care to ensure that medicines are in date, the Medical Officer will inform parents/carers as and when medicine is out of date.

11.2 Controlled Drugs

Holyhead School will not look after prescribed medicines that are scheduled under the Misuse of Drugs Act. Students who require a controlled drug must be prescribed one that does not require administration during the school day.

11.2.1 Non-prescribed Medicines

Parents must give written permission to a named member of staff prior to any medicine being administered. Staff should never give non-prescribed medicine e.g. paracetamol to a student. In such cases only one dose should be given to a student during the school day. Details of the medicine administered must be recorded. A student under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

11.2.2 Administering Medicines

Normally medicines will be kept under the control of the Medical Officer unless other arrangements are made with the parent. 'The Record of Administered medicines to Students' as at Appendix 4 will be kept in the First Aid room in a locked cabinet along with the medicines. This must be completed every time that medicine is administered to students. Before giving a child medication verbal consent must be taken from parents.

When a student refuses medicine the parent will be informed, where practical, the same day.

Holyhead School will make all reasonable adjustments to ensure that students may take a full part in all aspects of the curriculum. Where a student requires medication to be administered on a trip or visit, it is the responsibility of the trip or visit organiser to assess the practicalities of administering such medicine as is required.

11.2.3 Self-Management of Medicine

Students are supported and encouraged to take responsibility for managing their own medicines from an early age. Students may carry EpiPens and inhalers where appropriate, provided parental content has been obtained.

Spare inhalers and EpiPens are stored in the First Aid room for students in preparation for the event that the original is misplaced, unavailable or not working.

12. IHP/IHCPs

12.1 For students with chronic or long-term conditions and disabilities, an IHP/IHCP will be developed in liaison with the student, their parent/carer and any relevant medical professionals. This is then shared with the schools' medical officer.

12.2 When deciding what information should be recorded on an IHP/IHCP, the following will be considered.

- The medical condition and its triggers, signs, symptoms and treatments
- The student's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
- The specific support needed for the student's educational, social and emotional needs
- the level of support needed and whether the student will be able to take responsibility for their own health needs

- The type of provision and training that is required, including whether staff can be expected to fulfill the support necessary as part of their role
- Which staff members need to be aware of the student's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfill the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

13. Educational trips

13.1 In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and students. This may include students carrying their medication themselves, where possible and apportioned.

13.2 If the medication is a type that should not be carried by students, or if they have complex needs that means they cannot self-administer, the medication will be carried by a designated member of staff for the duration of the trip or activity.

13.3 There will be at least one staff member who is trained to administer on every out-of-school trip or visit which students with medical conditions will attend. Staff members will ensure that they are aware of any students who will need medication administered during the trip or visit, and will ensure that they know the correct procedure e.g. timing and dosage, for administering their medication.

14. Defibrillators

14.1 The school has four defibrillators around the school, located:

- First Aid room
- Outside the MBC
- In the Sports Hall
- Staff Room

14.2 All AED's are in an unlocked cabinet except for the one outside Martin Bayliss Centre (MBC), the code has been circulated to all members of staff. All staff are aware of the location of the AED's and what to do in an emergency. No training will be needed to use the AED, as voice/or visual prompts will guide the rescuer through the entire process from when the device is switched on. First aiders will be trained in CPR and AED use as part of their qualification.

14.3 Maintenance checks are carried out on the AED's on a monthly basis by the Medical Officer who will also keep an up-to-date record of all checks and maintenance work.

15. Monitoring arrangements

15.1 This policy will be quality assured once a term by the Senior DSL and reviewed by the Vice Principal for Safeguarding annually.

15.2 Records of medication administered (appendix 4) on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

15.3 Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary.

15.4 The policy will be approved by the Principal and the Local Academy Governing Board every 3 years.

Policy Lead: D Denny

Appendix 1: List of Trained First Aiders

Name	Role/Faculty	Qualification	Expiry
Ikra Tabassum	Medical Officer/ Student Support	First Aid at Work	Nov 2027
Tim Watson	Medical Officer	Paediatric/First Aid at work	Jan 2027
Dan Wright	Vice Principal	DofE First Aid	July 2024
Jesse Mohr	Director of Learning- Science	Paediatric/First Aid at work	July 2025
Jay Lionga	The Link Manager	Paediatric/First Aid at work	July 2025
Rohima Akhtar	HLTA / SEND	Paediatric/First Aid at work	July 2025
Mohammed Tariq	Director of Learning- Maths	Paediatric/First Aid at work	July 2025
Muj Rahman	Maths	Paediatric/First Aid at work	July 2025
Pam Davies	Food and Nutrition	Paediatric/First Aid at work	July 2025
Andrine Porter-Cuff	SEND	Paediatric/First Aid at work	July 2025
Lucy McKinney	Subject Lead- Health and Wellbeing	Paediatric/First Aid at work	July 2025
Aniesha Garawal	Head of Year 10	Paediatric/First Aid at work	July 2025
Andrew Lane	Humanities	Outdoor First Aid	July 2026
Cat Gill	Director of Learning- Health and Wellbeing	Paediatric/First Aid at work	Jan 2027
Wendy Hopkins	Catering Manager	Paediatric/First Aid at work	Jan 2027
Josh Prentice	PE	Paediatric/First Aid at work	Jan 2027
Tina Dubb	Subject Lead- ICT and Computer Science	Paediatric/First Aid at work	Jan 2027
Tina Edwards	Head of Year 7	Paediatric/First Aid at work	Jan 2027
Fesar Khan	Director of Sixthform	Paediatric/First Aid at work	Jan 2027
Martin Mills	Head of Year 12	Paediatric/First Aid at work	Jan 2027
Curtis Goodison	Humanities	Paediatric/First Aid at work	Jan 2027
Moe Bahar	Finance Assistant	Paediatric/First Aid at work	Jan 2027
Mel Fry	PE	Paediatric/First Aid at work	Jan 2027
Lorraine Glass	Cleaning Supervisor	First Aid at Work	Jan 2027
Stewart Hackett	Senior Site Supervisor	First Aid at Work	Jan 2027

Appendix 2: Training Schedule

Name/Type of Training	No. of Members of Staff who Attended	Date Attended	Date for Training to be updated
First Aid at Work	1	November 2024	November 2027
First Aid at Work	3	January 2024	January 2027
Paediatric/First Aid at Work	12	January 2024	January 2027
Outdoor First Aid	1	July 2023	July 2026
Paediatric/First Aid at Work	10	July 2022	July 2025
Asthma	All staff	6th September 2023	September 2025
Anaphylaxis	All staff	6th September 2023	September 2025
Diabetes	All staff	7th September 2023	September 2025
Epilepsy	All staff	7th September 2023	September 2025
Epilepsy	5	21st March 2025	
Administering Buccolam Midazolam	5	21st March 2025	March 2026

Appendix 3: Parental Agreement for the School to Administer Medicine

Parental Agreement for the School to Administer Medicine

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

Administration of medication form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine

Name and/or type of medicine *(as described on the container)*:	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and/or other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Yes/No:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I will personally deliver the medicine to:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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.

Signature Date

Appendix 4 - Record of All Medicines Administered to Pupils

Holyhead
Teach What Matters

Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix 5 - Proforma Letter to Parent/Carer

Holyhead
Teach What Matters

Dear Parent / Guardian,

Name……

Your child has had an accident at school today at approximately……am/pm

He/she received a bump to the head and after being treated by a qualified first aider, they have been monitored for the rest of the day

Details……

……

It is important that you check for any signs or symptoms over the next few hours which may indicate a more serious injury.

If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111 / 0845 4647

Signs to Watch for After a Head Injury:

- Persistent or Worsening Headache: A headache that continues or intensifies more than six hours after the injury.
- Drowsiness or Extreme Fatigue: Difficulty staying awake, or excessive sleepiness hours after the injury. It's generally safe for children to sleep after a mild head bump, but they should be checked frequently to ensure they can be easily awakened.
- Nausea and Vomiting: Persistent nausea or vomiting occurring several hours post-injury.
- Loss of Consciousness: Any period of unconsciousness or a coma.
- Uneven Pupil Size: Noticeable difference in the size of the pupils.
- Confusion or Dizziness: Feeling disoriented, lost, or dizzy, or having trouble speaking coherently.
- Fluid Leakage: Pale yellow fluid or watery blood coming from the ears or nose, which may indicate a skull fracture.
- Uncontrolled Bleeding: Bleeding from the scalp that doesn't stop quickly.
- Weakness or Paralysis: Inability to move a part of the body, such as weakness in an arm or leg.
- Vision Problems: Difficulty seeing clearly or experiencing double vision.
- Slurred Speech: Difficulty speaking clearly.
- Seizures: Experiencing a seizure or fit.

These symptoms may indicate a serious head injury and require immediate medical attention. Please be aware that symptoms can develop days, or sometimes weeks after the initial accident.