

First Aid and Medication Policy		Associated Policies
<b>Last reviewed</b>	January 2024	Administration of medicines policy
<b>Next review</b>	<b>January 2027</b>	Intimate Care Procedures
<b>Gov. sub-committee</b>	Health and Safety	Health and Safety Policy
<b>Owner</b>	Bursar	Records Retention Policy

The provisions in this policy apply to all aspects of the School including EYFS, Breakfast and After School Clubs, Holiday clubs, trips and extra-curricular clubs.

This policy has been written with due regard to the DfE’s document [“First Aid in schools, early years and further education”](#) and DoH’s [“Guidance on the use of adrenaline auto-injectors in schools”](#).

Aims.....	2
Roles and Responsibilities.....	2
Record Keeping and Reporting Accidents.....	2
First Aiders in School.....	3
First Aid Resources in School .....	3
Automated External Defibrillator.....	3
Accidents and Emergencies .....	4
Other Injuries at School .....	4
Hygiene in School.....	4
Infectious diseases .....	5
Sickness and Diarrhoea .....	5
Measles .....	5
Scarlet Fever.....	5
Allergies/ Dietary needs.....	5
Asthma .....	5
Anaphylaxis .....	5
Medication (see also Administration of Medicines policy).....	6
Pupils with Individual Health Care Needs.....	7
Appendix 1 Accident Form.....	8
Appendix 2 Head Bump Note.....	9
Appendix 3 Calpol Administration .....	10
Appendix 4 Health Care Plan .....	11
Appendix 5 Medicine form .....	14
Appendix 6: USE OF SALBUTAMOL INHALER .....	16
Appendix 7: USE OF EMERGENCY ADRENALINE AUTO-INJECTOR .....	17

## **Aims**

Richmond House School is committed to ensuring the highest standard of care possible is available to all members of the School community. We aim to provide immediate first aid care in order to promote safety and wellbeing.

## **Roles and Responsibilities**

It is the responsibility of all pupils to alert a member of staff about any injury or accident and to seek first aid assistance for themselves or for others.

It is the responsibility of all staff to ensure they follow the guidance in this policy in dealing with sick or injured children, staff or visitors. When dealing with injuries, it is everyone's responsibility to complete the accident forms and/or bumped head notes and report these to the office. It is everyone's responsibility to alert the office if any first aid supplies need replenishing.

It is the responsibility of the School Administrator, to ensure the first aid boxes are maintained and well stocked. Regular checks should take place over the course of the year. The office will keep a file of all accident report forms which includes a record of all first aid administered to pupils or staff.

Head bump forms are completed by staff for a pupil to take home and the office will also send a text home with any head bump form issued. Two members of the office staff attend the extended offsite course, all other office staff attend the onsite training course. Under the guidance of the Bursar, the office will contact RIDDOR/HSE as appropriate.

It is the responsibility of the Bursar to organise staff training, and with the School Administrator, to keep a record of this.

Staff - Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Any staff medication must be securely stored at all times.

It is the responsibility of the Headteacher to ensure that the guidance in the First Aid Policy is understood by all staff and to monitor its implementation efficacy. The Headteacher is also responsible for the review of the first aid policy.

In cases where a pupil is unwell in school, it is the responsibility of the School (through consultation between office staff and the class teacher) to determine whether the pupil is well enough to remain in school or not.

## **Record Keeping and Reporting Accidents**

Following any significant accident in school including all head injuries to pupils, an accident report form should be completed by the member of staff who dealt with the incident and handed to the School office. A bumped head note should be completed which is sent home to parents accompanied by a text or phone call where needed. These forms are kept in the accident file which is kept in the school office and maybe used to help the School identify any accident trends, to identify first aid needs, or used for any insurance or investigation purposes.

In accordance with HSE and RIDDOR recommendations, the following major accidents must be reported if they injure either the School's employees during an activity connected with work, or a self-employed person whilst working on the premises;

- Accidents resulting in death or major injury
- Accidents which prevent the injured person from doing their normal work for more than five days

## First Aiders in School

The Health and Safety (First Aid) Regulations 1981 require trained First Aiders to be present in the workplace. There will always be at least one trained first aider on site during the school day, including at least one person who is trained in Paediatric First Aid for children in EYFS. There will be at least one qualified first aider accompanying any school trip.

All staff who work in Early Years will have a current Paediatric First Aid certificate within the first three months of employments. There is always a member of staff with suitable First Aid training during the school day. Staff dealing with incidents should ensure the supervision of other children is not compromised whilst they administer any necessary treatment and additional staff support should be summoned when required.

The School has at least two members of staff who have completed Suitable First Aid at Work training courses. The main duties of the first aiders are to

- Give immediate help to actualities with common injuries
- When necessary, ensure an ambulance or other professional help is called
- Keep a record of all first aid and inform parents when necessary.

In addition, all teachers and teaching assistants undergo an “Emergency First Aid at work” training course. This training helps staff to cope with an emergency and improves their confidence in knowing what to do. It does not give qualified First Aider status.

In addition, for pupils with particular medical conditions, information on their condition is collated on acceptance of a place and ongoing, and communicated to relevant staff. Specific and specialist training will be given to staff as is deemed necessary. This covers conditions such as Epilepsy, Asthma, Diabetes and Anaphylaxis.

A list of members of staff who are qualified first aiders or Paediatric first aiders and those who are trained appointed persons is displayed on noticeboards in School.

## First Aid Resources in School

The School has a First Aid room next to the school office. There is a lockable First Aid cabinet that holds basic medication for pupils and staff. Specific medication sent in by a parent is stored in the cabinet or in the fridge in the office. Specific medication should be accompanied by a form completed and signed by a parent detailing the medicine, dosage and frequency. The key to the cabinet is held in the First Aid room, kept out of reach of children. The fridge also contains cold packs. Spare medication for pupils who suffer from specific conditions are also stored in the First Aid Cabinet. Pupils with conditions such as asthma, maybe responsible for their own medication if they are deemed responsible enough by the School and parents.

First Aid kits for off-site activities are also kept in the first aid room and these are collected by the person in charge of the trip/visit. It is the responsibility of the Office Administrator to keep these kits replenished, but the user should also check the kit before taking it off site and alert the office of any issues regarding the contents of these kits.

**First Aid kits are located in the Office, each mini bus, Pavilion, Gym, Dining Room, Nursery, Reception 1 and Reception 2, Science/ DT room, Art room, Staff room, Upper School, kitchen, Yurt, and the Red Brick Pavilion. If they are stored in a cupboard, they are clearly marked with a red cross.**

All items used in the treatment and clearing up of slippage must be disposed of safely, either in the yellow cabinet in the First Aid room for sharp or contaminated products, or using the toilet or washbasin. In cases of sickness, sand is available and the caretaking staff should be made aware immediately so any areas can be cleaned thoroughly.

### Automated External Defibrillator

An Automated External Defibrillator is located on the wall in the School Office. It is kept fully equipped and is checked monthly. Batteries are replaced every five years. The AED contains 2 sets of pads clearly labelled ADULT and PAEDIATRIC. Training on use of the defibrillator is included within regular First Aid training for staff.

## Accidents and Emergencies

All staff have a duty of care to assist a child or adult suffering an injury or accident.

Step 1 – to deal with the casualty, be patient and calm and to administer first aid as appropriate. Do not apply lotions or creams just use water to wash.

Step 2 – if further treatment required, send the patient to the First Aid room at the school office, accompanied by another pupil or member of staff. If patient is unable to go to the First Aid room, the office should be called and a First Aider should go to the patient.

Step 3 – the decision to call an ambulance will vary from case to case. The First Aider will decide whether to seek further help and/or call an ambulance. Staff are strongly advised to call an ambulance if

- The casualty appears not to be breathing, having chest pains or struggling for breath
- They have a severe injury which is bleeding profusely and cannot be stopped with direct pressure on the wound
- The casualty is unconscious or unaware of what is going on around them or experiencing weakness, numbness or difficulty in speaking
- The child has a fit for the first time even if they seem to recover from it later, or someone has a fit or seizure for longer than 3 minutes.
- The casualty has a severe allergic reaction; administer the Adrenaline auto injector (if they have one) and then phone the ambulance.
- The casualty has suffered a burn that needs a dressing.
- The Casualty has fallen from a height or been hit by something travelling at speed and may have suffered a spinal injury.

Call 999, give the school address and postcode **170, Otley Road, Leeds, LS16 5LG**. The back entrance to the school is **LS16 5NJ**. The Office should be informed as soon as an ambulance has been called to ensure the most appropriate person is waiting to direct the ambulance on arrival.

In these circumstances, the next of kin is informed immediately. Details of a pupil's GP should be taken from their file and given to the member of staff who accompanies the child to the hospital.

## Other Injuries at School

All injuries and accidents are reported using the accident forms (Appendix 1 Accident Form) and kept in the accident file in the office. All pupils who bump their head will be given a Head Bump note (Appendix 2 Head Bump Note<sup>2</sup>) to take home and a text home to also alert of the bump.

As a courtesy to parents and to avoid shock on collection, any injury to the head, face or something unusual (for example a bite) should be reported to the parents even if no further action is required. Where an illness or injury is reported to parents by phone call due to its unusual nature, this should be accompanied where relevant with a photograph of the affected area to be sent to parents via Class Dojo.

## Hygiene in School

All staff are advised to take precautions to avoid infection and must follow basic hygiene procedures. Single use disposable gloves are kept in first aid kits and the First Aid room.

Soiling – children will be given clean items and directed to a private place to change their garments when appropriate. Help may be given to the youngest children. Soiled clothing will be placed in a plastic bag for home laundering. On occasions, parents may be asked to collect their child from school. (See Intimate Care Procedures)

## Infectious diseases

Any infectious diseases or parasites discovered at the School will be notified to parents and, where appropriate, an email or a text will be sent to alert all parents and staff as soon as possible from discovery/notification.

Regarding illness and infections Richmond House School follows the government guidance on infection control within a school environment: [Public health guidance on infection control in schools and other childcare settings](#).

### Sickness and Diarrhoea

The Health Protection Agency Guidelines state that “ *All cases of diarrhoea and/or vomiting should be regarded as potentially infectious and should normally be excluded from work, school or other settings until 48 hours after the person is free from diarrhoea and/or vomiting.* ”

Anyone experiencing diarrhoea or vomiting must remain at home until 48 hours after the last episode of illness. Any pupil suspected of having an infectious or contagious disease whilst attending School will be isolated and the parents will be informed and asked to collect the pupil.

### Measles

In cases of Measles, affected persons must remain away from School for at least four days from the onset of the rash. Any confirmed or suspected case of measles should be reported to the School immediately. In cases of a measles outbreak, the School will follow UK Health & Security Agency advice.

### Scarlet Fever

In cases of Scarlet Fever, affected persons must remain away from School until at least 24 hours after commencing appropriate antibiotic treatment. Any confirmed or suspected case of Scarlet Fever should be reported to the School immediately. In cases of a Scarlet Fever outbreak (two or more linked cases), the School will follow UK Health & Security Agency advice.

## Allergies/ Dietary needs

All pupils with any special dietary needs are recorded on the school management system (SIMS) and a list is kept in the school office and in the dining room. Pupils wear badges which are kept in the dining room when having lunch. A list of pupil's dietary and medical needs, is available for all staff on the network 'P' Drive.

### Asthma

A Healthcare plan (Appendix 3) should be in place.

- Parents to provide an inhaler
- A Medicine In School form needs to be completed (appendix 4)
- Inhalers to be kept in the school first aid room unless the pupil is deemed responsible enough to look after and administer their own.
- The School holds two spare Salbutamol Inhalers in case of emergency. Parents need to give their consent for Richmond House School to use these (appendix 5).
- Inhalers should be collected from the office for all strenuous events and trips.

### Anaphylaxis

The School aims to protect the children at risk by using the following procedures

- Parents should provide an up to date Allergy action plan and an Individual Healthcare Plan (appendix 3) for their child. It is the parents' responsibility to ensure their son/daughters Adrenaline Auto-Injectors (AAI) have not expired and that the allergy action plan is up to date (see end of policy for allergy action plans)
- A consent form for treatment is signed by parents
- It is recommended that a pupil has two AAI's within the school
- The AAI's are kept securely in an unlocked cupboard in the first aid room in the main office of the School. They

are clearly marked with the name of the child and expiry date.

- The School holds two spare AAI's in case of emergency. Parents need to give their consent for Richmond House School to use these (appendix 6)
- The School endeavours to be a nut free environment .The School catering team provide nut free products in all school meals. Children are not permitted to bring into school or take on school trips any products containing nuts.

Awareness of anaphylaxis is promoted through School and used in staff training as required.

### **Procedures in the event of an anaphylactic reaction**

- 1 Ask someone in the office to dial 999 and call an ambulance, giving the pupil's name and informing them that he/she is suffering an Anaphylactic Reaction
- 2 Alert the Office to ensure they organise a member of staff to wait for the ambulance to arrive and direct them to the casualty
- 3 Call the pupil's parents and inform them
- 4 Staff will follow the pupil's allergy action plan administering the Adrenaline auto injector. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.
- 5 A second dosage will be given after 5 minutes if the ambulance has not arrived and his/her condition has not improved.

### **The Adrenaline auto injector treatment**

A member of staff in each year group and on any trip will have been trained in how to use the adrenaline auto-injector. Staff should follow the allergy action plan found in each pupil's auto-injector box which is kept on the shelf in the first aid room, or taken out on any trip/visit.

In the event of the child having an allergic reaction and if the Adrenaline Auto-Injector is unusable, RHS holds two spare adrenaline auto injectors for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

If someone appears to be having a severe allergic reaction (anaphylaxis), call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

### **Medication (see also Administration of Medicines policy)**

- All oral medication should be handed in to the school office, providing clear instructions for administering. Only prescribed medication by a doctor, dentist nurse or pharmacist can be administered by the School.
- A "Prescription Medicine in School" form (appendix 4) must be completed and signed by the parent, and the medicine, in its original packet/container, must be marked with the pupil's name and given to the Office staff.
- The form teacher will be informed so that the pupil can be sent to the Office at the appropriate time for the medication.
- Paracetamol (Calpol) will be administered by the Office staff and EYFS staff. Parents are asked to complete a 'Calpol permission slip' when the pupil starts school. This slip is held on record with the pupil's file. If Calpol is to be administered, parents will be telephoned to ensure that the pupil has not already had a dose and to ask for permission. If the School is unable to seek permission, if the pupil has been in school for more than four hours, the Office staff will refer to the permission slip and follow up with a telephone call. A log of administered Calpol is held in the First Aid room (Appendix 3 Calpol Administration).

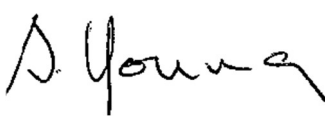
- All creams and lotions have to be handed into the Office on arrival into school, with the child's name clearly labelled. Pupils must apply the creams themselves wherever possible.
- Sun Cream should be applied at home and we recommend once-a-day cream. Sun cream brought into school should be labelled and handed into the form teacher, who will remind pupils to apply at lunchtime. Nursery staff will administer the pupils' own sun cream to Nursery children, upon receiving written authorisation from parents.
- All cuts and bruises should be cleaned with water only.
- Individually wrapped sterile adhesive dressings are safe to use **provided** that they are **not** used on anyone who may suffer an allergic reaction to certain types of plaster. Hypoallergenic plasters should be used. First aiders **must** establish whether the person requiring treatment has such an allergy. If so, an alternative dressing, i.e., a non-allergic sterile plaster or dressing should be used.
- Dressings should be used sparingly. **In most cases, cleaning cuts with water alone will suffice.**
- A list of those pupils known to have an adverse reaction to plasters is posted on the inside of the cupboard where the plasters are kept and on the pavilion first aid trolley.
- All inhalers should be clearly labelled and are kept in the school medical room. Pupils who are capable of administering their own inhaler can carry an additional one on their person.
- All Adrenaline auto injectors/ventilators are securely kept in an unlocked cupboard in the First Aid room accompanied by an Allergy action plan from the parents stating exactly when and how they are to be administered. Pupils requiring an Adrenaline auto injector have their own pen in a box in the first aid room. Photographs of pupils that require an Adrenaline auto injector, can be found in the first aid room, on the first aid trolley in the Pavilion, in the dining room and staff room.
- All medicines to be kept in the First Aid Cupboard in the First Aid Room, or in the fridge. Medicines will be administered by office staff or teaching or assistant staff, as appropriate. However, it is the responsibility of the form teacher to ensure that the pupil "appears" in the office at the correct time for administration of the medication. Staff administering medicines must complete the bottom section of the medication form.


## Pupils with Individual Health Care Needs

For pupils with specific health care needs, the School follows the procedures and advice from the DfE, 'Supporting Pupils at School with Medical Conditions, 2015' ([Supporting Pupils at School with Medical Conditions](#)). Parents are asked to inform the School with sufficient and up-to-date information on their child's medical needs. The Headteacher will organise a meeting with parents and other relevant staff to discuss the pupil's medical support needs and agree on an Individual Health Care Plan as appropriate.

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This policy is reviewed every three years.

Signed (Headteacher): 

Signed (Chair of Governors): 

# Appendix 1 Accident Form

ACCIDENT FORM

Child's Name:.....Form:.....

Date: ..... Time: ..... Signed: .....

Incident .....

Treatment .....

Location .....

Health and Safety issue Y/N Reason .....Ref No .....

Head Bump form issued Y/N

Parents informed Y/N



# Appendix 2 Head Bump Note

## HEAD BUMP

Child's Name: .....

Form: .....Date: ..... Time: ..... Signed: .....

Unfortunately, your child received a bump on the head. Below are notes for your guidance:

- 1 Your child should be watched carefully for 24 hours. They may be allowed to sleep but, in the first two hours after injury, should be roused every 30 minutes.
- 2 After this time, check every three hours, including through the night. The child should merely be roused to open their eyes and move their limbs.

Any child

- having a fit
- becoming difficult to rouse
- vomiting repeatedly
- complaining of a headache
- showing a weakness of an arm or leg

**SHOULD BE TAKEN TO HOSPITAL**

## Appendix 3 Calpol Administration

Pupil Name	Amount	Time	Day & Date	Parental Consent Given	Dealt with by:

# Appendix 4 Health Care Plan

Individual Healthcare Plan for:

Section 1 to be completed by Parent:

Child's name

Class

Date of birth

Child's address

**Medical diagnosis or condition**

Date


Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

--

Daily Care Requirements including: name of medication, dose, method of administration, when to be taken, who to administer, any side effects

--

Staff training needed

--

Describe what constitutes an emergency, and the action to take if this occurs

--

**Family Contact Information**

First Contact Name

--

Phone no. (mobile)

--

(home)

--

(work)

--

Second Contact Name

--

Relationship to child

--

Phone no. (mobile)

--

(home)

--

(work)

--

**Clinic/Hospital Contact**

Name

--

Phone no.

--

**G.P.**

Name

--

Phone no.

--

Please sign below to confirm all details are correct and understood:

Signature Parent

.....

Signature School

.....

Section 2 to be completed by School:

**Action Plan**

Who is responsible for providing support in school?

Staff training needed?

Daily Care Requirements

Specific support for the pupil's educational, social and emotional needs

Plan developed with:

Signature Parent .....

Signature School .....

Form distributed to:

# Appendix 5 Medicine form

## REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that ..... (Full name of Pupil) D.O.B:

Be given the following medicine(s) while at school:

Name of Medicine

Duration of course

**Dose Prescribed**

Date Prescribed

Time(s) to be given

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child's name in FULL.

**Please read carefully and tick all relevant sentences before signing:**

I confirm that my child has taken this medicine before without adverse effect.

I understand that the medicine will be administered by staff who are not medically qualified.

I give my consent for the above medication to be administered according to the instructions given above.

I understand that the medicine must be delivered to the school by me or the undermentioned responsible adult.

.....

And accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

Signed: \_\_\_\_\_ Parent/Guardian

Address:

.....

.....

Date:

**Notes to Parents:**

- 1 Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
- 2 This agreement will be reviewed on a termly basis.
- 3 The Governors and Headteacher reserve the right to withdraw this service.

**Appendix 5a**

**Medical prescription request sheet.**

NAME:					DOB:	
ADDRESS:						
Parent's signature:						
DATE	PERSON SUPPLYING MEDICATION	NAME OF MEDICINE	AMOUNT SUPPLIED	FORM	EXP DATE	DOSAGE REGIME
REGISTER OF MEDICATION ISSUED BY:						
REGISTER OF MEDICATION ADMINISTERED BY:						

DATE	MEDICATION	AMOUNT	FORM	TIME	SIG	COMMENTS/SIDE EFFECTS/ACTION

# Appendix 6: USE OF SALBUTAMOL INHALER

## CONSENT FORM:

### USE OF EMERGENCY SALBUTAMOL INHALER

#### Richmond House School

#### Child showing symptoms of asthma / having asthma attack

I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school.

In the event of my child displaying symptoms of asthma, and if their inhaler cannot be located or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Child's name: .....

Class: .....

Signed: .....

Print Name: .....

Comments: .....

.....

.....



# Appendix 7: USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

## CONSENT FORM:

### USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

#### Richmond House School

I can confirm that my child has been diagnosed with severe allergies and has been prescribed an Adrenaline Auto-Injector.

My child has two Adrenaline Auto-Injectors, clearly labelled with their name, which are kept in school.

In the event of my child having an allergic reaction, and if their Adrenaline Auto-Injector is unusable, I consent for my child to receive Adrenaline from an emergency Auto-Injector held by the school for such emergencies.

Richmond House School holds two emergency adrenaline auto-injectors which are the EpiPen brand.

#### In a case of Emergency, please give my child the following dose (please tick)

0.15mg

0.3mg

Child's name: .....

Class: .....

Signed: .....

Comments: .....

.....

.....

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

## ● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- |  |  |   |
|--|--|---|
| <p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |
|--|--|---|

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay (eg. Emerade®) (Dose: \_\_\_\_\_ mg)

- 3 Dial 999 for ambulance and say **ANAPHYLAXIS** ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

### Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: \_\_\_\_\_ (If vomited, can repeat dose)
- Phone parent/emergency contact

### Emergency contact details:

1) Name: \_\_\_\_\_



2) Name: \_\_\_\_\_



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

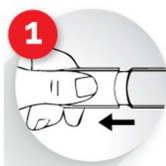
Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

### How to give Emerade®



REMOVE NEEDLE SHIELD



PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS  
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

### Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## ● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

### A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay (eg. Jext®) (Dose: \_\_\_\_\_ mg)

- 3 Dial 999 for ambulance and say **ANAPHYLAXIS** (“ANA-FIL-AX-IS”)

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

### ● Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:  
\_\_\_\_\_ (If vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and “spare” back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_

# How to give Jext<sup>®</sup>

## Additional instructions:



If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

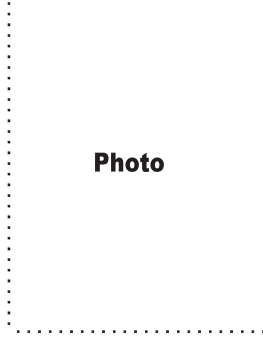
☎ .....

2) name: .....

☎ .....

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....



Print name: .....

Date: .....

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Sign & print name: .....

Hospital/Clinic: .....



..... Date: .....

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

**Mild/moderate reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**Action to take:**


- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: \_\_\_\_\_ (If vomited, can repeat dose)
- Phone parent/emergency contact

**Watch for signs of ANAPHYLAXIS**  
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 
- 2 Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: \_\_\_\_\_ mg)
  - 3 Dial 999 for ambulance and say **ANAPHYLAXIS** ("ANA-FIL-AX-IS")
- \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**AFTER GIVING ADRENALINE:**

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Emergency contact details:**

1) Name: \_\_\_\_\_



2) Name: \_\_\_\_\_



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

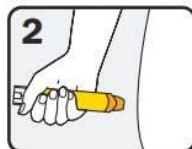
Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

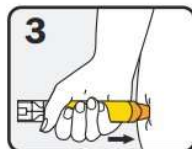
**How to give EpiPen**



**1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"**



**2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"**



**3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.**

**Additional instructions:**

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- |  |  |   |
|--|--|---|
| <p><b>AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <p><b>BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <p><b>CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |
|--|--|---|

### IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

Lie child flat with legs raised (if breathing is difficult, allow child to sit)

Immediately dial 999 for ambulance and say **ANAPHYLAXIS ("ANA-FIL-AX-IS")**

In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available

Commence CPR if there are no signs of life

Stay with child until ambulance arrives, do **NOT** stand child up

Phone parent/emergency contact

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensschools.uk](http://sparepensschools.uk)

### Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Emergency contact details:

Additional instructions:

1) Name: \_\_\_\_\_



2) Name: \_\_\_\_\_



If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) \_\_\_\_\_ via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensschools.uk](http://sparepensschools.uk)

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_