QEGSMAT

St John's CE Primary School

Supporting pupils with health needs, administration of medicines and First Aid procedures.

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Policy Principles

St. John's is an inclusive community that supports and welcomes pupils with medical conditions. We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. To ensure that families and children with medical conditions feel included and supported:

- We will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- St John's understands that all children with the same medical condition will not have the same needs.

Definitions

Children' medical needs may be broadly summarised as being of the following types:

- Short term: affecting their participation in school activities, this may include a course of medication.
- Acute: [such as an allergic reaction].
- Recurrent: [such as Asthma or Epilepsy].
- Long term: potentially limiting their access to education and requiring extra care and support [special medical needs].
- Most Children will at some time have a medical condition that may affect their participation in school activities.
- Children with Medical Needs have the same rights of admission to school or Early Years setting as other children.

Stakeholders

This policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. Stakeholders, where appropriate, should include pupils, parents, school nurse, school staff, governors, relevant local health services and relevant supporting organisations.

Parents and Carers

- Parents/Carers have prime responsibility for their children's health and for providing information about any medical condition.
- Children should be kept at home if they are unwell.
- Parents/Carers should notify school if there is a change in medication or the medication ceases to be necessary.
- Parent/Carers must give signed consent and details of the medication to be given.
- Parent/Carers should ensure they provide up to date medication for school to administer if necessary.
- Information regarding a child's medical need will be shared only with the Parent/Carers knowledge.

- Parents/Carers must provide school with their contact numbers or that of another responsible adult, in order that they are contactable at all times.

Roles

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

Governing Body

- Must ensure, under the Health and Safety at Work Act 1974 that the school has a Health and Safety Policy that should include procedures for supporting Children with medical needs, including managing medication.
- The Governing Body should take account of the views of the Head teacher, staff and parents in developing a policy.
- Ensure sufficient staff are trained to support children with medical needs.

Head teacher

- The Head teacher is responsible for implementing the policy and developing the necessary procedures.
- The day-to-day decisions about administering are also those of the Head teacher.
- The Head teachers, alongside the policy managers, are responsible for ensuring that appropriate training is organised for staff.
- Where and when necessary, the Head teacher will consult Health Professionals.

Absence Due to Illness

Children who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

Children who are unable to attend mainstream education for health reasons may attend any of the following:

- **Hospital school**: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
- **Home tuition**: many LAs have home tuition services that act as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
- **Medical PRUs**: these are LA establishments that provide education for children unable to attend their registered school due to their medical needs.

The school will provide support to pupils who are absent from school because of illness for a period of **less than 15 school days** by liaising with the pupil's parents/carers to arrange schoolwork, as soon as the pupil is able to cope with it, or part-time education at school.

The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their parents and relevant members of staff.

For periods of absence that are expected to last for **15 or more school days**, either in one absence or over the course of a school year, the Headteacher will notify the LA, who will take responsibility for the pupil and their education.

Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the pupil's absence.

For hospital admissions, the Headteacher will liaise with the LA regarding the programme that should be followed while the pupil is in hospital.

The LA will set up a Personal Education Plan (PEP) for the pupil which will allow the school, the LA and the provider of the pupil's education to work together.

The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education other than at school.
The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:

- The pupil has been certified as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
- Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from a medical professional, even if the LA has become responsible for the pupil's education.

Children Taken Ill at School

Children who are unwell should not be sent to school. If when they arrive, the class teacher feels they are not well enough to stay, parents will be called. It is the duty of parents to make arrangements for their children should they become unwell at school by arranging for them to be collected and taken home, or to the doctor or hospital if needed or advised.
All parents must provide up to date school contact details.
Any child who has sickness or diarrhoea can return to school after an all-clear period of **48 hours.**

Please see the NHS information sheet on the website for further information regarding a range of common childhood illnesses.

Care Plan Register

Staff are made aware of which children in school have medical needs via the school Care Plan Register and have easy access to their care plans: class 'Blue Bag' / Care Plan Folder / Year Group Information Folder. Care Plans are reviewed annually or as required. Where appropriate, Care Plans will be created/updated with the relevant stakeholders.

Care plans will contain the following information:

- The condition and its triggers, signs and symptoms.
- Resulting needs.
- Specific support and the level of support required.
- Who will administer medication and when.
- Any special arrangements.
- What to do in an emergency.

Administrating Medicines

No medicine will be administered without prior parent / carer consent. Written consent forms must be completed by the parent / carer prior to any medication being administered and stored.

Medicines will be stored securely and appropriately in accordance with individual product instructions. Pupils will only be given responsibility for keeping equipment / medicine with them in exceptional circumstances after discussion / agreement with the headteacher who will seek advice appropriately.

Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicines brought in will be returned to parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

If a child becomes mildly unwell during the school day (i.e. toothache, sore throat, rash) and where it is felt a dose of Calpol or Piriton would be sufficient to resolve the symptoms, the office staff will contact the parent to gain verbal permission to administer the medicine. The medicine form will be completed and sent home to the parent to sign and return.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that a health care plan can be written and implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. All health care plans must be read and signed by all staff who will be overseeing the child and will be reviewed annually or where required.

Asthma, Epilepsy and Allergies

The office will maintain a register of pupils for whom medicine is held on site, this includes inhalers, Epipens, Cetirizine etc. Half termly checks are carried out on each year groups' 'Blue Medical Bags' and parents will be reminded to provide replacements for soon to expire medications.

Where parents have advised that their child has an asthma diagnosis, an individually named inhaler is kept in the class Blue Bag. **This bag is taken on ALL out of classroom activities where there is a significant distance from the classroom.**

Asthma

The school keeps an asthma register / medical register which is shared with all staff and kept in year group information folders, the school office and Club / lunch information folder.

Common 'day to day' symptoms of asthma are:

• Cough and wheeze (a 'whistle' heard on breathing out) when exercising.
• Shortness of breath when exercising.
• Intermittent cough.

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

***Appendix 1*: How to recognise an asthma attack.**
To be displayed in red year group folders and Club / Lunch folder.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:
• Persistent cough (when at rest)
• A wheezing sound coming from the chest (when at rest)
• Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
• Nasal flaring
• Unable to talk or complete sentences. Some children will go very quiet.
• May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

• Appears exhausted
• Has a blue/white tinge around lips
• Is going blue
• Has collapsed

***Appendix 2*: What to do in the event of an asthma attack.**
To be displayed in red year group folders and Club / Lunch folder.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

• Keep calm and reassure the child.
• Encourage the child to sit up and slightly forward.
• Use the child's own inhaler – if not available, use the emergency inhaler from the office.
• Remain with the child while the inhaler and spacer are brought to them.
• **Immediately help the child to take two separate puffs of salbutamol via the spacer**.
• If there is no immediate improvement, **continue to give two puffs at a time every two minutes**, **up to a maximum of 10 puffs**.
• Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
• **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.**
• **If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way**.

Pupils should inform a member of staff immediately if they need their inhaler. The child will be taken to the relevant blue medial bag where this can be administered under adult supervision.

The supervising adult will complete the record (which is kept in the blue bag) of when a child uses their inhaler. This must include:

- Child's name
- Date
- Time inhaler was given/used
- Signed by person overseeing or administering

The class teacher / office staff will be informed and parents will be informed via text (by an agreed member of staff) that their child has used their inhaler.

The stronger brown inhaler (preventor) is <u>not</u> kept in the school as this can only be administered by a parent.

USE OF THE EMERGENCY SALBUTAMOL INHALER IN SCHOOL

Advice taken from 'Guidance on the use of emergency salbutamol inhalers in schools'. DoH March 2015.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Supply of inhalers

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- The name of the school for which the product is required.
- The purpose for which that product is required.
- The total quantity required.

The emergency kit

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler.
- At least two plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers, and consent to use the emergency inhaler.
- A list of children permitted to use the emergency inhaler.
- A record of administration (i.e. when the inhaler has been used).

Storage and care of the inhaler

The office managers will ensure that:

• On a monthly basis the inhaler and spacers are present and in working order.

• That replacement inhalers are obtained when expiry dates approach.

• Replacement spacers are available following use.

• The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency kit will be stored in the office medical 'grab bag' in line with the manufacturer's guidelines.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place.

The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years. https://www.gov.uk/waste-carrier-or-broker-registration

Children who can use an inhaler

The emergency salbutamol inhaler should only be used by children:

- **Who have been diagnosed with asthma, and prescribed a reliever inhaler;**
- **OR who have been prescribed a reliever inhaler;**
- **AND for whom written parental consent for use of the emergency inhaler has been given.**

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Parental Consent

The school should seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency. This will be updated regularly – ideally annually to take account of changes to a child's condition.

Appendix 3: Consent letter.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

Appendix 4: Use of emergency Inhaler notification to parents letter

Designated Staff

The term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

It would be reasonable for ALL staff to be:

- Trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- Aware of the asthma action plan;
- Aware of how to check if a child is on the register;
- Aware of how to access the inhaler;
- Aware of who the designated members of staff are, and the policy on how to access their help.

Designated members of staff should be trained in:

- Recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- Responding appropriately to a request for help from another member of staff; Guidance on the use of emergency salbutamol inhalers in schools;
- Recognising when emergency action is necessary;
- Administering salbutamol inhalers through a spacer;
- Making appropriate records of asthma attacks.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

The designated staff to provide support for asthma at St. John's are: First aid trained staff.
The staff responsible for supply, storage care and disposal are: Office Managers

ALLERGIC REACTION / ANAPHYLAXIS / USE OF ADRENALINE AUTO-INJECTORS:

Advice taken from ' Guidance on the use of adrenaline auto-injectors in schools'. DoH 2017

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later.
It is potentially life threatening and always requires an immediate emergency response.

Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps)

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- **Food**: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

- Severe reactions to **insect stings** are often faster, occurring within 10-15 minutes.

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,1 and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

Appendix 5: Recognition and management of an allergic reaction / anaphylaxis.
To be displayed in red year group folders and Club / Lunch folder.

Signs and Symptoms of allergic reactions:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school or require urgent medical attention.

However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

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

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** 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 dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

USE OF THE EMERGENCY ADRENALINE AUTO-INJECTOR (AAI)

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained without prescription, for use in emergencies, **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.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST 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.

St. John’s will ensure that the following is in place:

• A register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
• Written consent from the pupil’s parent / legal guardian for use of the spare AAI(s), as part of a pupil’s individual healthcare plan.
• Ensuring that any spare AAI is used only for pupils where both medical authorisation and written parental consent have been provided.
• Appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions.
• Keeping a record of use of any AAI(s), as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school’s spare AAI or the pupil’s own device.

Recording use of the AAI and informing parents/carers:

In line with Supporting Pupils, use of any AAI device will be recorded.
This will include:
• Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
• How much medication was given, and by whom.
• Any person who has been given an AAI must be transferred to hospital for further monitoring.

The pupil’s parents / carers will be contacted at the earliest opportunity.

Designated Staff

The term ‘designated members of staff’ refers to any member of staff who has responsibility for helping to administer a spare AAI (e.g. they have volunteered to help a pupil use the emergency AAI, and been trained to do this.

The designated staff who have responsibility for helping to administer a spare AAI at St. John's are: First aid trained staff.

Supply

Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis and the school does not intend to profit from it. A supplier will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required.

A number of different brands of AAI are available in different doses depending on the manufacturer. It is up to the school to decide which brand(s) to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI.

If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school.

Doses

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria as follows:

- **For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).**
- **For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).**

In the context of supplying schools rather than individual pupils with AAIs for use in an emergency setting, using these same age-based criteria avoids the need for multiple devices/ doses, thus reducing the potential for confusion in an emergency. Schools should consider the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI. Schools may wish to seek appropriate medical advice when deciding which AAI device(s) are most appropriate.

The emergency anaphylaxis kit

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

• 1 or more AAI(s).
• Instructions on how to use the device(s).
• Instructions on storage of the AAI device(s).
• Manufacturer's information.
• A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
• A note of the arrangements for replacing the injectors.
• A list of pupils to whom the AAI can be administered.
• An administration record.

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes.

The emergency kit will be stored in the office medical cupboard.

Storage, care and disposal of the AAI

The staff responsible for supply, storage care and disposal are: Office Managers.

And will ensure that:

• on a monthly basis the AAIs are present and in date.
• that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).
- After use, it is disposed of according to the manufacturer's guidelines.

School trips including sporting activities

Staff will ensure that AAIs are taken on school trips. In certain circumstances, it may be appropriate to take the spare AAI(s) for emergency use, eg which pupils are out of school / location of trip.

Further information and film clips showing adrenaline being administered can be found at: http://www.sparepensinschools.uk

First Aid Statement

Ensuring the safety of all our pupils and staff is paramount to St John's CE Primary School. A number of staff are trained to administer first aid. It is the responsibility of all staff to take responsibility for safeguarding pupils and follow this procedure.

First Aiders

The names of First Aiders are displayed around school.
In Early Years, in line with government guidance and taking into account staff to child ratios, there is at least one member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times when pupils are present. First aiders are present during out of hour events and for school trips.

Our procedure

In an emergency the procedure we all adopt is as follows:

Assess Make safe Get / Give Emergency Aid

These stages are carried out by all staff for any accident, and we are careful not to waste time at any stage of the procedure.

In detail we:

- Assess the situation, find out what happened and who is injured.
- Make sure that no one else is going to be hurt.
- Consider will you be in danger if you go to help?
- Are on-lookers in danger?
- Is the casualty in further danger?
- Get qualified help if it is needed. Give the right Emergency Aid.

First Aid Equipment

First aid resources are kept in the office, lunchtime supervisor first aid bags, and the 'school trips' first aid rucksack which is kept in the office. Each class has their own 'blue medical bag' located by the fire exit which contains pupil medication. There is also a small emergency first aid kit.

The Officer Managers and first aiders at work are responsible for checking the first aid boxes and ordering and replenishing stocks.

Lunchtime Supervisors are responsible for maintaining the contents of their bags.

First Aid supplies are regularly checked, and ALL staff are responsible for reporting any deficiencies immediately to the school office so that stocks are maintained and replenished.

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved. A First Aid Bag is taken on all visits out of school.

ACCIDENT AND REPORTING PROCEDURES

TREATMENT

When dealing with accidents, we advise that disposable gloves are worn as a precaution against contacting blood borne diseases.

A supply of these gloves is kept in each First Aid box / bag and in the Office. Once gloves have been worn, they are turned inside out and disposed of along with any soiled dressings or wipes in a disposable bag which must be tied securely. No cream is used at all and no cotton wool is used for any gaping wound. Sterile wipes are kept for this purpose

All accidents which leave a mark should be reported. Reports must include:

- The date, time and place of incident;
- The name (and class) of the injured or ill person;
- Details of the injury/illness and what first aid was given;
- What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);
- Name and signature of the first aider or person dealing with the incident.

NEAR MISS

What is a Near Miss?

- An incident that could have resulted in harm under different circumstances.

How should I record this?

- A Near Miss form should be completed which is available from the office.
- Any actions taken to prevent a re-occurrence must be reported to the department responsible and followed up.

Was a risk assessment in place for this activity?

Does the risk assessment need to be updated?

MINOR ACCIDENTS

What is a minor accident?

- Small cuts bumps, bruises and strains requiring only on-site treatment e.g. plaster or cold compress.

How should I record this?

- An Accident Form should be completed on the day of the accident.
- Where necessary parent/carer should be notified e.g. for a bump to the head. All bumps to the head **must** be checked by a first aider and reported to the parent/carer.
- Any actions taken to prevent a re-occurrence must be reported to the Headteacher .

Was a risk assessment in place for this activity?
Does the risk assessment need to be updated?

SERIOUS ACCIDDENTS
What is a Serious Accident?

A serious accident is defined as:

1. Needing offsite medical treatment e.g. taken to hospital or a medical centre.
2. Resulting in non-attendance for at least 2 days of work/school (including the day of the accident)
3. Some personal opinion will reflect which accidents are recorded as serious. A seemingly minor accident may be upgraded to serious if greater injury or complications become apparent later.

Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member calls the pupil's parent as soon as possible to inform them of the course of action taken. If the parent is unable to reach the location of the accident before the ambulance leaves, a staff member will accompany and remain with the pupil at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, a staff member call will the pupil's parent as soon as possible to inform them. If the parent is unable to reach the location of the accident in a reasonable time period, and is in agreement, the pupil may be taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one of whom will drive the car, and one of whom, a first aider, will sit with the pupil in the back seat and attend to their medical needs. At least one member of staff will remain with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Serious accidents should be recorded. You will require:

- A completed Accident Form, on the day of the accident, or within 24hrs of the accident.
- A completed Accident Investigation Form, within 5 working days of the accident.
- Any actions taken to prevent a re-occurrence must be reported to the Headteacher and followed up.

Was a risk assessment in place for this activity?
Does the risk assessment need to be updated?

RIDDOR
What is RIDDOR?

- Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013

How does this affect us?

- Specified injuries or absences greater than 7 days should to be reported to the Health and Safety Executive (HSE); please contact the Facilities Manager from QEGSMAT before contacting the HSE. The HSE must be notified of fatal and major injuries and dangerous occurrences without delay.

REPORTING
Accident data including number of: serious accidents, accident investigations, near misses, and RIDDOR reports will be reported to the MAT for presentation to the Board of Trustees.

https://www.hse.gov.uk/riddor/

FIRST AID TRAINING
First aiders' training is completed every three years.

REVIEW OF THESE PROCEDURES
The school will review these procedures and assess its implementation and effectiveness.

This policy will be reviewed annually by the Governing Body and will be adjusted in line with any subsequent guidelines from the DfE or QEGSMAT.

APPENDIX 1:

Common 'day to day' symptoms of asthma are:

• Cough and wheeze (a 'whistle' heard on breathing out) when exercising.
• Shortness of breath when exercising.
• Intermittent cough.

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

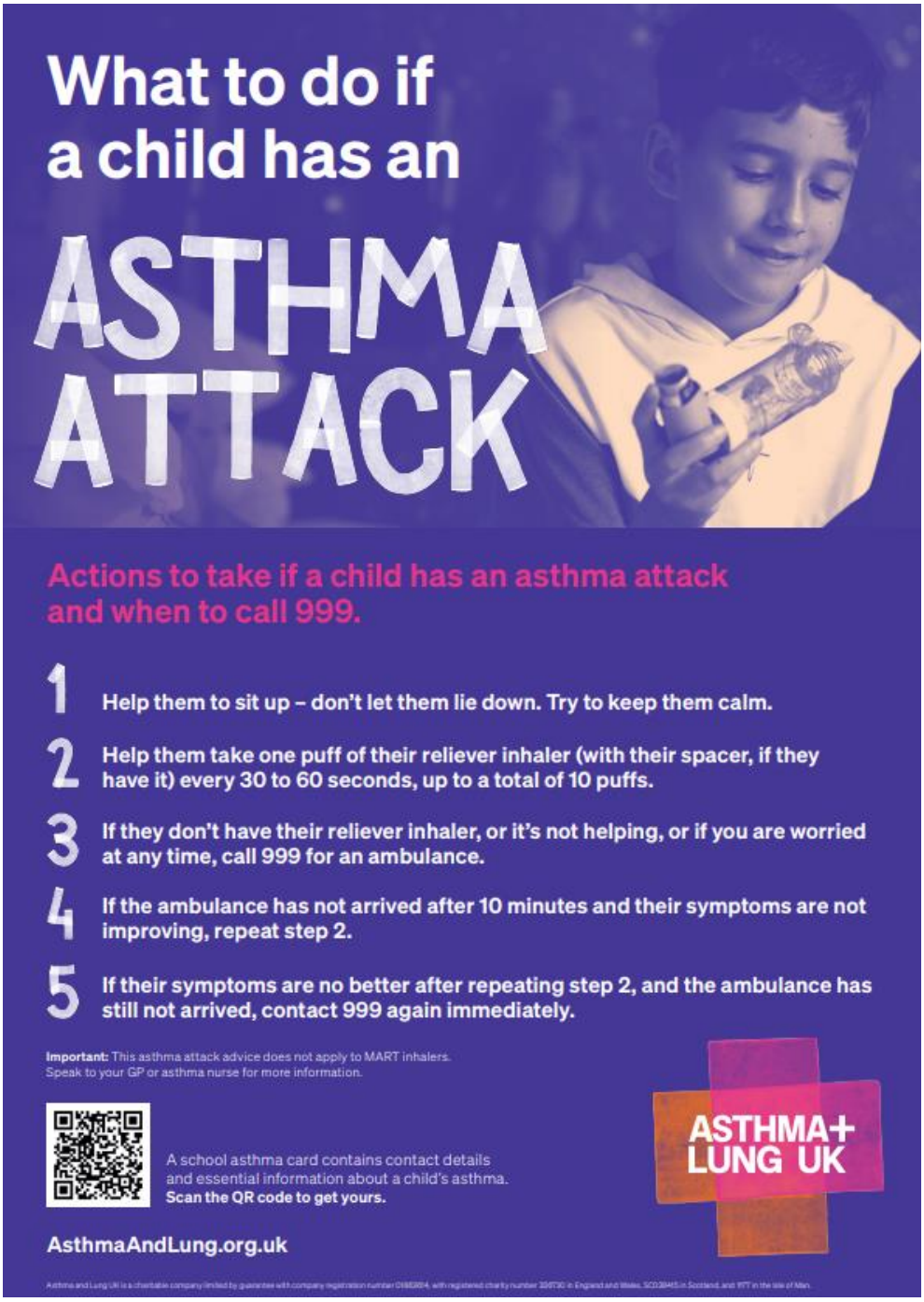
CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

• Appears exhausted
• Has a blue/white tinge around lips
• Is going blue
• Has collapsed

St. John's Designated Staff: First Aid trained staff

APPENDIX 2:

The designated staff to provide support for asthma at St. John's are: First Aid trained staff.



Appendix 3: Consent letter

St. John's CE Primary School

Consent Form:
USE OF EMERGENCY SALBUTAMOL INHALER

Dear parent / carer,

Please complete the form below to provide consent for your child to use the emergency Salbutamol inhaler held by school.

For a child showing symptoms of asthma / having asthma attack:

1. *I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].*

2. *My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.*

3. *In the event of my child displaying symptoms of asthma, and if their inhaler is not available 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:	***Year:***
Signed: ***Name (print):***	***Date:***
Telephone numbers:	
I do not give consent for my child to use the school emergency inhaler: ***(Please tick)***	☐

Please return this form to the school office.

Kind regards

Appendix 4: Use of emergency Inhaler letter to parents / carers

St. John's CE Primary School
Notification of Emergency Salbutamol Inhaler Use

Child's name:
Class:
Date:

Dear parent / carer,

This letter is to formally notify you that……..…….……has had problems with their breathing today. This happened when

They did not have their own asthma inhaler with them / their inhaler was broken, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given …… puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely

Appendix 5: ***Recognition and management of an allergic reaction / anaphylaxis.***

The designated staff to provide support for AAIs at St. John's are: First aid trained staff.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** 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 dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix 6: Consent letter

St. John's CE Primary School
Consent Form:
USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

Dear parent / carer,

Please complete the form below to provide consent for your child to use the emergency adrenaline auto-injector (AAI) held by school.

For a child showing symptoms of anaphylaxis:

1. *I can confirm that my child has been prescribed an AAI and has a written plan recommending an AAI to be used in the event of anaphylaxis.*

2. *I can confirm that my child has two working, in-date AAIs, clearly labelled with their name which is in school.*

3. *In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to be given the emergency AAI held by the school for such emergencies.*

4. *My child has medical authorisation to use the emergency AAI held by the school. (Copy to be held with pupil's care plan in school).*

Child's name:	***Year:***
Signed: ***Name (print):***	***Date:***
Telephone numbers:	
I do not give consent for my child to be given the emergency AAI held by school: ***(Please tick)***	☐
School use only: Copy of medical authorisation taken to be held with care plan.	☐

Please return this form to the school office.

Kind regards