



SARUM HALL SCHOOL

FIRST AID AND ADMINISTRATION OF MEDICINES

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I INTRODUCTION

Sarum Hall School believes that where practicable every effort should be made to support children staying at school when they have minor injuries or illnesses.

To this end, the medical room remains open throughout the school day to meet the needs of children at work and at play.

Staff are welcome to attend for support where necessary.

All parents must have signed and fully completed the following forms before they start attending school:

- Medical Form for New Pupils – among other things this gives the school the vital permission to administer emergency medication/ procedures

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

The Department of Education First Aid guidance states:

Teachers and other staff in charge of Early Years Foundation Stage children and pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

This policy applies in school, on educational visits and during sports activities.

The School follows the Government Guidance on first aid which can be found here:

<https://www.gov.uk/government/publications/first-aid-in-schools>

2 **AIMS**

Sarum Hall School aims to ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

3 OBJECTIVES

To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School

- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Medical records are confidential but for the safeguarding and proper provision of care of children, staff are aware of medical conditions, pupils requiring emergency medications and any allergy/intolerance information.

4 STAFF RESPONSIBILITIES

All staff are trained in paediatric first aid to children and that includes the use of Adrenaline Auto-Injectors (AAI), e.g. an EpiPen.

Every member of staff has a duty to be aware of the medical information of all children for whom they are regularly responsible.. Catering staff are expected to be aware of children with food allergies - their photographs are in the kitchen for identification.

Whenever a child receives medical attention, including in EYFS from a member of staff, it is recorded in ISAMS. Parents will be notified via email with a first aid report from ISAMS in the case of a head injury or an injury that may require further attention.

5 RESPONSIBILITIES OF THE FIRST AID LEAD

- To be available to children, staff, parents and visitors in an emergency.
- To tend to the injured and sick, and send home or to Accident and Emergency if necessary.
- To be responsible for all aspects of health care provision, planning and development.
- To be responsible for acting in accordance with regulations and complying with the school's policies in matters of medicines and care.
- To take decisions in an emergency. However, all staff are responsible for emergency first aid.
- Keeping records of communication with parents and staff.
- To communicate information on the management and control of infection etc., on infectious diseases or illnesses in school, to parents via email communication, the weekly School Bulletin, the School Portal and staff via email.
- To act to prevent the spread of infection by liaising with parents, in cases where illness poses a risk to others i.e. measles, impetigo etc.
- To place orders for medical supplies, well ahead of need.
- To check and top up first aid boxes regularly
- To promote the mental health of pupils through providing them a safe space to talk, get support and find appropriate resources to support.

6 ARRANGEMENTS FOR CHILDREN WITH PARTICULAR MEDICAL CONDITIONS

Individual Healthcare Plans (IHPs) are prepared for all types of conditions in school. These are kept in the shared area under medical notes in ISAMS. IHP's for pupils with any medical condition affecting school work are found there.

The school is also committed to ensuring children's emotional needs are met. This is done through the curriculum, clear guidance and strong, supportive pastoral care.

Updated photo lists of the relevant pupils with medical conditions or dietary needs are kept in the medical room, kitchen and food studio.

Lunch cards are provided to pupils with allergy, intolerance or dietary needs to highlight special catering needs.

7 ADMINISTRATION OF MEDICINES

Using medication in school

When a parent/guardian brings in medicine to be kept at school and administered during the day, they will be asked to complete a form authorising the administration of that particular medicine to their child.

This form can be found on the school portal and is called 'Consent form: medicine to be given on school premises'. It is acceptable to return a signed digital or hard copy of the form.

Written records of all medicines administered are kept in school and are accessible to parents. This will be logged on the consent form.

A parent or guardian should deliver any medication directly to the First Aid Lead (or another trained member of staff in their absence) **IN PERSON**, along with a completed consent form. Medications that need to be returned home at the end of the day will need to be picked up **IN PERSON** at the end of the school day. No medicine can be given to a child to take home.

Prescribed medicine (such as an antibiotic) must have the child's name, original prescription label, method of administration, date prescribed and expiry date on it and be in its original container.

Medication when a pupil has a fever

A pupil with temperature over 37.5°C is classed as having a fever and should be sent home.

The First Aid Lead is not able to administer paracetamol or ibuprofen for a spontaneous high temperature at school. If a pupil is unwell enough to require such medication, they should not be at school.

Only in the event of a potentially dangerously high temperature (38°C +) and where parents are not able to get to school quickly, paracetamol (for example Calpol infant or 6+) may be administered by a first aider with verbal and written consent from the parents

8 MANAGING MEDICINES IN SCHOOL AND EARLY YEARS SETTING

Storage of medication

The medical room will be locked when no staff are present. The medical room is accessible via a pin code lock. Staff are made aware of the code and are permitted to enter to retrieve medication and first aid supplies at any time.

Allergy medication, insulin, and inhalers are kept in an unlocked emergency medicines cupboard or fridge in the medical room.

When the school is closed, the keys for such cabinets are secured locked away.

Clearly labelled antibiotic medicines are kept in the medical room fridge. Medicines are stored strictly in accordance with the product instructions and in the original container in which they are dispensed. All administration of pupil medications must always be supervised by a member of trained staff.

Pupil adrenaline pens and their emergency Allergy Action Plan are stored in the medical room and The Foyer. Spare auto injectors (for use on any patient during anaphylaxis emergency) are stored in the Foyer and Food Studio. This allows staff immediate access to them if a child who uses an auto injector shows signs of an allergic reaction to any food or substance requiring the use of it as per their care plan.

Parents must fill in a consent form for medicines to be given at school and off site.

If staff are required to take medicines they should be stored safely with their personal belongings out of reach of any pupils. When administering their medication staff should be mindful to ensure no pupils are present. All staff are encouraged to notify the First Aid Lead of any emergency medications they require.

9 **CONSENTING TO MEDICAL EMERGENCY TREATMENT**

Before joining Sarum Hall School all parents are required to sign a consent form for administering any emergency medical treatments their child may require.

Every effort will be made to contact parents in an emergency. However, in accepting a place at the school, we do require parents to authorise the Headmistress, or an authorised deputy acting on her behalf, to consent on the advice of an appropriately qualified medical specialist to a child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS arrangements, if we are unable to contact them in time.

Staff that have children with an auto injector or inhaler in their form are shown where they are kept and how to use it.

Parents are asked to make a note of the expiry dates of medicines kept at school. The First Aid Lead checks expiry dates each month as well as keep a list in the medicine cupboard. Children prescribed auto injectors must have 2 up to date auto injectors in school, if they do not they will be required to be at home. Similarly, children prescribed inhalers, must have an in-date inhaler in school else they will be required to be at home.

On each occasion that the medicine is administered this is logged on a First Aid report which is emailed to the relevant family and logged on iSAMS.

A medical form is sent to all new parents for completion. An update form is sent at the end of each year to enable parents to communicate in writing any amendments to their child's medical conditions. Information on children's food allergies is passed to the catering team and teaching staff.

Any new information from parents regarding their child's medical history is added to their medical notes in iSAMS.

It is essential that parents inform the school of any medical conditions, injuries or allergies that their child may have.

10 **ALLERGIES**

Sarum Hall School takes allergies very seriously and procedures are in place to ensure the safety of all its pupils and staff. The school has a separate Allergy Policy which was introduced in October 2024 which can be found on our website.

11 ASTHMA

The school gathers information every year on children with asthma, or those who have been prescribed an inhaler.

Children who have an inhaler should keep their own medication in school and parents should sign the appropriate medicine permission forms.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has 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).

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. Permission forms are in the appendix of this policy.

For more information please see the Guidance on the use of emergency salbutamol inhalers in schools by the department of health:

https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf

12 INFORMING PARENTS

The First Aid Lead will always contact parents if a child suffers anything more than a trivial injury, or if they become unwell, or the First Aid Lead has any concerns about their health on the same day. Children who fall ill during the day or have an injury are cared for in the medical room. A parent will always be emailed and for more serious injuries, will be telephoned

The School will call parents whenever they are likely to be shocked by their child's appearance, their child requires ongoing care/monitoring and/or the parents need to take further action.

Sarum Hall School follows the government guidelines here:

<https://www.gov.uk/government/publications/first-aid-in-schools>

At school, the main duties of a first aider are to:

1. Give immediate help to casualties with common illnesses or injuries, and those arising from specific hazards at school
2. When necessary, ensure that an ambulance or other professional medical help is called

At school, the main duties of an Appointed Person are to:

1. take charge when someone is injured or becomes ill;
2. look after the first-aid equipment e.g. restocking the first-aid container;
3. ensure that an ambulance or other professional medical help is summoned when appropriate.

13 FIRST AID STAFF

Number of first aiders

Schools are deemed as low risk environments, so the recommended number of certified first aiders is one per 50 pupils/staff.

The First Aid Lead supports the task of establishing the number of first aiders required in certain situations, with agreement from the Headmistress and Bursar. Risk assessments should be used to agree this.

In particular, the following situations are considered:

- Off-site PE
- School trips
- Science labs
- DT/Art rooms
- Playground
- Adequate provision in case of absence, including trips
- Out-of-hours provision e.g. clubs, events
- Medical room

Qualifications and Training

The First Aid Lead is certified in:

- Paediatric first aid
- Adult first aid

The First Aid Lead is responsible for supporting and planning staff training for first aid.

First aiders must complete a training course approved by the Health and Safety Executive (HSE).

Training in first aid must to be updated every three years.

Paediatric first aid:

At least two people on the school premises and two people on EYFS outings will have a paediatric first aid certificate. It is clear from the certificate that the course followed has covered first aid for children (with the words 'children', 'child' 'early years' or 'paediatric' somewhere on the certificate). The course must involve a minimum of twelve hours training. As a general principle, the first aid training should be appropriate to the age of the children in question.

14 FIRST-AID MATERIALS, EQUIPMENT AND FACILITIES

First-aid materials, equipment and facilities

- The First Aid Lead must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.
- The First Aid Lead is responsible for making sure that all first-aid containers kept in the building are adequately stocked at all times.
- Alongside the First Aid Lead are responsible for ensuring that the off-site first aid box is adequately stocked at all times.
- All staff must take responsibility for knowing where first-aid material and facilities are located, and familiarize themselves with them
- Automated external defibrillator (AED) is kept in the front entrance hall near the lift and signposted. Training is given for its use and a list of trained personnel retained. However, the AED is available for public use by anyone attending to an emergency situation. The AED maintenance and relevant checks are the responsibility of the school Facilities Manager.

First Aid Boxes

First aid boxes are placed in all areas of the school where an accident is considered possible or likely (such as the playground). The First Aid Lead checks and replenishes these once a term or earlier if required.

The contents of the first aid boxes should have access to cleaning wipes, 20 or more assorted plasters, 8 sterile dressings (assortment of), 2 sterile eye patches, 2 sterile saline pod, 2 - 4 triangular bandages, 6 safety pins, disposable gloves, small plastic bags for disposal of rubbish, log for accidents/injuries and first aid guide. Spare first aid boxes can also be found in the medical room for trips.

We always take first aid boxes and child specific risk assessments with us when groups of children go out of school on organized trips or to participate in sporting events.

2 paediatric first aiders always accompany EYFS children on trips.

Training in first aid needs to be updated every three years

First Aid Provision

- Where possible, it is good practice to manage first aid in the medical room; this has the equipment that is needed, and is a clean, safe, private area. Apart from first aid containers, all equipment should be stored in the medical room
- However, it may be necessary to carry out first aid where the pupil is located.
- All staff must make themselves aware of how to contact Ambulance Services
- If a pupil needs to go to Accident and Emergency, staff should not drive pupils in their own car. An ambulance should be called to transport, or advice taken from the Senior Leadership Team or the First Aid Lead.

15 MEDICAL DATA

Inputting & Maintaining Data

All medical data supplied by parents is added to iSAMS by the First Aid Lead. Additional medical information goes onto iSAMS for new children and any reports from health professionals throughout the year.

The school complies fully with the obligation to report incidents that happen in schools, or during education activities out of school, to the health and safety executive (HSE) under reporting of injuries, diseases and dangerous occurrences regulations 2003 (RIDDOR) 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) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring 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
 - requires resuscitation or admittance to hospital for more than 24 hours

For a full list of RIDDOR reportable injuries and diseases please see:

<http://www.hse.gov.uk/riddor/guidance.htm>

Record keeping

All medical incidents and accidents must be recorded by a staff member on iSAMS. Parents will receive an email with a first aid report for a head injury or an injury that may need attending to later that day.

- This digital first aid report is stored for a minimum of seven years (this is a statutory accident record, see DSS The Accident Book BI 510)
- Should this system fail; as a backup, the old procedure of hard copy written first aid reports will be undertaken.
- See Appendices – Record Keeping – Guidelines for Staff

Reporting accidents

Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2003), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 99 23).

- The Headmistress must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

- Records are kept for a minimum of 3 years.
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay.
- The Head is responsible for ensuring this happens, but may delegate the duty to the Bursar or the First Aid Lead.

16 INFECTION CONTROL IN SCHOOL

Useful link

<https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

Gloves should be worn for procedures involving blood or body fluids to prevent spread of infection. All rubbish contaminated with blood or body fluids are disposed of in the clinical waste bin.

When treating blood injuries for instance on the sports pitch, staff should wear a new pair of gloves for each casualty. Wounds should be cleaned with a fresh supply of water or saline solution if water is not immediately available. Dispose of waste safely and appropriately.

Parents are informed if there is a case or cases of an infectious disease by letter and staff are informed by the way of an all-staff email (health alert). The identity person/persons who have fallen will remain anonymous unless this is an important factor of infection prevention.

It is vital that staff observe strict rules regarding personal cleanliness using hand washing and protective clothing where needed to ensure no infection is transmitted from one child to another or member of staff to the next.

17 EXCLUSION FROM SCHOOL DUE TO ILLNESS

Useful link

<https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

- Children who are not well should not be at school even if they are not infectious.
- Children who experience a raised temperature should be closely monitored. Should a pupil's temperature exceed 37.5°C they should be sent home for further monitoring and rest. A temperature over 37.5°C in children is considered to be a fever. A child in this state needs rest and monitoring for any further symptoms of illness.

Pupils with elevated temperatures are asked to remain absent from school until they have fully recovered and are able to maintain a normal temperature (average temperature: 36.5°C) without the use of medication.

- Children with diarrhoea should not be at school unless the diarrhoea is known to be due to a confirmed non-infectious medical reason or condition, for example: IBS, coeliac disease, mild allergy/intolerance. If a child experiences diarrhoea at school, they will be sent home for monitoring, proper cleansing and to limit the spread of any potential illnesses.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

Where there are 3 incidents in a 24-hour period, the pupil affected must not return to school until 48 hours after their last bout of diarrhoea.

- Children who have been sick should not be in school. If a pupil is sick in school, they will be sent home for monitoring and to limit the spread of any potential illnesses.

If there are no further bouts of sickness then they may return to school the next day however where there are 2 or more incidents of sickness in a 24-hour period, the pupil affected must not return to school until 48 hours after their last bout of sickness.

18 EMERGENCY SITUATIONS

The emergency services should be called in the following circumstances.

- Profuse and unstoppable bleeding
- Blunt injury which could be associated with internal bleeding e.g. abdomen
- Head injury (nausea, vomiting, altered vision, if pupils are not equal and not reacting to light, increasing and persistent headache, altered consciousness or unconscious and or increasing bump at site of injury, inability to move limb/limbs)
- Suspected meningitis (The onset of this illness is usually abrupt and is characterized by: fever, malaise, unexplained vomiting, back or joint pains, headache, confusion and a rash).
- Collapse from any cause and / or turning blue
- Difficulty in breathing, or choking, acute asthmatic attack (which does not respond to puffer).
- Gross allergic reaction (suspected anaphylactic shock)
- Seizure (first seizure or in a known epileptic that lasts for more than 5 minutes)
- If a diabetic has a hypo-glycemic episode which is not corrected by sugar intake followed by a complex carbohydrate (bread, cake, pasta etc.) OR
- A diabetic who has very high sugar level and can go into a coma, be alert if they have any of these: lethargy, thirst, abdominal pain, passing a lot of urine, with or without a high temp, sweet smell on breath.
- Suspected broken bone
- Excessively high temperature (over 39)
- Severe Vomiting
- Severe burns or scalds
- Persistent and increasing pain (e.g. Stomach pain)
- Sudden and severe headache

Staff guidelines for calling the emergency services

1. Dial 999 and ask for ambulance
2. Be prepared to give the following information:
 - a. The current breathing and response status of the casualty
 - b. School Telephone number 0207 794 2261
 - c. School address Sarum Hall 15, Eton Avenue London NW3 3EL
 - d. Exact location of pupil requiring assistance
 - e. Name of pupil
 - f. Your name
 - g. Brief description of symptoms (reiterate that this is a child and it is an emergency)
3. Contact parents
4. Record timings of phone calls, and when situation is safe, ensure that a record of the incident is documented in the pupil's records

USEFUL ADDITIONAL READING FOR COMMON CONDITIONS

CONDITION	USEFUL LINK
Hyperglycaemia (high blood sugar)	https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/
Epilepsy	https://www.nhs.uk/conditions/epilepsy/symptoms/
Allergy and Anaphylaxis	https://www.allergyuk.org/
Head injury	https://www.nhs.uk/conditions/head-injury-and-concussion/
Asthma	https://www.asthmaandlung.org.uk/
Coronavirus (COVID-19)	https://www.nhs.uk/covid-19-advice-and-services/
Chicken Pox	https://www.nhs.uk/conditions/chickenpox/

CONSENT FORM: MEDICINE TO BE GIVEN ON SCHOOL PREMISES

 SARUM HALL SCHOOL	CONSENT FORM: MEDICINE TO BE GIVEN ON SCHOOL PREMISES
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PLEASE LABEL THE BOTTLE/PACKET CLEARLY WITH CHILD'S NAME AND CLASS AND HAND THE MEDICATION IN WITH THIS FORM TO THE HEALTH & WELLBEING COORDINATOR IN PERSON.

THE MEDICINE MUST BE IN ITS ORIGINAL CONTAINER WITH GP'S PRESCRIPTION OR MANUFACTURER'S SAFETY NOTES ATTACHED. THE DOSE GIVEN AT SCHOOL CANNOT EXCEED THE PRESCRIPTION, OR PACKAGE GUIDANCE.

Name of child	
Class	
Reason for medicine	
Name of medicine	
Time & amount to administer	
Approximate ml of liquid / number tablets in package	
When will the medicine be collected?	

THIS IS PERMISSION FOR SCHOOL STAFF TO ADMINISTER THE ABOVE MEDICINE.

Signature of parent / responsible adult	
Date	
Contact phone number	

SCHOOL RECORD OF DATES AND TIME OF GIVING THIS MEDICATION

Day	Date	Amount administered	Time Administered	No. tablets/ml remaining	Administering Staff Name



SARUM HALL
SCHOOL

USE OF EMERGENCY SALBUTAMOL INHALER

(to be completed every academic year)

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 inhaler held by the school for such emergencies.

Child's name	
Class	

Signed	
Date	
Name (Print)	
Address	
Telephone	
Email	

SARUM HALL SCHOOL
USE OF EMERGENCY SALBUTAMOL INHALER – CONSENT FORM

bsaci **ALLERGY ACTION PLAN** **RCPCH** **Anaphylaxis Centre** **AllergyUK**

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**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • 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 Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR** if available
- 4 Commence CPR** if there are no signs of life
- 5 Stay with child** until ambulance arrives, **do NOT stand child up**
- 6 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: sparepensinschools.uk

Emergency contact details:

1) Name:



2) Name:



Additional instructions:

if wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorize 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: sparepensinschools.uk

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

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: