



First Aid Policy

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Endorsed by	Trustees	
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1. Aims

The aims of our first aid policy are to:

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

2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

At least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

We will ensure there are a sufficient number of suitably trained first aiders to care for employees in case they are injured at work.

3.1 Appointed person(s) and first aiders

The school has a number of appointed First Aiders. The main First Aider is Tamara Allen. All First Aiders are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report in the accident book on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

Our school's appointed first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The Trustee board

The Trustee board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The Headteacher

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

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place by the responsible person
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils

3.4 The HR Manager

- Ensuring that first aiders have an appropriate qualification,
- Ensure staff are keep their training up to date and remain competent to perform their role

3.3 The Main First Aider

- Reporting specified incidents to the HSE when necessary (see section 6)
- Checking and stocking First Aid Kits at the start of the academic year

3.5 Kindergarten, Class and Subject Teachers

Kindergarten, Class and Subject Teachers are responsible for:

- Ensuring their First Aid kit is fully stocked and items are in date
- Replacing used items in the First Aid boxes
- Informing the Admin Team when they have used the last of an item from the medical supplies
- Ensuring they return the fully used Accident, Incidents & Illnesses reporting form. These will follow the Class until it is fully completed and all pages are used.

3.6 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing the Accident, Incidents & Illnesses reporting form for all incidents they attend to
- Informing the headteacher or their manager of any specific health conditions or first aid needs
- Replacing used items in the First Aid boxes
- Informing the Admin Team when they have used the last of an item from the medical supplies

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents. Advice should be sought from NHS 111 if staff is at all unsure.
- If emergency services are called, the main first aider or Class Teacher will contact parents immediately.
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- In the event a child has had a bump or injury to the head, it is vital that a Head Bump Letter is given to the parents/carer.

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

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

- A mobile phone

- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the Educational Visits Coordinator or Headteacher prior to any educational visit that necessitates taking pupils off school premises.

For all Kindergarten visits, there will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5. First aid equipment

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

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

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- All Classrooms and kindergartens
- The woodwork shed
- The school kitchen
- There are First Aid kits for Games and Gardening lessons

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident
- A copy of the accident report form will also be kept and the original given to the parents
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

6.2 Reporting to the HSE

The Main First Aider will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Main First Aider will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes

- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalding 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, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the HR Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment
- *An accident "arises out of" or is "connected with a work activity" if it was caused by:
- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

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

6.3 Notifying parents

The main first aider or Class Teacher will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

6.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify the local child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

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

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

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

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

8. Links with other policies

This first aid policy is linked to the:

Health and safety policy

Risk assessment policy

Policy on supporting pupils with medical conditions

Appendix 1: list of trained first aiders

STAFF MEMBER'S NAME	QUALIFICATION GAINED
Tamara Allen	Main First Aider Paediatric First Aid & Emergency First Aid at Work St John's Ambulance 3-day First Aid at Work
Anna Retsler	Paediatric First Aid & Emergency First Aid at Work
Alexandra Julin	Paediatric First Aid & Emergency First Aid at Work
Achala Wickramaratne	Paediatric First Aid & Emergency First Aid at Work
Heulwen Miller	Paediatric First Aid & Emergency First Aid at Work
Lily Janas-Snell	Paediatric First Aid & Emergency First Aid at Work
Marina Cook	Paediatric First Aid & Emergency First Aid at Work
Alex Brew	Paediatric First Aid & Emergency First Aid at Work
Simone Freeman	Level 3 Outdoor First Aid (RQF) & Emergency First Aid at Work
Georgina Tate	Level 3 Outdoor First Aid (RQF) & Emergency First Aid at Work
Ethan Reeves	Level 3 Outdoor First Aid (RQF) & Emergency First Aid at Work
Rachel Steggall	Level 3 Outdoor First Aid (RQF) & Emergency First Aid at Work
Christopher Hammond	Emergency First Aid at Work
Kirsty Featherstone	Level 3 Outdoor First Aid (RQF) & Emergency First Aid at Work
Mita Nesi	Paediatric First Aid & Emergency First Aid at Work
Maria Brooks	Paediatric First Aid & Emergency First Aid at Work
Sarah Newby	Paediatric First Aid & Emergency First Aid at Work
Very Garcia	Paediatric First Aid & Emergency First Aid at Work
Julia Allan	Paediatric First Aid & Emergency First Aid at Work
Sevim Metin	Paediatric First Aid & Emergency First Aid at Work
Elena Oliver Andres	Paediatric First Aid & Emergency First Aid at Work
Nicoletta Favetta	Paediatric First Aid & Emergency First Aid at Work
Stephanie Gill	Paediatric First Aid & Emergency First Aid at Work
Eriko Kawashima	Paediatric First Aid & Emergency First Aid at Work

Appendix 2: Anaphylaxis Policy

The Purpose of this policy is to minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. Anaphylaxis usually develops suddenly and gets worse very quickly. The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

Parent responsibilities

- The parents or carers of all new starters to the school are required to inform the school of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (Appendix 2A)
- If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.
- It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school and a revised medical needs form must be completed. Updating the school if their child's medical needs change at any point. Parents are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
- Ensuring that any required medication (Epipens or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in school must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.
- Attending any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.
- If an episode of anaphylaxis occurs outside school, the school must be informed.
- Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
- Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.
- Children with allergies are not allowed to share food with each other.

Staff Responsibilities

- Training is provided for First Aiders as part of their First Aid Training.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- KG/Class Teacher or Main First Aider will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the KG/Class Teacher or Main First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

The School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school.

What to do if someone has anaphylaxis

Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

If the pupil has been **exposed to something they are known to be allergic to**, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Supply, storage and care of medication

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

For younger children or those assessed as not ready to take responsibility for their own medication there should be medical bag which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a dedicated bag and clearly labelled with the pupil's name.

The pupil's medication bag should contain:

- adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the KG/Class Teacher or Main First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Defibrillator

A defibrillator is available from the medical room as part of the first aid equipment. First aiders are trained in the use of defibrillators.

Appendix 2A – Pupil Allergy Declaration Form

Name of pupil:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date: _____

Review date: _____

This will be reviewed at least annually or earlier if the child's needs change

The Parents will make arrangements in relation to the child travelling to and from the School.

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

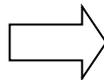
Allergic to: _____

ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:
State Details / Location Here

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

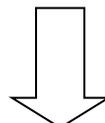
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____
(Antihistamine)
immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

ACTIONS

1. Get _____EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay the child on the floor.
3. Take EpiPen® and remove the grey safety cap.
4. Hold EpiPen® approximately 10cm away from the outer thigh.
5. Swing and jab the black tip of EpiPen® firmly into the outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until the ambulance arrives.
7. Place the used EpiPen® into the container without touching the needle.
8. Contact parent/carer as overleaf.

Appendix 2C – ANAPEN®: Emergency Instructions

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION

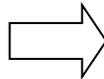
Send someone to get the emergency kit, which is kept in:

State Details / Location Here

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

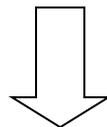


ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

1. Get _____ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an
'ANAPHYLACTIC REACTION'
2. Sit or lay the child on the floor.
3. Get ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from the firing button.
5. Hold ANAPEN® against the outer thigh and press the red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until the ambulance arrives. Accompany the child to the hospital in an ambulance.
8. Place used ANAPEN® into the container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 3 – Asthma Policy

The Principles and Aims of our school Asthma Policy

The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma.

Asthma is the most common long-term medical condition in children. It is an inflammatory condition that affects the airways. It cannot be cured, but with appropriate management, quality of life can be improved. Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early years settings. Appropriate asthma care is necessary for the child's immediate safety, long-term well-being and optimal academic performance. Whilst some older children may be fully independent with their condition, younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents.

Our aim is to:

- Ensures that children with asthma participate fully in all aspects of school life including Games and all outdoor activities
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack

Parent responsibilities

Parents or carers are responsible for informing the school if their child has asthma.

- Ensure their child has an up-to-date written asthma action plan and that they share this with the school. A sample action plan can be found here: <https://www.asthma.org.uk/advice/child/manage/action-plan/>
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates.
- Ensure that children age 11+ takes their inhaler to school and is confident about telling others if they are feeling unwell and needs to use their inhaler.
- Ensure their child has regular reviews (at least annually and after each exacerbation) with their doctor or specialist healthcare professional.
- Ensure in date medicines come into school on the first day of the new academic year. Spacers need to be replaced annually if used regularly.

School management and staff responsibilities

The school management will ensure:

- The school asthma policy is made available to parents and staff.
- That staff understand asthma and the impact it can have on students (students should not be forced to take part in an activity if they feel unwell).

- Ensure students with asthma are not excluded from activities in which they wish to take part.
- The asthma policy is reviewed at least bi-annually.

All Teaching Staff will:

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which students have asthma and be familiar with the content of their individual healthcare plan.
- Allow all students to have immediate access to their emergency medicines.
- Inform parents if a child uses their inhaler at anytime in school.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- KG/Class Teacher will ensure students who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- KG/Class Teachers will liaise with parents, SENCo and parents if a child is falling behind with their work because of their condition. „
- Middle School Teachers and Games Teacher will ensure middle school children have the appropriate medication with them during activity or exercise and are allowed to use them when needed.

Medication

All inhalers held by the school must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. **All school staff will let children take their own medication when needed.**

In the event of an Asthma attack

If a child has an asthma attack in school a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure. No student should ever be sent to get their inhaler in this situation; the inhaler must be brought to the student. Emergency services and parents will be informed.

- 1. Sit the child down, do not lie them down**
- 2. Ensure that the reliever inhaler is taken immediately.**
- 3. Stay calm and reassure the child.**
- 4. Help the child to breathe by ensuring tight clothing is loosened.**
- 5. Follow the instructions on the Asthma Plan**
- 6. Ensure parents or carers are informed of the attack and the treatment.**

If the child's condition worsens or the inhaler has no effect, dial 999 or 112.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be informed about the attack.

Appendix 4 - Parental agreement to administer medicine

One form is to be completed for each medicine.

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Class

Medical condition or illness

St. Paul's Steiner School

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration - y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

I understand that I must deliver the medicine safely to the school office.

Appendix 5 – Note to parent/carer for medication given

Note to parent/carer

Name of school: St Paul's Steiner School

Name of child _____

KG or Class _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 6 – Helpful Guide for Staff if Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

2. Give your location as follows:

**St Paul's Steiner School
1 St Paul's Road
London**

3. State that the postcode is: **N1 2QH**

4. Give exact location in the School:

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the school will keep it under review to ensure links are current.

Department for Education

Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Department of Health

Guidance on the use of Auto Injectors in Schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Allergy Awareness Training

- Food Standards Agency
<https://allergytraining.food.gov.uk/>
- Allergy Wise training for schools
<https://www.allergywise.org.uk/>

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/living-with-an-allergy/at-school/>
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/

Resources for Food Allergy

Further Guidance can be obtained from The Food Standards Agency

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

The Food Standards Agency has also published guidance about the new requirements for PPDS food.

<https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds>

<https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries>

Peanut Allergy - Peanuts are a common cause of food allergy, caused when the immune system reacts to the protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades. It usually develops in early childhood but, occasionally, can appear in later life. Peanut allergy tends to be persistent and only approximately 1 in 5 children outgrow their allergy, usually by the age of 10.

<https://www.allergyuk.org/resources/peanut-allergy-factsheet/>

Allergen Resources - General information

Allergen guidance for consumers

<https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance>

Allergen guidance for food businesses

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

Allergen labelling for food manufacturers

<https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers>

EU commission notice on HACCP and allergens

[https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN)

EU Food Information for Consumers Regulation No. 1169/2011

<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

Food alerts, product recalls and withdrawals

<https://www.food.gov.uk/news-alerts/search/alerts>

Food Information Regulation (England) 2014

<https://www.legislation.gov.uk/ukxi/2014/1855/contents/made>

Safer Food Better Business

<https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb>

Technical guidance

https://www.food.gov.uk/sites/default/files/media/document/fsa-food-allergen-labelling-and-information-requirements-technical-guidance_0.pdf

Useful resources

Allergy and intolerance sign

<https://www.food.gov.uk/sites/default/files/media/document/allergen-signage.pdf>

Chef's recipe card

https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf

Dishes and their allergen content chart. Template and more information at

www.food.gov.uk/allergy-guidance

Allergen Checklist for Food Business

<https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses>

Spare Pens in Schools - adrenaline auto-injectors (AAIs).
<http://www.sparepensinschools.uk>