



# St. James' School

A Woodard School

## Medical Boarding and First Aid, Policy

St James' School  
18-24 Bargate  
Grimsby  
N. E. Lincolnshire  
DN34 4SY

Tel: 01472 503270

Web: [www.saintjameschool.co.uk](http://www.saintjameschool.co.uk)

## CONTENTS

1. Responsibility .....	5
2. Responsibilities of the School Governors .....	5
3. Responsibilities of Members of Staff .....	6
4. Managing Prescription Medicines during the school day .....	6
5. Long-term medical needs .....	8
6. Administering Medicines .....	8
6.1 Self-Management of Medicines.....	8
6.2 Storage of medicines .....	9
7. Hygiene and Infection Control .....	9
8. Drawing up an Individual Health Care Plan (IHCP).....	9
8.1 Co-ordination of information .....	10
9. Educational Visits .....	10
9.2 Sports Activities.....	10
9.3 Home to School Transport.....	11
10. Emergency Procedures .....	11
10.1 In event of emergency incident:.....	11
10.2 Actions following emergency procedure:.....	11
11. First Aid training and records .....	12
11.1 Indemnity .....	13
11.2 Role of First Aiders:.....	13
11.3 First Aid Containers .....	13
11.4 First Aid Room .....	14
11.5 Pupils with special circumstances .....	14
12. Guidance on infection control in school .....	14
12.1 Chickenpox .....	14
12.2 Diarrhoea and vomiting (Gastroenteritis).....	14
12.3 Influenza.....	15
12.4 Coronavirus .....	16
13. Protecting vulnerable children/adults .....	17
13.1 Female staff and students – pregnancy .....	17
14. Minor Medical Complaints .....	18
15. Actual Conditions .....	18
15.1 Asthma.....	18
15.2 Epilepsy.....	19
15.3 Anaphylaxis .....	20
15.4 Diabetes Mellitus.....	21
15.5	
Hyperglycaemia.....	2
0	
16. Emergency injury or illness.....	22
16.1 EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE .....	22
16.2 Cuts and grazes .....	22
16.3 Head injury .....	22
16.4 Concussion .....	23
16.5 Signs and symptoms of concussion .....	23
17. Administration of Paracetamol .....	25

18. Vaccinations in School.....	25
APPENDIX A.....	29
APPENDIX B.....	31
APPENDIX C.....	33
APPENDIX D.....	34
APPENDIX E.....	37
APPENDIX F.....	39

## Policy Statement

St. James’ School is an independent co-educational day and boarding school educating pupils age 2 – 18 years old. It hopes to provide a safe, healthy and happy environment, where the pupils will grow in confidence and be more prepared for the challenges of today. This policy is in operation to ensure every student, including children in the EYFS and boarding houses, every member of staff and all visitors will be looked after in the event of an accident. First aid saves lives and prevents minor injuries from becoming major ones.

St. James’ provides 24 hour care for boarding students, the school nurse and first aid trained staff provide medical cover Monday to Friday from 8.30am to 3.50pm during term time. After hours care for all boarding pupils is available at the GP Unit at the DPOW Hospital.

Pupils are to be treated in a safe and private environment. Day and boarding pupils can rest in the medical room under the school’s nurses’ advice, or for boarding pupils in the need for isolation this will be done at the boarding house (Woodard House). Written and computer based confidential up to date notes of pupils and staff are kept by The School Nurse, including a daily record, in the Medical Room. Accident Books are completed when appropriate.

A Medical Questionnaire outlining significant past medical problems, current ones and present treatment, as well as known allergies, should be completed for every new pupil and member of staff and signed appropriately.

An individual health care plan may be put in place for any child with a specific medical condition, having been discussed with parents/guardians, pupil, G.P. and the School Nurse. All allergy information is available on each pupil recorded on engage.

Protocol for the administration of prescribed and non-prescribed medication can be found in the Staff Handbook and the main school office.

First aid is primarily given by The School Nurse. There are first aid cupboards/boxes in and around the School. A list of staff with first aid training can be found in appendix A of this policy or a paper copy can be made available from the Main

School Office.

St. James' School liaise with the School Community Nursing Service, who screen the children at 5, 11 and 14 years. Height, weight, vision and hearing are all checked. Health advice promotion is given as an on-going part of the School Nurse's role, often on an individual basis.

For all boarding pupils routine dental care should be arranged during the school holidays so as to minimise disruption to academic work. The School Nurse can arrange treatment for an emergency.

The School Nurse is always available with an open independent mind to listen with care and concern to each individual pupil/member of staff. To preserve the need for confidentiality, but be aware of the need to seek advice where necessary. Occasionally, with all nursing/medical matters, if having failed to persuade the pupil to give consent to divulge, the need may arise, in the pupil's better interests or for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

The School Nurse holds weekly meetings with all boarding pupils throughout the school term to discuss any issues that they may have (apart from during the examination period during the summer term when many of the seniors are on examination leave). The School Nurse also attends staff inset days and health and safety meetings.

It is emphasised that the team consists of qualified first aiders and this provision will be adequate to cope with all foreseeable major accidents.

St. James' School will ensure, so far as is reasonably practicable, that first aid arrangements will be managed in compliance with the Health and Safety (First Aid) at Work Regulations 1981 and DfE Guidance on First Aid for Schools 2000.

In the event of an accident all members of the school community should be aware of the procedures in place to provide first aid care and support. After hours care is available for borders at the GP Unit at the DPOW Hospital in Grimsby.

## **Aims/Objectives**

- Prevent further injury
- To undertake suitable and sufficient assessments of first aid needs.
- To ensure compliance with all relevant legislation.
- To identify and implement procedures for dealing with first aid accidents.
- To provide competent and suitably qualified persons for carrying out first aid treatment.

- To conduct regular checks on first aid equipment and stock.
- To comply with DFE coronavirus guidance
- IHCP – Managing medicines

St. James' School acknowledges that pupils with medical needs have the same rights of admission to the school as other children. The School also recognises that most children will have short-term medical needs at some time. A small minority of other children may have longer-term medical needs and require medicines on a long-term basis.

The School further acknowledges the duty of care owed to its pupils, in particular, regarding the effective management of medicines. IHCP can be used as a management tool to help identify the level of support and the most appropriate care required for a child with specific medical needs.

The School is legally bound by the Equality Act 2020. The School is required by the Act to make reasonable adjustments for disabled children including those with medical needs. This requirement is anticipatory, and access to the physical environment and the curriculum should be reviewed regularly and changes outlined in the school development plan. Additionally, as a non-selective school with a Christian foundation, the ethos of inclusion operated by St. James' would include pupils with longer-term medical needs.

Information regarding a child's medical needs will be shared with the staff responsible for the care of that child, in line with the School's policy on confidentiality.

The school can seek further expert advice from the School Health Service and the Local Education Authority regarding health issues.

Parents and school staff should be clear about their respective roles and responsibilities and the policy of the school with regard to medicines and IHCP.

## **1. Responsibility**

Parents have the prime responsibility for their child's health and are required to provide the school with information regarding any medical condition applicable to their child. In some circumstances it may be necessary for parents to obtain information from their General Practitioner or other Medical Professional to assist the school in providing the necessary care for each individual child.

## **2. Responsibilities of the School Governors**

The School Governors must ensure that the school has a Health and Safety Policy incorporating the administration of medicines, and supporting children with complex

or urgent health needs.

Governors must ensure that Employers Liability Insurance and Public Liability Insurance are in place. The insurance must provide full cover in respect of actions that could be taken by staff in the course of their employment. The Governors should support staff to use their best endeavors at all times, particularly in emergencies.

The Governors are responsible for ensuring that relevant school staff are provided with appropriate training on a regular basis in order to support children with medical needs. IHCP may reveal the need for some staff to receive specific or specialised training.

Governors should ensure that there are appropriate systems for sharing information about a child's medical needs.

### **3. Responsibilities of Members of Staff**

All staff (including non-teaching staff) involved in looking after children, need to have appropriate information about children's medical needs and should receive training as required.

All staff must know what to do in an emergency situation and what action to take. This will involve knowledge of the procedures for a fire, dealing with accidents, child protection, unauthorised absence from school and medical emergency (including events outlined on an IHCP). These procedures should form part of a newly employed member of staff's induction, and should be reviewed regularly with all school staff.

Staff must be aware of the school procedures and persons responsible for administering medicines:

- **Pre-Preparatory Department by a Registered First Aider.**
- **Preparatory Department self-administration (under supervision) or Registered First Aider**
- **Senior Department Self Administration (under Supervision) or Registered First Aider**

### **4. Prescription Medicines during the school day**

The School will only accept prescribed medicines as prescribed by a doctor, dentist, nurse or pharmacist. Such medicines must be in the original packaging and adequately labelled with:

- The child's name
- The prescribed dosage
- The time to be administered

Decisions regarding the administration of non-prescription medicines with the pupil's consent will be made by the school nurse or houseparent.

A record of all medicines administered will be completed. All medicines required by overseas pupils will need to be prescribed by their GP registered in the UK.

If in doubt of any procedure regarding administering medicines, staff should not administer medicines, but seek clarification from the School Nurse or Boarding Houseparent.

The member of staff administering medicines must complete the PAM form.

It is the responsibility of the parents to inform the school of any changes to a medicine or care regime. IHCP will be reviewed not less than annually by the key staff member.

Parents of pre-prep and prep children should sign the PAM form to acknowledge administration. In the senior department, pupils will sign to acknowledge administration (unless otherwise stated on an IHCP).

Where possible, parents should ask health care practitioners if medicines can be prescribed in dose frequencies that can be taken outside school hours.

A permission to administer medicine form (Appendix E) should be completed and signed by the person with parental responsibility. Medicines **must not** be accepted without this form.

Controlled drugs must be locked in a non-portable container available only to named staff. A record should be kept for audit purposes.

**A new PAM form should be completed by parents each term for pupil's on long term medicine courses (see Appendix E).**

The person accepting medicines into school is responsible for checking the medicines and instructions for use are compatible, and that a PAM is completed. They must inform the person in their department of the need to administer medicines, and store the medicines in a lockable cupboard/fridge according to instructions.

Parents are responsible for collecting medicines at the end of the school day for use at home.

## **5. Long-term medical needs**

The school needs to have sufficient information about the medical condition of any child. If a child's medical needs are not adequately supported this may have a significant impact on a child's experiences and the way they function in the school.

The school needs to know about the individual needs of a child before a child is admitted, this includes attendance for taster days. Parents are required to complete a confidentiality medical questionnaire before the child attends. This information may indicate the need for an IHCP to be completed. Parents are also required to inform the school as soon as possible if a medical condition develops that the school are not already aware of.

## **6. Administering Medicines**

Pupils in the pre-prep and prep departments will not be given medicines in school, other than those prescribed medicines accompanied by a PAM.

In the Senior Department a pupil's ability to consent to, or refuse, medical treatment should be acknowledged. This ability should be based on competency (rather than age) of the pupil and the pupils full understanding as to the consequences in failing to allow medicines to be administered. If a pupil refuses to take medicine, staff should not force them, but should note this in the record and seek the advice of the Parent. (See Appendix B for Gillick Competency)

### **6.1 Self-Management of Medicines**

It is good practice to support and encourage where able the children to manage their own medicines. The age at which children can do this will vary.

The decision regarding self-management of medicines is the decision of the parent in conjunction with the school nurse.

Where children can take medicines themselves; then school staff may only take a supervisory role. In the Pre-Prep Department, a child may not carry any medicines but they should have immediate access to items such as inhalers and epi-pens. A child may decide when to take an inhaler but this should be supervised and recorded by staff.

In the Senior Department medicines should be kept in the medical room and recorded in the usual way. A pupil may carry their own inhaler or epi-pen, unless otherwise stated on an IHCP.

Staff members should remind pupils to carry their medicines with them when moving

off-site.

## 6.2 Storage of medicines

Medicines should be stored strictly in accordance with product instructions in the original container. All medicines (other than inhalers and epi-pens) should be kept either in a lockable non-portable cupboard specifically for the storage of medicines or kept in a locked refrigerator designated for the sole use of storing medicines. All dates will be checked by the school nurse.

The recipient of the medicine and the school staff members responsible for its administration should know where the medicines are stored and how to access them.

Staff should not dispose of medicines. Parents should collect them. Where this is not practicable the school nurse should be informed, who will make arrangements to dispose of them at a pharmacy. All medicines brought with overseas students will be returned with the pupil when they return home.

## 7. Hygiene and Infection Control

Staff should follow the procedures outlined in the Health & Safety Policy and adhere to all government guidance advice regarding Covid-19.

## 8. Drawing up an Individual Health Care Plan (IHCP)

The main purpose of an IHCP for a child with medical needs is to identify the level of support needed. Not all children with medical needs will require an IHCP. Each child's medical needs should be individually judged.

IHCP will be drawn up based on the information provided by the parent on the confidential medical questionnaire.

An IHCP is intended to clarify for school staff, parents and the child, the help that can be provided. It is important for staff to be guided by information provided by the child's G.P or other healthcare professional.

Staff and parents should agree a date for the review of the IHCP. Each plan should be reviewed annually or sooner if there is a change to a child's requirements. It is the responsibility of the parent to notify any changes immediately. Changes should be applied to the IHCP and signed by both staff and parents. Parents should receive a copy of each IHCP.

Suggestions for the development of an IHCP could include:

- Head of Department
- Parent
- The child
- Early Years practitioner/class teacher/form tutor

In addition, other agencies could be called upon to assist in developing an IHCP, this could include; school nursing service, specialist practitioners.

A new child attending school may have been previously assessed by the Early Support Programme, may arrived with detailed records which should be referred to in the development of an IHCP.

### 8.1 Co-ordination of information

The staff member responsible for compiling an IHCP is responsible for the dissemination of information. The kitchen manager should be informed of any special dietary needs or allergies.

The School will endeavor to provide appropriate meals for children with special dietary needs or allergies, but it may be necessary on occasions to ask parents to provide separate food (e.g., packed lunches, snacks or party food).

The kitchen manager will inform catering staff of children with special dietary needs or allergies. Lists of such children should be displayed in the kitchen near the servery.

It is the School Nurses' responsibility to ensure staff involved in the following activities are aware of a child's needs from an IHCP:

- Sports/swimming teachers
- Supervision of children outside the classroom environment
- Driving to-from school transport.

## 9. Educational Visits

School staff must be aware of children requiring medicines and children with IHCP when completing risk assessments for visits. Awareness of safety requirements for medicines, emergency procedures etc., should be taken into account when planning activities and staff supervisory ratios. Copies of IHCP should be taken on visits, plus required medicines and records.

### 9.2 Sports Activities

All children should be encouraged to participate in sporting activities according to their abilities. However, some children (such as asthma sufferers for example) may need

to take precautionary measures beyond those normally implemented for the sports activity. Such precautions may be necessary either before or during exercise and may require that the child has immediate access to their medicines. School staff, therefore need to be aware of any such requirements. Any restrictions on a child's ability to undertake sporting activity should be recorded in the IHCP. All staff supervising sporting activities should be made aware of the relevant medical conditions and any preventative medicines required and the procedures to be implemented in an emergency situation.

Staff should consider whether risk assessments are necessary for individual children.

### 9.3 Home to School Transport

Drivers should not generally be required to administer medicines, but where there is an agreement; drivers and escorts must know what to do in the event of a medical emergency. To administer medicines in an emergency situation they must receive appropriate training.

Where a child may have life-threatening medical conditions the child's IHCP must be carried on the vehicle. All drivers and escorts should have basic first aid training. To minimise the risk of severe allergic reaction to food, children should not be allowed to eat on vehicles.

## 10. Emergency Procedures

All school staff must know how to call the emergency services. A member of school staff should always accompany any pupil taken to hospital by the ambulance service. In all emergency situations, an ambulance should be called, and staff should not transfer pupils by car.

IHCP should include instructions as to how to manage a child in an emergency.

### 10.1 In event of emergency incident:

1. Follow procedure as outlined on IHCP – go straight to action 2 (below) if in doubt of severity.
2. Call for an ambulance if condition severe. (Arrange for a school staff member to accompany the child and keep school updated with information from hospital staff)
3. Contact the Headmaster or Bursar
4. Inform parents
5. Fill in incident form (copies to Headmaster, Health and Safety Co-Ordinator, school nurse).

### 10.2 Actions following emergency procedure:

Managers should debrief staff involved on actions carried out during the emergency

situation and review the procedures to ensure adequacy. Any changes that are identified as being necessary should be communicated to all relevant staff.

## **11. First Aid training and records**

The record of first aid trained staff is maintained by the school administration team and first aid boxes is maintained by the School Nurse, records are kept on the school computer network.

Details of qualified first aid staff and pediatric first aid trained staff are widely distributed to staff and the names of first aid trained staff are displayed throughout the school.

All first aid administered must be logged in a daily book which is stored in the medical room. Pupil records are also available on the school MIS system which is updated with all relevant medical information. This should include: date, time and place of incident, name of the injured or ill person, details of injury or illness, what happened to the person afterwards and name and signature of the first aider or person dealing with the incident. All accidents should be logged in an accident book.

Parents in the EYFS will be informed about all accidents and injuries. For all minor injuries, details are noted in the accident book (as above) and parents are informed on collection of their child and asked to counter sign. For more serious injuries (for example head injuries) parents will be contacted immediately by telephone to discuss appropriate action, accident book completed (as above).

Accident books can be located in:

- Medical Room
- School Office
- Preparatory Department
- Pre-Preparatory Department
- Senior Department
- Dining Room
- Woodard House

In the EYFS, Ofsted will be notified of any serious accident, illness or injury to or the death of any children while in their care, and of the action taken. Notification will be made as soon as is reasonably practicable, but in any event with 14 days of the incident occurring. The School will notify local child protection agencies if any serious accident or injury to, or the death of any child while in their care, and will act in any advice from those agencies.

Any accident that involves either a pupil or member of staff being sent to hospital should be notified to the Headmaster or Bursar as soon as possible.

### 11.1 Indemnity

The School's insurance provides full cover for claims arising from the actions of staff acting within the scope of their employment. Members of staff with a current first aid qualification who use their skills at the school, or whilst on a school trip or off-site activity, are viewed as acting within their employment and are indemnified.

### 11.2 Role of First Aiders:

1. Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible and within the scope of their qualification.
2. Help fellow first aiders at an incident and provide support as needed.
3. Ensure that any significant head injuries are reviewed at the hospital. Parents should be informed of any head injury as soon as practicably possible.
4. Ensure that a staff member or parent accompanies any child to the hospital.
5. Keep a record of each child attended to, the nature of the injury and any treatment given.
6. In the case of an accident, an accident book must be completed.
7. Ensure first aid cabinets and bags are restocked following use.
8. Ensure first aid kits are adequately stocked.
9. To ensure completed accident forms are sent to the Medical room for filing and followed up by an email to the school nurse, or in the case of early year's settings, filed in appropriate records.
10. To ensure that their qualification is up to date.

*NB: For the EYFS, it is essential that there is a qualified PEDIATRIC FIRST AIDER on site when children are present, or with the children in the event of a school trip or outing.*

### 11.3 First Aid Containers

The required minimum number of first aid containers is provided by the school and should be checked and restocked regularly, supplies can be obtained from the medical room, senior school.

In the school there are 2 types of first aid containers. The first are full first aid kits, which are located where there are first aid qualified members of staff. The second type are immediate aid kits and provide a straightforward selection of plasters and dressings for low risk areas.

First aid bags to be used for sports events and off-site visits can be obtained and restocked from the medical room in the senior school. It is the responsibility of the sports staff to ensure that the First Aid bags are used for First Aid purposes only, that they contain only First Aid items and are kept clean. They are responsible for

returning the bags to the Medical Room each half term for cleaning and restocking.

There are also first aid kits in each school minibus. It is the responsibility of the driver to ensure the first aid kit checks with the list of contents before each journey. Appendix C lists the location and type of first aid kits.

#### 11.4 First Aid Room

The School's nominated first aid room is the Medical room in the Senior Department. Supplies for restocking first aid containers can be obtained by contacting the Medical Room.

Pupils, staff or visitors requiring treatment for injury or illness should report to the medical room. If the school nurse is not available, then report to the school office, who will contact first aid assistance.

#### 11.5 Pupils with special circumstances

All information regarding pupils with medical needs or illnesses will be logged on engage and available for the relevant staff to view.

## 12. Guidance on infection control in school

### 12.1 Chickenpox

Chickenpox\* Until all vesicles have crusted over See: Vulnerable children and female staff – pregnancy

German measles (rubella)\* Four days from onset of rash Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy

### 12.2 Diarrhoea and vomiting (Gastroenteritis)

Diarrhoea has numerous causes but diarrhoea caused by an infection in the gut can be easily passed to others

#### **Symptoms**

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

These infections are spread when organisms enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating contaminated food or drinks. Also, infection can be spread to contacts when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.

#### **Exclusion**

Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.

For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local HPT, school health advisor or environmental health officer will advise.

If a child has been diagnosed with cryptosporidium, they should NOT go swimming for two weeks following the last episode of diarrhoea.

### **Do's**

Ensure the case is excluded. Do encourage staff and children to practice good hand hygiene at all times. Notify your local Health Protection Team if there are more cases than normally expected.

### **12.3 Influenza**

Influenza, commonly known as flu, is caused by a virus, usually influenza A or B. The illness is very infectious and easily spreads in crowded populations and in enclosed spaces. Flu viruses are always changing so this winter's flu strains will be slightly different from last winters.

Annual vaccination is recommended for certain groups of people. Currently all children between the ages of 2, 3 or 4 years and children in year groups 1, 2 and 3 are recommended to have vaccination against influenza.

This programme will include more year groups in the future, your school health team will be able to advise you on this Influenza vaccine is also recommended for pregnant women. For further details see national immunisation schedule.

### **Symptoms**

Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, fever, cough, sore throat, aching muscles and joints and tiredness. Cases are infectious 1 day before to 3 to 5 days after symptoms appear.

### **Spread**

By breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues, surfaces. Incubation period is between 1 to 3 days.

## **Exclusion**

There is no precise exclusion period. Adults and children with symptoms of influenza are advised to remain at home until recovered.

## **Do's**

Encourage those in risk groups to have the influenza vaccine.

Encourage children and staff with flu-like symptoms to stay at home until recovered.

Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use.

Ensure regular hand washing with soap and water, especially after coughing or sneezing.

## **12.4 Coronavirus**

DfE Coronavirus helpline

Telephone 0800 046 8687

## **What to do if a pupil is displaying symptoms of coronavirus (COVID-19).**

If anyone in your school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia). They must be sent home and be advised to follow the guidance for households with possible or confirmed coronavirus (COVID-19) infection.

This sets out that they must:

- self-isolate for at least 10 days
- arrange to have a test to see if they have coronavirus (COVID-19)

## **Action list:**

1. The child should be escorted to the medical room immediately, but
2. In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital except in an emergency.
3. Call parents/legal guardian to collect pupil and take them home. Advise them that all household members will need to isolate and refer them to the guidance for households with possible or confirmed coronavirus (COVID-19) infection.
4. While the pupil is awaiting collection open a window for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
5. Staff caring for a pupil while they are awaiting collection should maintain 2 metre distancing. If not possible, for example with a young child, they should wear suitable PPE. A face mask should be worn. If contact is necessary gloves, an apron and a face

mask should be worn. If there is a risk of fluids entering the eye (e.g., from coughing, spitting or vomiting) Eye protection should also be worn.

### **13. Protecting vulnerable children/adults**

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought.

It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

#### **13.1 Female staff and students – pregnancy**

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles, she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

## 14. Minor Medical Complaints

- Parent/ carers will not be informed if the student has a minor complaint:
- Cuts and grazes that does not require professional attention.
- A sprain/ strain to ligaments muscles where the student confirms that that initially reported pain has stopped and physical movement is not visibly hampered.
- A headache that goes away.
- If prior permission has been given for administering paracetamol as set out in PAM.

Students in our school are expected to take responsibility for their health and are therefore expected to inform parent/carer of any minor injury/ illness that has occurred during the school day.

Parent/carers will always be contacted, or the secondary contacts supplied on Engage will be contacted, and every effort made to speak with them personally should a student:

- Need to attend hospital
- If an ambulance is called
- Has a suspected contagious rash
- Has been stung/ bitten by an insect or animal.
- Has an injury to the head of any kind.
- Appear to be unfit to continue their day at school
- Who has an existing health care plan in place and is feeling unwell
- If the injury is deemed not accidental

## 15. Actual Conditions

### 15.1 Asthma

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthmatic attack is the sudden narrowing of bronchi.

Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, deodorant, paint and fumes for science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks. Students are asked to have their inhalers with them at all times and especially when they are doing PE, and when they are on trips out of school. A spare inhaler clearly labelled with the student's name, dosage/ frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents. Parents are

responsible for ensuring that the inhaler medication is renewed well before the expiry date.

### **WHAT TO DO IN THE EVENT OF ASTHMA ATTACK**

1. Keep calm – it is treatable
2. Let the child sit down: do not make the child lie down.
3. Let the child take his usual treatment – normally a blue inhaler
4. Call First Aid If the child has forgotten his inhaler, and there is not a spare one in the office summon a parent or guardian to bring one in from home.
5. Wait 5 to 10 minutes
6. If the symptoms disappear, the child can go back to what he was doing.
7. If the symptoms have improved but not completely disappeared, summon a parent or guardian and give another dose of the inhaler while waiting for them to arrive.
8. If the normal medication has no effect, follow the guidelines for 'severe asthma attack'.

### **SEVERE ASTHMA ATTACK**

A severe asthma attack is: When normal medication does not work at all. The child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance
2. The Appointed Person or a member of the office or teaching staff will inform a parent/carer
3. Keep trying with the usual reliever inhaler, and do not worry about possible over dosing
4. Fill in an accident form IF IN DOUBT TREAT AS A SEVERE ATTACK.

### **15.2 Epilepsy**

Epilepsy is a tendency to have seizures (convulsions or fits) There are many different types of seizures; however, a person's first seizure is not always diagnostic of epilepsy.

### **WHAT TO DO IF A CHILD HAS A SEIZURE**

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course.
3. Do not try to restrain convulsive movements.

4. Do not put anything in the child's mouth, especially your fingers.
5. Do not give anything to eat or drink.
6. Loosen tight clothing especially round the neck.
7. Do not leave the child alone.
8. Remove all students from the area and send a responsible pupil to the school office for assistance.
9. If the child is not a known epileptic, an ambulance should be called.
10. If the child requires medication to be given whilst having the seizure, then the Appointed Person or a member of staff trained to give the medication must do it.
11. As soon as possible put the child in the recovery position. Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.
12. The person caring for the child during the seizure should inform the parent/carer as they may need to go home, and if not, a known epileptic they must be advised to seek medical advice.

### 15.3 Anaphylaxis

Anaphylaxis is an acute; severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets).

In its most severe form, the condition is life threatening. Students should have their own EpiPen with them at all times, and a spare. EpiPen's should be made available by the parents to the First Aid room. All First Aiders are given annual training from the school nurse on how to administer the EpiPen. All staff are also required to attend such training as a whole school event when it is organised by SLT. For further information regarding Anaphylaxis please see appendix F.

#### **Symptoms**

- Itching or strange metallic taste in the mouth Hives / skin rash anywhere on the body, causing intense itching.
- Angioedema – swelling of lips/eyes/face Swelling of throat and tongue – causing breathing difficulties / coughing / choking.
- Abdominal cramps and vomiting Low blood pressure – child will become pale / floppy.
- Collapse and unconsciousness.

Not all of these symptoms need to be present at the same time.

## **WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION**

1. DO NOT PANIC.
2. Stay with the child at all times and send someone to the school office / First Aid Room.
3. Treat the child according to their own protocol which will be found with their allergy kit. IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG.
4. Contact the parent or guardian.
5. If you have summoned an ambulance, give the crew the used EpiPen.

### **15.4 Diabetes Mellitus**

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

## **WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK (LOW BLOOD SUGAR LEVELS)**

1. DO NOT PANIC.
2. Notify First Aid.
3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
4. Get the child to First Aid to test the blood sugar level if they have their own blood glucose monitor.
5. Notify the parent or guardian.
6. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately.

### **15.5 Hyperglycaemia (Too much sugar in the blood stream)**

Symptoms of hyperglycaemia in people with diabetes tend to develop slowly over a few days or weeks.

In some cases, there may be no symptoms until the blood sugar level is very high. Symptoms of hyperglycaemia include:

- increased thirst and a dry mouth
- needing to pee frequently
- tiredness

- blurred vision
- unintentional weight loss
- recurrent infections, such as thrush, bladder infections (cystitis) and skin infections
- tummy pain
- feeling or being sick
- breath that smells fruity

## 16 Emergency injury or illness

An Ambulance will be called after any accident / incident if the First Aider in charge or the school nurse, deems it necessary to have immediate medical intervention. In the event this is deemed necessary the parent/carer will be contacted after the ambulance has been called. A member of staff will always travel in the ambulance to the accident and emergency department if the parent/carer is unavailable at the time of departure. In this event the member of staff should take a 'Student Details' sheet printed out from Engage so that relevant and up to date information can be given at the hospital. They should also ensure that a second member of staff knows that they have gone and arrangements for returning to school or home have been made.

### 16.1 Emergency procedure for calling an ambulance

1. Dial 999.
2. Ambulance required at: ST JAMES' SCHOOL, 22 BARGATE, GRIMSBY, DN34 4SY. Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment that has or is being administered.
3. Inform them of the nearest entrance, and direct them as required.
4. Notify the nearest member of staff to ensure that a person is available to meet the ambulance and take the personnel to the place where the person for who the ambulance has been called is situated.

### 16.2 Cuts and grazes

All First Aiders will use latex free surgical gloves when treating any or potential open wound. Wounds will be cleaned with water and/ alcohol free surgical wipes. If plasters, adhesive dressings or gauze bandages are used, students who are judged competent to answer will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer this question, parent/carers will be contacted before the plaster or such item is administered, and if necessary, the parents/carer will be advised to attend the school immediately to administer it.

### 16.3 Head injury

Any student who reports a blow to the head will be asked the following set

questions:

- How did it happen?
- When did it happen?
- Where did it happen?
- How do you feel?

The student will be monitored in the First Aid room for 20 minutes minimum for any signs of concussion. If the injury is minor the student will return to normal lessons advising that the student is returned to the first aid room if any of the following signs or symptoms are reported by the student or observed by the member of staff. Students themselves are told to come back to the First Aid room if they start to feel faint, dizzy or feel sick. Parent/carers will be informed a head injury is suspected. If there are further concerns in school, parent/carers will be contacted to come and collect their child immediately. At this point advice will be given to the parent/carer to seek further professional medical advice.

#### 16.4 Concussion

Concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head.

It usually only lasts up to a few days or weeks, although it sometimes needs emergency treatment and some people can have longer-lasting problems.

#### Signs and symptoms of concussion

Signs of a concussion usually appear within a few minutes or hours of a head injury.

But occasionally they may not be obvious for a few days, so it's important to look out for any problems in the days following a head injury.

Symptoms include: -

- headache that does not go away or is not relieved with painkillers
- dizziness
- feeling or being sick
- memory loss – you may not remember what happened before or after the injury
- clumsiness or trouble with balance
- unusual behavior – you may become irritated easily or have sudden mood swings
- feeling stunned, dazed or confused
- changes in your vision – such as blurred vision, double vision or "seeing stars"
- being knocked out or struggling to stay awake

### Symptoms in children

Concussion can be harder to spot in babies and young children. Important symptoms to look out for are changes in their normal behaviour after a head injury, such as:

- crying a lot
- differences in their feeding or sleeping habits
- a loss of interest in people or objects

### Measures to reduce the risk of Head injury/Concussion

The school is inspected regularly to minimise the risks for sustaining head injuries. Staff are encouraged to take the following steps to minimise the risk of any potential head injuries.

- Pupils should be healthy and fit for sport
- Pupils are taught safe playing techniques and expected to follow rules of play.
- Pupils should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Pupils always wear the right equipment for each sport. These guidelines will be given to parents by the school.
- Staff are to ensure that all pupils are wearing the right equipment for each sport
- Equipment should be in good condition and worn correctly
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or suspected with concussion
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and are able to summon immediate medical assistance
- All coaching staff are able to recognise signs and symptoms of concussion and are vigilant in monitoring players accordingly
- Accident/incident forms are completed promptly and with sufficient detail
- Every head injury is taken seriously
- If in doubt, sit them out

### Signs of a more serious head injury

In rare cases, a concussion can lead to edema (brain swelling), permanent brain damage, and even death. Call 999 right away if a student develops:

- A headache that gets worse and does not go away;
- Significant nausea or repeated vomiting;
- Unusual behaviour, increased confusion, restlessness or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness or decreased coordination;
- Convulsions or seizures (shaking or twitching); or

- Loss of consciousness (passing out)

### 16.5.1 Administration of Paracetamol

As a rule, non-prescribed medication should not be issued. However, Paracetamol can be issued to relieve pain, provided the practice is strictly controlled and we have, permission from the parent/carer. Therefore, contact with the parent/carer is required to give consent to the school for giving Paracetamol in the event of a minor ailment e.g., headache, toothache etc., so that the student is able to continue comfortably and with as little disruption to their school day as is possible.

If there isn't any communication possible, check on Engage that there are no contraindications to giving Paracetamol. A courtesy e-mail will be sent to the e-mail address that we have on file to inform the parent/carer that medication has been given. In the event that an e-mail address has not been supplied a telephone call will be made as soon as possible. If students make repeated requests for Paracetamol parents/carers will be informed and the school may withdraw the availability of Paracetamol, or ask you to provide individual medication which will be kept in the First Aid room. If the treatment is going to be continuous and medication is needed for more than two consecutive days, you will need to complete an additional form and the medication must have an appropriate pharmaceutical label on giving clear instructions of dosage. If at any time there is a change of circumstance please notify the school writing.

### 16.6 Vaccinations in School

#### Contact details:

School Nursing, William Molson Centre, Kent Street, Grimsby, North East  
Lincolnshire, DN32 7DJ

Email: [schoolnursingadvice@nelincs.gov.uk](mailto:schoolnursingadvice@nelincs.gov.uk)

Telephone: 01472 323660

Opening times: Monday to Friday 8.30am to 4.30pm, except bank holidays

#### Injections in schools

Vaccine	Year Group	Timetable
Influenza	Primary age and Year 7	September to December
Diphtheria, Tetanus & Polio	Year 9	January to March
Meningococcal ACWY	Year 9	January to March
Human Papilloma Virus First Dose	Year 8	April to July
Second dose	Year 9	April to July

## **Things you need to know about vaccines. Vaccines:**

### **Do**

- protect you and your child from many serious and potentially deadly diseases
- protect other people in your community – by helping stop diseases spreading to people who cannot have vaccines
- get safety tested for years before being introduced – they're also monitored for any side effects
- sometimes cause mild side effects that will not last long – some children may feel a bit unwell and have a sore arm for 2-3 days
- reduce or even get rid of some diseases – if enough people are vaccinated

### **Don't**

- Do not cause autism – studies have found no evidence of a link between MMR vaccine and autism
- Do not overload or weaken the immune system – it's safe to give children several vaccines at a time and this reduces the number of injections that they need
- Do not cause allergies or any other conditions – all of the current evidence tells us that vaccinating is safer than not vaccinating
- Do not contain mercury (thiomersal)
- Do not contain any ingredients that cause harm in such small amounts – but speak to your doctor if you have any allergies such as eggs or gelatine

### **Why Vaccines are important**

Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to 3 million deaths worldwide every year.

Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely.

Other diseases like measles and diphtheria have been reduced by up to 99.9% since their vaccines were introduced.

However, if people stop having vaccines it's possible for infectious diseases to spread again.

### **Information**

The World Health Organization (WHO) recently listed vaccine hesitancy as one of their top 10 biggest threats to global health.

Vaccine hesitancy is where people with access to vaccines delay or refuse vaccines.

### **Measles and mumps in England**

Measles and mumps are starting to appear again in England, even though the MMR vaccine is safe and protects against both of these diseases.

Measles and Mumps cases have nearly doubled in recent years. This can lead to life threatening complications.

If 95% of children receive the MMR vaccine, it's possible to get rid of Measles. However, measles, mumps and rubella can quickly spread again if fewer than 90% of people are vaccinated.

### **How vaccines work**

Vaccines teach your immune system how to create antibodies that protect you from diseases.

It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them.

Once your immune system knows how to fight a disease, it can often protect you for many years.

### **Herd Immunity**

Having a vaccine also benefits your whole community through 'herd immunity'.

If enough people are vaccinated, it's harder for the disease to spread to those people who cannot have vaccines. For example, people who are ill or have a weakened immune system.

Policy	Date Approved	Body Approved	Author	Date of next review
First Aid, Medical and Boarding Policy	December 2020		TS	September 2021



St James' School  
18-24 Bargate  
Grimsby  
N. E. Lincolnshire  
DN34 4SY  
Tel: 01472 503270

Web: [www.saintjameschool.co.uk](http://www.saintjameschool.co.uk)  
Email: [Enquiries@saintjameschool.co.uk](mailto:Enquiries@saintjameschool.co.uk)

## APPENDIX A



### St. James' School Renewal Dates re: First Aid Certificates

Name	Position	Certificate held	Date of course	Renewal Date due
<b>Pre Prep</b>				
Elli Fillingham	Pre Prep	Pediatric First Aid	Jan 2020	Jan 2023
Sam Clayton	Pre Prep	Emergency Aid in Schools	March 2018	March 2021
Kerry Jones	Pre Prep	First Aid in Schools	Sept 2017	Aug 2020
Rebecca Goulden	Pre-Prep	Pediatric First Aid	Jan 2020	Jan 2023
Michelle Foster	Pre Prep	Pediatric First Aid	Jan 2020	Jan 2023
Kayleigh Grant	Pre Prep	Pediatric First Aid	Jan 2020	Jan 2023
Sophie Hunter	Pre Prep	Pediatric First Aid	Jan 2020	Jan 2023

Charlotte Cleverley	Pre Prep	Pediatric first Aid	May 2020	(Current Mat Leave)
Souad Samkoe	Pre Prep	Level 3 Pediatric First Aid	Jan 2020	Jan 2023
<b>Prep</b>				
Heather Boardman	Prep	First Aid in Schools	Sept 2018	Sept 2021
Megan Langley	Prep	Playground supervisors First aid	Sept 2018	Sept 2021
Phil Yarborough	Prep	First Aid in Schools	Sept 2018	Sept 2021
Meirion Yeoman	Prep	First Aid in Schools	Sept 2018	Sept 2021
<b>Senior</b>				
Tracy Shepherd	Senior	Advanced First Aid	Sept 2018	Sept 2021
Florence Lambert	Senior	Emergency Aid in Schools	September 2020	Sept 2023
Martin Johnson	Senior		September 2018	Sept 2021
Louise Hagerup	P.E	First Aid in Schools	January 2020	Sept 2023
Samantha Love	Lab Technician		June 2020	Sept 2023
Julie Moulding	SENCO	First Aid	Sept 2018	Sept 2021
<b>Boarding</b>				
Elizabeth Champion	Houseparent	Emergency Aid in Schools	Sept 2020	Sept 2023
Bill Dalby	Houseparent & Maintenance	First Aid	Sept 2018	Sept 2021
Elizabeth Berriman	Houseparent	Emergency Aid in Schools	Sept 2020	Sept 2023
Ian Day	Houseparent	Emergency Aid in Schools	Sept 2020	Sept 2023
Rabia Khan	Houseparent	Emergency Aid in Schools	Sept 2020	Sept 2023
<b>Maintenance/ Catering</b>				
Karen Cross	Catering	First Aid in Schools	Sept 2020	Sept 2023
Rob Cordell	Maintenance	First Aid in Schools	Sept 2020	Sept 2023
Steve Julier	Maintenance	Playground supervisors First Aid	Sept 2018	Sept 2021
James McKeon	Maintenance	First Aid in Schools	Sept 2020	Sept 2023

## **APPENDIX B**

### **GILLICK COMPETENCY**



#### **St James' School Gillick Competency Assessment Self-Treatment of Medicines**

People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they're believed to demonstrate enough intelligence, maturity, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.



--	--	--	--	--	--	--

## APPENDIX C

### Location of First Aid Containers

Location	Full First Aid Kit (FAK)
Kitchen	X
Maintenance Hut	X
Laundry	X
Woodard House	X
Minibuses *	X
Preparatory School	X
Pre-Prep Fledglings	X
Pre-Prep Nursery	X
Reception	X
Science Lab	X
Home Economics	X
Gisby	X

### Contents of First Aid Containers

<b>FAK</b>
<b><i>List of Contents</i></b>
HSE – Basic first aid advice leaflet

20 assorted plasters (blue in kitchen)
3 Saline eyewash pads
2 sterile eye pads
2 triangular bandages
2 pairs disposable gloves
6 safety pins
6 medium size sterile wound dressings
2 large sterile wound dressings
1 packet/20 gauze swabs
20 alcohol free wipes
1 micropore tapes
2 bandages
1 instant cold pack
scissors
Spillage compound *

## APPENDIX D

### St. James' School Individual Health Care Plan (IHCP)

<b>School Department</b>	
Child's Name	
Year Group and form	
<b>Date of Birth</b>	
<b>Child's Address</b>	
<b>Medical Diagnosis or condition</b>	
<b>Date:</b>	
<b>IHCP Review Date:</b>	
<b>Family Contact Information</b>	

Name: (1 <sup>st</sup> Contact)	
Telephone Number:	Home: Work: Mobile:
Name: (2 <sup>nd</sup> Contact)	
Telephone Number:	Home: Work: Mobile:
<b>G.P</b>	
Name:	
Telephone Number:	
<b>Other Medical Professional Contact</b>	
Name:	
Telephone Number:	
Medicines taken by child:	
Describe medical needs and give details of child's symptoms:	

Daily needs during school day	
<b>Daily care requirements e.g., before sport</b>	
<b>Describe what constitutes and emergency for the child, and the action to be taken:</b>	
<b>Follow up care following emergency situation:</b>	
<b>Names of key staff responsible in an emergency situation:</b>	

<b>Details of debrief following emergencies situation and any actions to be taken:</b>	
<b>Signature of person with parental responsibility:</b> <b>Date:</b>	
<b>Signature of Staff member:</b> <b>Date:</b>	
<b>Copies of form issued to:</b> Headmaster Medical records (senior school) Head of department Form teacher Parent	

## APPENDIX E



St. James' School

## PERMISSION TO ADMINISTER MEDICINES IN SCHOOL FORM

This form needs completing by parents/person with parental responsibility prior to medicines being administered. Medicines must be in original packaging with name of child, name of medicine and dosage instructions. If this form does not accompany any medicines, they will not be accepted into school. Please complete all sections. Children with inhalers and EpiPen's also require this form to be completed.

<b>NAME OF CHILD</b>	<b>DATE OF BIRTH</b>
	<b>SCHOOL YEAR</b>




Completed forms and medicine to be returned to the Main School who will contact the relevant teachers and the School Nurse.

## APPENDIX F



# Guidance on the use of adrenaline auto-injectors in schools

# 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):

- |                       |   |
|-----------------------|---|
| <b>AIRWAY:</b>        | Persistent cough<br>Hoarse voice<br>Difficulty swallowing, swollen tongue                 |
| <b>BREATHING:</b>     | Difficult or noisy breathing<br>Wheeze or persistent cough                                |
| <b>CONSCIOUSNESS:</b> | Persistent dizziness<br>Becoming pale or floppy<br>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.

The full documents can be accessed here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)