



St. Philomena's Catholic Primary School

Headteacher: Miss V Maher

First Aid Policy
January 2025

Date of Policy	Signed	Position
January 2025	Veronica Maher	Headteacher
Monitoring	By	Date
Reviewed	Resources Committee	Every 2 years
This policy will be reviewed at least every two years by the full Governing Body		

ST PHILOMENA'S CP SCHOOL

First Aid Policy

This document has been produced in conjunction with the School's Health and Safety policy.

1. Aims of the policy

The School acknowledge their responsibility to ensure the safety of their staff, pupils and visitors whilst on the school site, or during any off-site activity arranged by the school.

The School will comply with the Health and Safety (First Aid) Regulations 1981 by ensuring that adequate and appropriate equipment, facilities and qualified first-aid personnel are provided and available.

2. Objectives

The school will ensure that:-

- i) The appropriate number of first aiders / appointed persons required to meet the needs for the school are identified and that they receive the relevant training. This must include any follow up or refresher training in order to carry out their duties;
- ii) Adequate and appropriate equipment, materials and facilities are provided to carry out first aid treatment;
- iii) The appropriate first aid arrangements are in place for off-site activities / trips;
- iv) The necessary first aid arrangements are in place for out of school hours, e.g. before and after school clubs, parents evenings etc.
- v) Staff and parents are informed and aware of the school's first aid arrangements;
- vi) Records of all accidents / incidents are kept and reported where required and where appropriate investigated
- vii) Records are kept of all occasions where first aid is administered to employees, pupils and visitors.

3. Arrangements

The school recognise that the Health and Safety (First Aid) Regulations set out specific requirements for employees; however, there remains a clear duty of care for the pupils within the school, which can only be provided by allocating a sufficient number of appropriately trained first aid staff. The school have carried out a suitable and sufficient risk assessment in order to identify the number of trained first aiders with the necessary controls required and have safe working procedures in place as a result.

In line with the school's Health & Safety policy, the school will ensure that agreed appropriate first aid cover is in place for the full working day, including, where appropriate, before and after school clubs, PTA events, etc. Consideration has also been given to ensure that first aid cover is available should first aider(s) be absent from work due to sickness.

The school will consider the needs for all persons that they have a responsibility for and that any additional controls are implemented where necessary.

Any staff that are trained in first aid will be trained to the appropriate level. This will include staff responsible for children under 5, who will be trained to Paediatric First Aid level. All staff are First Aid trained where possible.

People with minor injuries should report to the class teacher or breaktime first aider. Students needing First Aid during a lesson should be dealt with in class where possible. If children need to come to the school office, they should be accompanied by another student (if the injury is minor) or by another adult if the injury is more serious. If there is no adult to accompany the child, the

adult in the classroom should send a message to the office with another child and an office member will go to the pupil.

If it would further endanger the student to go to the office, then the nearest First Aider should be called to the casualty and the office informed.

Casualties with suspected fractures or back or neck injuries must not be moved unless directed by the ambulance personnel for the patient's safety. They must NOT be moved on the instructions of ANY bystander.

General First Aid Boxes are located under the main stairs in the "First Aid Area", in the playground, in the kitchen and in the room used for Breakfast and Green Room Club. These boxes are wall mounted and/or are visible and easy to access. First aid resources are checked and replenished termly by office staff. Adults using resourced should inform the office if stocks are used up in the meantime. Individual class First Aid Resource Bags are located in the classroom and there is a second bag in the School Office.

There is a First Aid station in the playground, underneath the shelter. All playground staff are First Aid trained. Any serious incidents or visible marks on the head or face should be reported to the office after First Aid is administered so that the parent can be informed. The office should be informed if an ambulance is required, the office will then inform the Headteacher (or person in charge).

There is a fully stocked Trip bum-bag stored in the office, which accompanies each class on school outings. It is the responsibility of the adults in each class to notify the office if stocks in the trip bags are running low. First aid resources are checked and replenished termly by office staff.

Responsibility to regularly check First Aid boxes lies with office staff. First aid resources are checked and replenished termly by office staff. If First Aid boxes need replenishing, office staff should be immediately notified and extra supplies requested.

Cuts – should be cleaned with a cleansing wipe and then covered. Anybody treating an open cut should wear rubber gloves. All cuts should be recorded in the accident book.

Head Injuries – any bump to the head, no matter how minor, is treated as serious. All bumped heads should be treated with an ice pack. Children are given an "I bumped my head" sticker to wear and adults in the classroom should keep a close eye on the child. All bumped head accidents should be recorded in the accident book. Children who have bumped their head should be given a head injury letter to take home. Parents should be called if the child has a serious cut on the head, a large bump or if there are obvious signs of concussion. Children who have concussion after a head injury will need to be taken to hospital.

The head injury letter states:

If any of the following occur, we suggest you contact your doctor or go to A&E:

- Unusual confusion or lack of full consciousness
- Drowsiness or difficulty waking your child
- Any new difficulty understanding or speaking
- Any weakness in the arms/legs or problems with balance or walking
- Severe headache
- Persistent vomiting
- Any fits, collapse or passing out
- Clear fluid or blood from the ears or nose (other than usual nose bleeds)
- New deafness in one or both ears
- Strange behaviour or you are worried

Allergic reaction – All staff are trained in recognising the signs of serious allergic reactions and in the administration of Auto-Injectors.

Infection Control (Blood and bodily fluids) – First aiders must follow their training and maintain good standards of infection control. Bodily fluid includes vomit, urine and excreta. Any spillages should be cleaned up promptly.

First aiders should take the following precautions to avoid risk of infection:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary according to the circumstances
- Cover any cuts and grazes on their own skin with a waterproof dressing
- Wear suitable, disposable plastic/latex/nitrile gloves when dealing with blood or other bodily fluids
- Use suitable eye protection and a disposable apron, where splashing may occur
- Disposable paper towels should be used
- Purpose bought absorbent granules should be used to absorb any fluid
- The area should be cleaned with a detergent solution after the granules have been swept up
- Any towels, gloves tissues etc. should be put into a small plastic refuse bag and placed directly into the sanitary waste unit in the washrooms
- Wash hands after dealing with each incident

If a First aider suspects that they may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash any splashes off of skin with soap and running water
- Wash splashes out of eye with tap water
- Wash splashes out of nose or mouth with tap water – taking care not to swallow the water
- Record details of the contamination
- Take medical advice if appropriate

If a cut or puncture wound by a needle is sustained, let the wound bleed, squeeze it gently but do not suck it. Wash the area in cold running water and apply a sterile dressing. Report the incident and seek medical advice immediately.

Never re-use disposable equipment. Never use any equipment to treat more than one casualty.

It is policy at St Philomena's CP School that when a child has been physically sick s/he must be kept at home for at least 48 hours after the last bout of vomiting - this is necessary to stop the spread of sickness.

Record Keeping – the accident record book is kept in the individual classroom First Aid Bags and under the main stairs in the First Aid area. The accident record books are kept for a minimum of 3 years and/or as long as the pupil remains at the school.

Any incidents in the classroom are reported, treated and recorded in the classroom where possible. On any occasion when an office member is called to the classroom to treat an injured child, that office member will record the incident in a record book at the earliest opportunity. Any incidents that do not involve office staff need to be recorded in the First Aid record book in the class First Aid bags at the earliest opportunity.

Copies (duplicates) of the First Aid Record book are sent home with pupils who have received First Aid treatment daily.

At the start of each academic year up to date lists must be collated with a list of staff and pupils who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness. This is to be updated for new starters as appropriate throughout the year.

This central record details what medical equipment we have, where it is stored and any expiration dates. This record is checked monthly and parents/guardians reminded of the need to replace stock which is expiring in the near future.

There should be up to date medical consent forms for every child in each year and these should be readily available for staff responsible for school trips/outings.

There should be a file of up to date emergency contact details for all staff and pupils.

Pupils with medical conditions - A list is available in the staff room, Green Room, office and Headteacher's office of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. If staff become aware of any condition not on these lists they should inform the office.

When children should be kept at home

Parents are asked **not** to send their child/ren to school if any of the following apply:

- The child does not feel well enough to participate in the normal programme of curriculum activities.
- The child requires more care than the classroom team is able to provide without affecting the health, safety and schoolwork of the other pupils.
- If headlice or ringworm is noticed, the child may not come to school until treatment has begun.

If a child has been sent to school and is clearly unwell, as described above, a parent or guardian will be asked to collect him/ her from school as soon as possible.

Collecting child when ill

If a staff member contacts a parent/ guardian to say that their child is not well enough to be at school, a parent/ guardian must arrange to collect the child as soon as possible. This is primarily for the well-being of the child who is unwell. In the case of infectious diseases, it is also very important for the well-being of the other pupils and the school staff. School staff will aim to keep the child as comfortable as possible while waiting for a parent/ guardian to arrive.

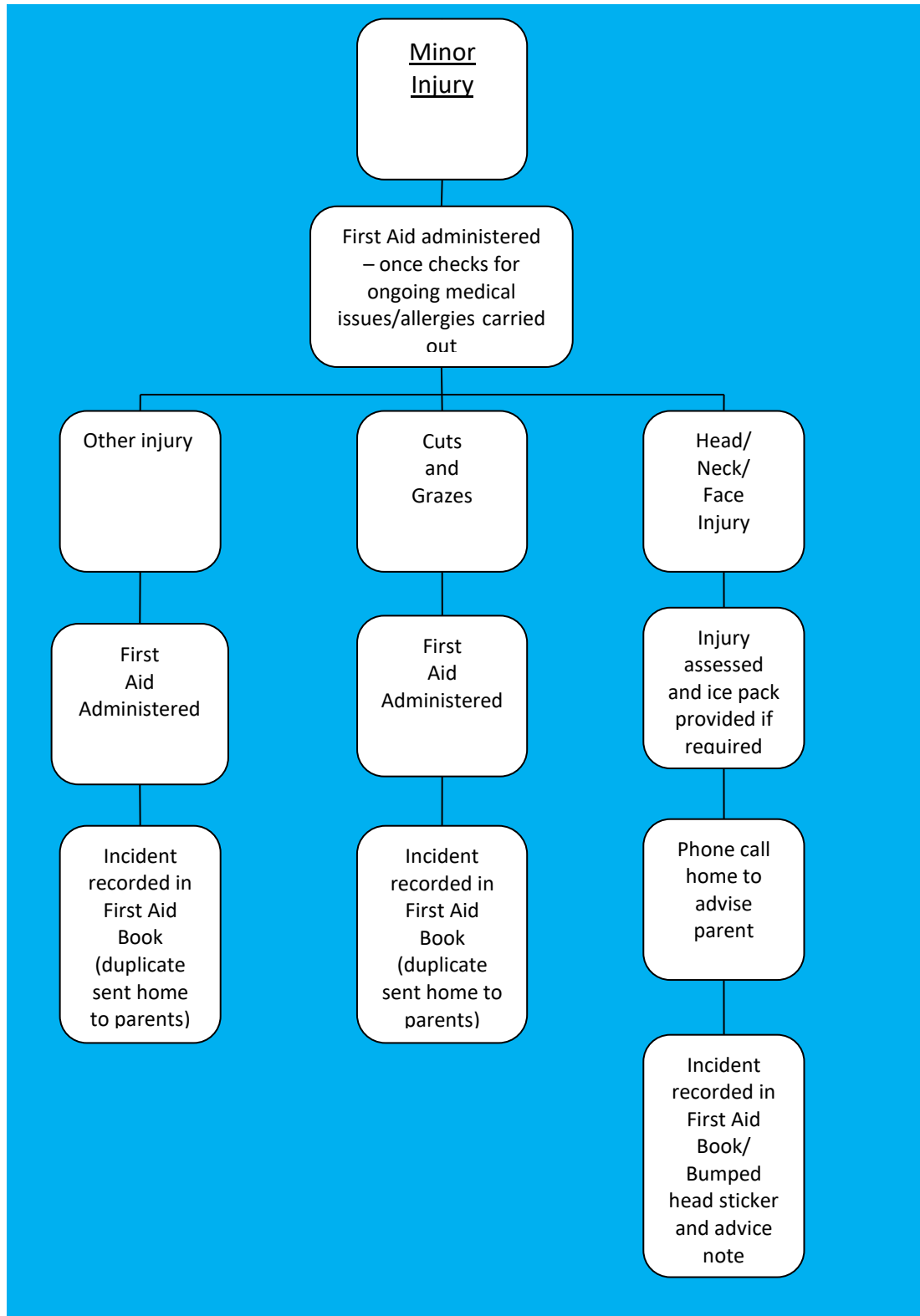
Staff should ensure that parents/guardians of a pupil who goes home ill remember to sign out at the school office.

Children with Special Medical Conditions

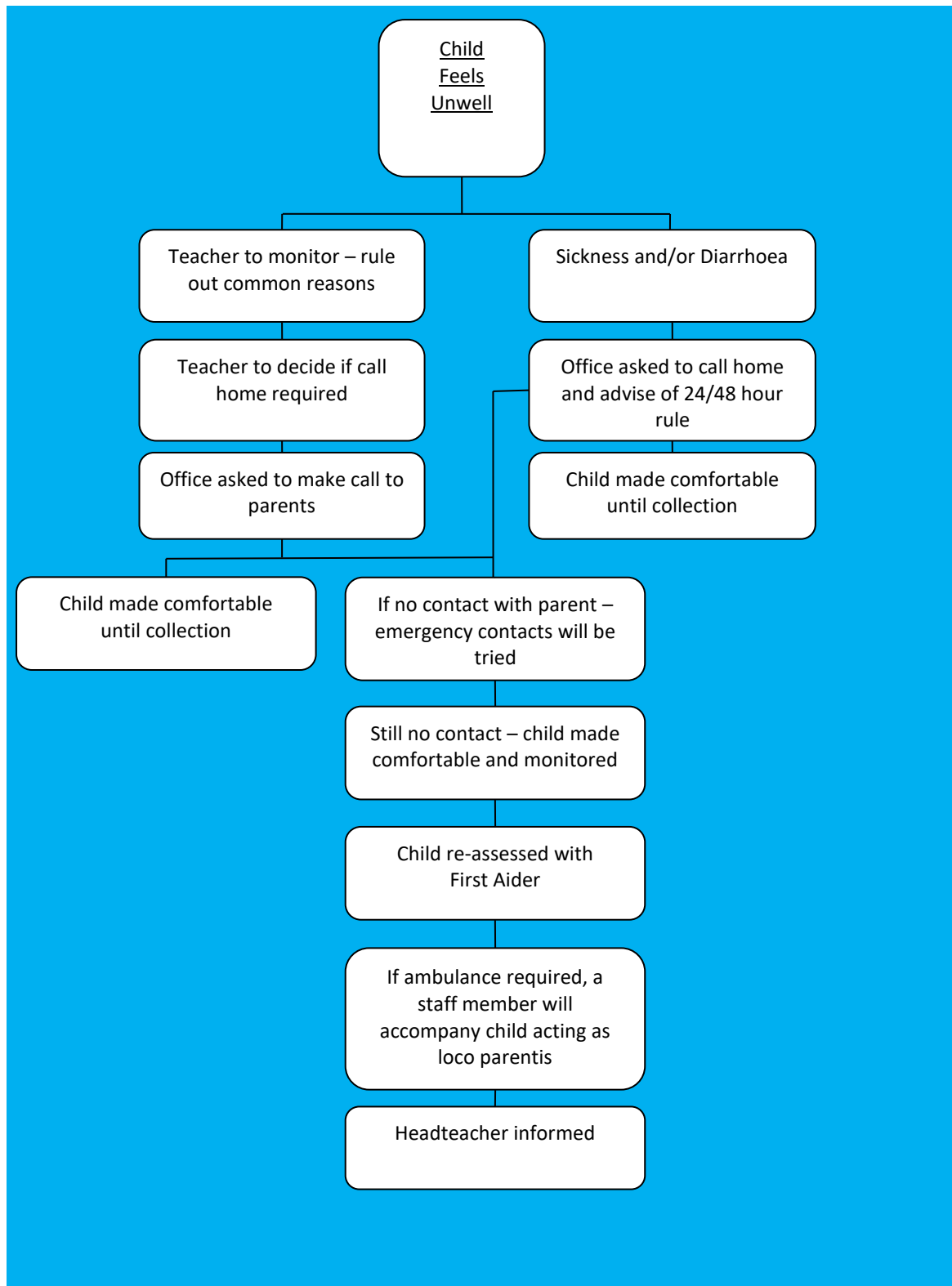
The school should be made aware of children who have allergies or that require any special medical attention

4. Treatment

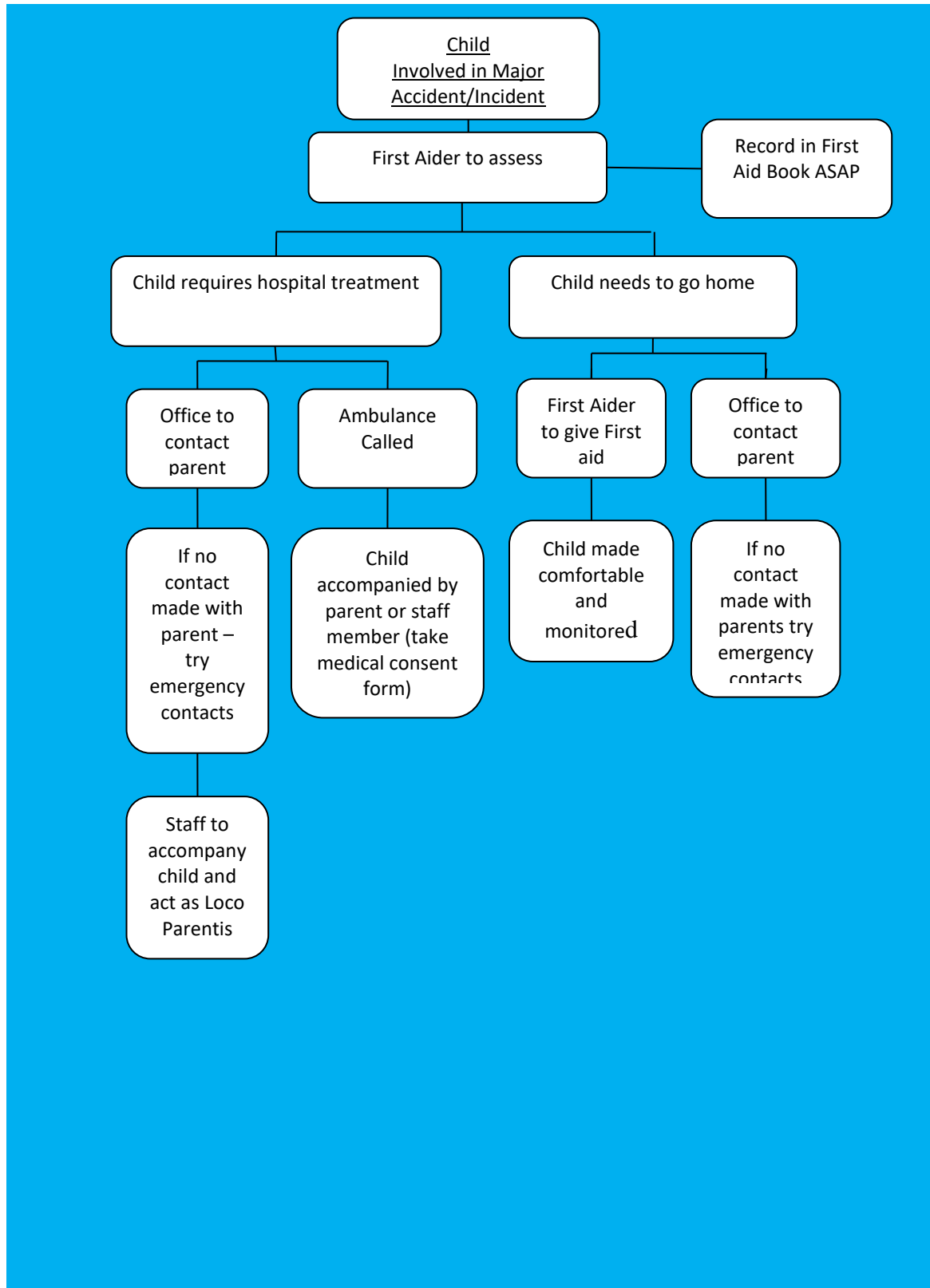
When a child reports an injury or an injury is witnessed, the following procedures will be followed:



If a child becomes ill in school the following procedures will be followed:



In the event of a possible major accident, incident or illness:



5. Administering Medication in School

At the beginning of each academic year, any medical conditions are shared with the staff and a list of these children and their conditions is kept in the class First Aid bag, in the school office and in the Headteachers office.

Medication kept in school for children with medical conditions are stored in the class First Aid bag with a duplicate stored in the School office wherever possible. Each child's medication is clearly labelled.

Asthma Inhalers – It is the parent/carers responsibility to provide the school with up to date Asthma inhalers for their children. Two inhalers should be provided for each child – one to be stored in the school office with easy access for your child in non-emergency situations, this inhaler will be taken on any trips, and one to be kept in the red Emergency Bag in the classroom which should accompany the children whenever they leave the classroom, for PE lessons etc., and will be used in emergencies. Office staff check the expiry dates of inhalers on a monthly basis and inform parents if the inhalers expire or run out. Only blue (reliever) inhalers should be kept at school. Asthma inhalers should be clearly labelled with the child's name. Children should not share inhalers.

Epi-Pens - It is the parent/carers responsibility to provide the school with up to date Epi-Pens for their children. Two Epi-pens should be provided for each child – one to be stored in the school office with easy access for your child in non-emergency situations and one to be kept in the red Emergency Bag in the classroom which should accompany the children whenever they leave the classroom, for PE lessons etc., and will be used in emergencies. Two Epi-Pens should be taken whenever the pupil leaves the school premises – ie. School Trips. Office staff check the expiry dates Epi-Pens on a monthly basis and inform parents if the Epi-Pens expire. Epi-Pens should be clearly labelled with the child's name. Children should not share Epi-Pens.

Short term prescriptions – although there is no legal duty that requires school staff to administer medication, this being a voluntary role, staff in the office will undertake to administer medicine to your child if there is no alternative but for it to be taken during school time, under the following conditions:

- Medicine should be labelled with the child's name and kept in the original container
- Before medicine can be administered, written consent and details from the parent or guardian must accompany the medicine when it is sent into school. Standard forms are available from the office and details should include the child's name, year group, named medication, circumstances when medicine is to be given and any advice on storage.
- As a general rule, medicines that are to be taken three times a day should be given before school, immediately after school and before bedtime. Medication should only be administered in school if it is required to be taken four times a day. Hay fever medicine should be taken before the start of the school day.
- Staff should encourage parents to administer medication at home
- Medication that needs to be stored in the fridge can be stored in the school fridge in the staffroom.
- If a child refuses to take medicine, staff should not force them to do so. Parents /carer should be informed.

Staff should record any instances when medication is administered on the rear of the written consent. The records need to include the date, time, name of medication, dosage given, any reactions or observations, staff signature and staff name printed.

Accommodation

St Philomena's does not have a specific First Aid Room, and staff should consider the nature of the illness or injury in deciding on the most suitable place for treatment. Staff should always consider the privacy of the patient in such circumstances.

Calling the Emergency Services

In case of a major incident, it is the decision of a fully trained First Aider as to whether the emergency services are to be called. Staff are expected to support and assist the decision. If in doubt, staff should err on the side of caution and call the emergency services. It may be necessary for a staff member to go to the bottom of the school drive to indicate where the emergency services should go and a staff member should ensure that the school playground is clear of other pupils.

The Headteacher or person in charge should be informed if such a decision is made, even if the incident happened on a school trip or on a school journey.

If the casualty is a child, the parents/carers should be contacted immediately and given all the information required. Where possible notes of the incident should be made (a copy taken for our records) and to go with the child so all important information can be relayed to the emergency services and the parent/carer. In the absence of a parent, a member of staff must accompany the student to the hospital and remain there until the parent arrives. If a parent cannot be contacted, the school will act in loco parentis and give permission for any emergency treatment.

If the casualty is an adult the next of kin should be contacted immediately. All contact numbers for children and staff are available from the school office.

Head lice – Staff should not touch children and examine them for head lice. If we suspect a child or children have head lice we will inform parents/carers. Children should be collected immediately and treated for head lice. Children are allowed back to school only after they have been treated for head lice. A standard letter should be sent home with all of the children in the class where the suspected head lice is.

Chicken pox and other rashes – If a child is suspected of having chicken pox, measles, etc., or complains of a rash we will look at the child's arms or legs. If there are further concerns we may look at the back or stomach area. In such instances there should be two adults present and the child should always be asked if it is ok to look.

If we suspect the rash to be contagious we need to inform parents/carers and children should be collected from school and preferably taken to the GP for advice.

Sun Protection -Staff understand the dangers posed to children and themselves by over exposure to the sun. In hot weather, parents/carers are encouraged to apply long-lasting sun cream to their child before school. Children will also be encouraged to wear a hat when playing outside in the sun. In hot weather, staff will encourage children to drink water frequently. Staff should also ensure that shady areas out of the sun are always available to children when playing outside. If the weather is exceptionally hot then the Headteacher may take further precautions such as limiting the time outside.

Pupils using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility. The class teacher will arrange for a class mate' to carry books, open doors etc. if necessary. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave school early to allow for a safe transfer around school if appropriate. Parents must inform the school of any particular difficulties.

6. Monitoring and Review

The policy will be monitored for effectiveness and reviewed every two years. Additional checks and audits will take place to ensure that the systems and procedures are satisfactory and are being followed by staff.



St. Philomena's Catholic Primary School

Headteacher: Miss V Maher

MEDICATION

Please administer medicine to my child as follows:

Child's name _____ in Year _____

Name of medicine _____

Name of pharmacy (where possible) _____

Reason for medication _____

Date to commence _____

*Last dose to be given on _____ / *until the medicine runs out.

*Please delete as appropriate.

What dosage of medicine should be given? _____

What time of day should medicine be given? _____

Any special requirements? _____

When was this medicine last given? _____

How should the medicine be stored? _____

Print Name-----

Signed _____ Date _____

Relationship to child _____

Please Note:

All medicine must be stored in the original container and clearly marked with your child's name, name of the medicine, dose and frequency.

ADMINISTRATION OF MEDICATION CARD

PUPILS NAME: _____

DOSAGE: _____

DATE	TIME	NAME OF MEDICATION	DOSE GIVEN	ANY REACTIONS/ OBSERVATIONS	SIGNATURE OF STAFF	PRINT NAME

FIRST AID INFORMATION

Statutory Training

First Aid at Work

This is the basic First Aid course, which covers a wide range of situations from low to high risk. On successfully undertaking training and passing a written and practical assessment, the person will be issued with a First Aid at Work Certificate valid for three years. This qualification is renewable within the valid time of the certificate. Once the certificate date has expired the person will need to attend the full First Aid at Work course.

Where staff may need to administer First Aid to children under seven years of age, an appropriate additional paediatric resuscitation module must also be taken.

First Aid at Work Refresher

This training re-qualifies holders of a First Aid at Work Certificate providing they pass their written and practical assessment. Those who wish to renew their certificate must do so before the three year expiry date, ideally 2 years 10 months.

Where staff may need to administer First Aid to children under seven years of age, an appropriate additional paediatric resuscitation module must also be taken.

Paediatric First Aid

This two-day paediatric first aid course focuses on emergency scenarios that face those looking after young children and infants, including day nurseries, private nursery schools, pre-schools, before and after school clubs for children in the early years age group, childminders and carers of children at home.

The paediatric first aid course meets the Ofsted Early Years and Childcare Register requirements

Appointed Person

At St Philomena's CP School the appointed person is Kath Greenwood ; she need not act as a first aider but has undertaken emergency first aid training.

The appointed person will:

- Take charge when someone is injured or becomes ill
- Ensure the first aid boxes are re-stocked as required
- Call an ambulance in the case of an emergency, or instruct a member of office staff to do so
- Ensure that someone is detailed to receive the ambulance and direct them to the injured party

First Aid Equipment

A minimum of one First Aid box for adults and one First Aid box for children of appropriate size should be provided for each establishment.

All First Aid kits/boxes should be identified by a white cross on a green background

Adult First Aid Box should contain the following minimum items:

First Aid Kit Contents British Standard

Contents of British Standard Compliant (BS 8599-1)

First Aid Kits for the Workplace

Contents	Small	Medium	Large	Travel
F/A guidance leaflet	1	1	1	1
Medium sterile dressing	4	6	8	1
Large sterile dressing	1	2	2	1
Triangular dressing	2	3	4	2
Safety pins	12	12	24	12
Eye dressing	2	3	4	1
Adhesive dressings	40	60	100	20
Sterile wet wipe	20	30	40	4
Microporous tape	1	1	1	1
Nitrile gloves - pair	6	9	12	1
Face shield	1	2	3	1
Foil blanket	1	2	3	1
Burn dressing 10 x 10cm	1	2	2	1
Clothing shears	1	1	1	1
Conforming bandage	1	2	2	1
Finger dressing	2	3	4	0
Sterile eyewash 250ml	0	0	0	1

The size of the first aid kit required is a combination of the level of risk and the number of employees in the workplace

Risk / # Employees	Small	Medium	Large
Low risk / less than 25	1		
Low risk / 25-100		1	
Low risk / 100 +			1
High risk / less than 5	1		
High risk / 5-25		1	
High risk / 25 +			1



we suggest:

Quantities should be decided upon in the light of risk assessment, taking into account the number of staff.

Children's First Aid Box should contain the following minimum items:

Minimum requirements for BS8599-1:2011 compliance , plus additional items specifically to deal with common injuries occurring in Primary Schools.

- 1 x First Aid Guidance Leaflet
- 1 x Contents Sheet
- 40 x Sterile Assorted Waterproof Plasters
- 20 x Sterile Children's Assorted Waterproof Plasters
- 2 x Sterile Triangular Bandages
- 4 x Sterile Medium Wound Dressings 12cm x 12cm
- 1 x Sterile Large Wound Dressing 18cm x 18cm
- 2 x Sterile 'Finger' Bandages 5cm x 5cm
- 2 x Sterile Eye Pads with Bandage attached
- 1 x Sterile Burn-Cool Dressing
- 1 x Tough Cut Scissors
- 1 x Adhesive Tape
- 12 x Safety Pins
- 6 x Pair Disposable Gloves
- 1 x Conforming Bandage
- 1 x Resuscitation Face Shield
- 2 x White Plastic Disposable Apron
- 5 x Sterile Saline Eye Wash Pods 20ml
- 1 x Disposable Instant Cold Pack
- 20 x Saline Moist Wipes
- 1 x Forehead Thermometer
- 1 x Emergency Foil Survival Blanket
- 2 x Clinical Waste Bags

Quantities should be decided upon in the light of risk assessment, taking into account the number of pupils.

School Day Trip Kit Box should contain the following minimum items:

Contents	School Day Trip Kit
Guidance Leaflet	1
Washproof Plasters	20
Sterile Dressings	2
Forehead Thermometer	1
Tape Roll	1
Eye Dressing	1
Saline Eye Wash	2
Triangular Bandage	1
Moist Wipes	10
Safety Pins	6
Conforming Bandage	1
Foil Blanket	1
Face Shield	1
Scissors	1

Disposable Gloves (Pair)	2
Non-Adherent Dressing Pads	2

Quantities should be decided upon in the light of risk assessment, taking into account the number of pupils.

There must be no medication of any kind, for example aspirin, paracetamol, antiseptic creams, burn sprays, etc within the First Aid kit/box, and administration of medication in a First Aid situation is not part of the First Aider's role.

EpiPen Management & Administration

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use preloaded automatic injection and is designed to be used as a first aid device by people without formal medical training. If a child has been prescribed an EpiPen, it is necessary that training in its use is given. Records of staff who have received this training are kept in the office. If a pupil has been prescribed an EpiPen, a minimum of two EpiPens must be provided by the pupil's parents to the school.

Storage of EpiPens

- EpiPens should be stored correctly and accessed quickly.
- EpiPens are stored in the school office and Emergency First Aid Bag in the classroom. These are unlocked and in an easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer.
- EpiPens should be clearly labelled with the pupil's name.
- All staff should know where the EpiPen is located.

Key information about EpiPens

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a pharmacy and have an expiry date printed on them. It is the parent/carer's responsibility to supply the pupil's EpiPen to the school and to replace it before it expires.

Administration of EpiPen is quite safe: if a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed. EpiPen should be administered if there is difficulty in breathing and an ambulance should be called.

If the ambulance has not arrived and the patient has not recovered, a second dose should be administered within 10 minutes.

INFORMATION SENT TO ALL STAFF ANNUALLY

RED FIRST AID RUCKSACKS IN CLASS

These are to take on trips/off of school premises/out to the playground for PE, etc. and should contain your pupils individual medication, general first aid kit and duplicate Auto-injectors as these bags are easily identifiable in an emergency

Bags should contain general First Aid resources (plasters, gloves, wet wipes, red bump slips, head bump stickers, tape, gauze pads, etc.) as well as individual pupil medication (in individual named bags/tubs for easy access)

Please keep these bags as uncluttered as possible for easy access in an emergency – nothing else should be stored in them

AUTO-INJECTORS (Prescribed for individual pupils)

If a pupil in your class is prescribed with an Auto-injector, there is currently one device stored in the First Aid bag in the office and one device stored in the Red First Aid bag in the classroom.

If you ever leave the school premises (ie for a school trip) you should take *BOTH AUTO-INJECTORS*

Please remember to put the Auto-injectors back in the correct place when you return to school

MEDICATION SHEETS

Any medication given to a pupil should be noted on a “medication record sheet” which relates to the individual pupil (instructions should be completed by parents/carers on the back of this sheet) – this is NOT a first aid slip from the First Aid book

Sheets should be returned to the office when medication is finished and/ or when the sheet is full

ASTHMA INHALER MEDICATION RECORDS

If a pupil uses an asthma inhaler whilst in school, this should be recorded on the individual child's asthma medication sheet (blank copies available from the office) NOT on a first aid slip.

The individual sheet should be stored in with the class medication and once full should be handed into the office in exchange for a new sheet

REMINDER

Office Staff make regular ½ termly checks to ensure medication is correct/up to date.

However, it is advisable for teachers to check all medication is present and correct in between these times, especially before going off site, etc. as First Aid provision is ultimately the class teacher's responsibility.



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Managing Severely Allergic Children in School

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Allergy

- This term is used to describe a response to substances which are harmless to most people
- Contact can be by ingestion, touch, smell, injection or sting
- The body's immune system reacts and produce symptoms which are harmful
- 1 in 4 of the UK population are affected at some time in their life

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What is going on?

When a person with allergies comes into contact with an allergen for the first time, their body perceives it as a threat and makes antibodies

Antibodies are produced to attack the perceived allergen

The next time a person comes into contact with their allergen their immune system over reacts and the antibodies causes the release of chemicals e.g. histamine into the blood stream

The chemicals cause a variety of reactions and these will vary in severity with each exposure

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Common triggers



Peanuts

This is the most common cause of severe allergic reaction. Peanuts are legumes rather than nuts. Reaction is unpredictable. It's common to also be allergic to tree nuts

Tree nuts

e.g. Brazil, hazel, almonds, walnuts and cashews. Families are advised to avoid all nuts

Sesame

An unpredictable allergy and usually life-long



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Milk Usually outgrown by school age

Egg About 50% will outgrow this by school age

Fish & Shellfish It's possible to be allergic to one type and not others

Latex This allergy can cross link; people with latex allergy may also be allergic to banana, kiwi, avocado or horse chestnut

Kiwi This allergy is increasing



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Diagnosis



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Care Plans



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Mild to Moderate Allergy Symptoms

- Swelling of the face
- Slight wheeze
- Swollen lips
- Hives (nettle rash) anywhere on the body
- Tingling, burning or itching in the mouth
- Abdominal cramps, nausea and vomiting

ACTION

Stay with pupil and call for help
Give prescribed antihistamine/ inhaler
Keep under **observation**
Make staff aware
Inform parents at end of school

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Anaphylaxis

- This is the extreme end of the allergy spectrum
- It is a severe, generalised allergic reaction which is potentially life threatening
- The bodies over-reaction to the substance (allergen) affects the whole body often within minutes of exposure
- It can take seconds, minutes or several hours
- It can reoccur, hospitalisation is essential

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Anaphylaxis involves one or both of two features:

- Respiratory difficulties
(swelling of the airway or asthma)
- Hypotension
(fainting, collapse or unconsciousness)

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Anaphylactic reaction could include:

- Swelling of the throat or inside of mouth
- Difficulty in swallowing
- Difficulty in breathing/ noisy
- Unable to talk in full sentences
- Sense of impending doom
- Sudden feeling of weakness
- Collapse and unconsciousness

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Action Plan

- Don't panic!
- Call for first aid help
- Check for danger
- Stay with the child at all times and take the emergency kit to them
- Assess the reaction
 - If difficulty with breathing sit child upright
 - If hypotensive lay on the floor with legs in the air
 - If unconscious place in the recovery position

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SPEED IS ESSENTIAL

- Give emergency treatment and note the time
- In most cases one dose is enough but if no improvement in 5 minutes repeat with 2nd AAI
- Keep under observation. Child should not get up, keep lying down or seated until they have been assessed by a paramedic
- When adrenaline is given the child must be monitored in hospital - anaphylaxis may recur (biphasic)
- Contact the family when some-one is free - don't delay treatment
- Send used AAIs and care plan to hospital

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Dial 999 as you administer Adrenaline auto-injector

- Inform emergency services a child is having an Anaphylactic reaction ("ANA-FIL-AX-IS")
- Send some-one to direct the ambulance crew
- If loss of consciousness at any stage observe:

Airway Breathing Circulation
- Implement CPR if necessary

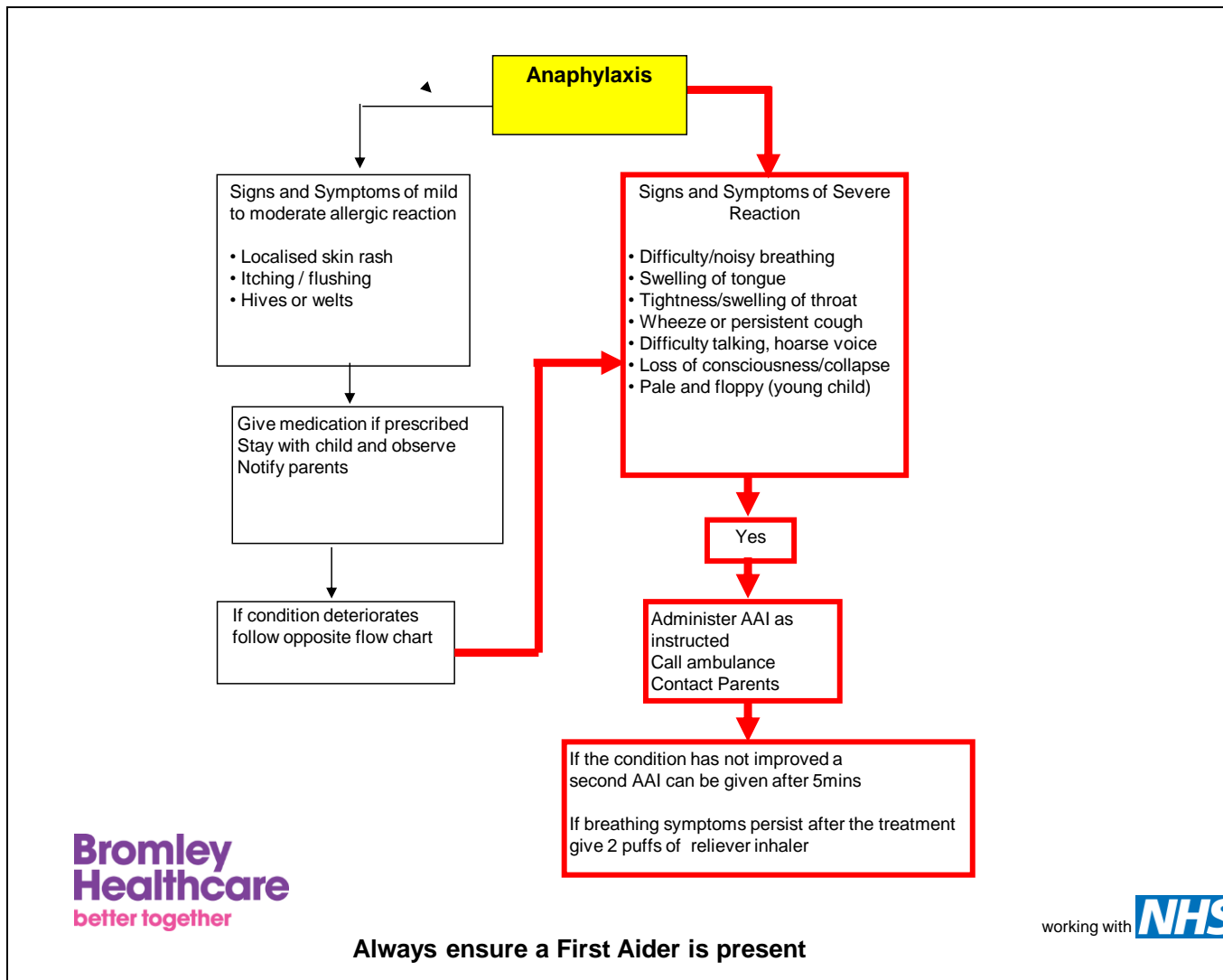
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Treatment

Adrenaline auto injector

- Reverses swelling
 - Relieves asthma
 - Constricts the blood vessel
 - Stimulates the heart
 - Reduces the release of chemicals
- The auto-injector should be clearly labelled
 - Stored in a safe place, unlocked and easily accessible



Managing the condition

- School risk assessment e.g. knowing triggers, school trips etc, procedure at lunchtime
- Kitchen staff , after school club, lunch supervisors aware. Knowledge of food labelling
- Easy access to reliever inhaler and adrenaline auto-injectors
- Annual staff training
- Medication is in date
- Following guidance on the use of emergency inhalers and adrenaline pens

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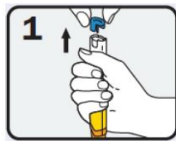
Care of Adrenaline Auto injector

- Light sensitive
- Do not refrigerate
- Do not over heat
- Ensure the solution is colourless
- Do not break the seal until you need the pen
- * Ensure pen is in date *
- Familiarise yourself with the action plan

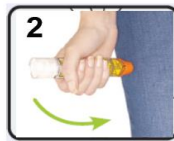
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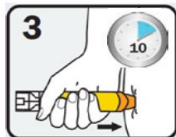
How to give EpiPen®



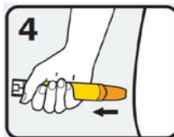
1
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2
SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3
HOLD FIRMLY in place for 10 seconds




4
REMOVE EpiPen®. Massage injection site for 10 seconds

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Jext®: Instructions for use




- Grasp the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.
- Place the black tip against outer thigh, holding the injector at a right angle to the thigh.
- Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.
- Massage the injection area for 10 seconds. (dial 999, ask for an ambulance and say 'anaphylaxis')

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EMERADE

- Remove needle shield
- Press against upper outer thigh
- Hold for 5 seconds



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Need more information?

- www.anaphylaxis.org.uk
- www.allergyuk.org
- www.nhs.uk/conditions/anaphylaxis/
- www.nhs.uk/conditions/allergies/
- www.itchysneezywheezy.co.uk
- Supporting pupils at school with medical conditions
www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

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Anaphylaxis UK Helpline

(Mon-Fri 9-5) 01252 42029

Allergy UK Helpline

01322 619898

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Managing Asthmatic Children in School

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What is asthma?

- The airways of people with asthma are sensitive to triggers such as pollen, pets and exercise.
- They become inflamed or swollen, causing symptoms including coughing, wheezing and breathlessness.

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- Drugs or inhalers can reduce this inflammation and help keep the airways open.
- Repeated attacks can cause permanent scarring and narrowing of the airways.

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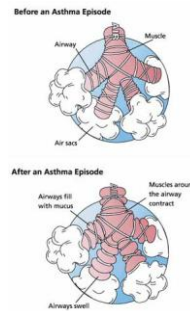
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What is asthma (graphic)?

- Inflammation of the airway
- Narrowing of the airway

In an asthma attack

1. The lining of the lungs start to swell
2. The muscles of the lung tighten
3. Mucous is secreted



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Asthma UK Briefing: The UK National Review of Asthma Deaths May 2014

- Every 10 seconds someone in the UK is having a potentially life threatening asthma attack
- Asthma attacks kill 3 people each day in the UK
- The UK has amongst the highest death rate from asthma in Europe. Most tragically many of these deaths could be prevented

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Asthma and food allergy

- Two thirds of children with food allergy have asthma
- Their allergy may provoke an asthma attack
- First line treatment would be their reliever inhaler

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- Most people with asthma have two inhalers:
- a preventer to use regularly, to reduce inflammation and prevent symptoms
- a reliever, to quickly open the airways



Reliever Inhalers

The most common treatment for relief in an asthma attack is Salbutamol via an multi dose inhaler

- Shake inhaler and prime (test) if necessary
- Should be delivered through a spacer for younger children
- Provides short acting bronchodilation (4 -6 hours)
- Works within 5 minutes

It should be used:

1. As relief or rescue medication for acute asthma symptoms
2. Before allergen exposure
3. Before exercise



Spacer

They help to deliver asthma medicine to the lungs more effectively

More medication is delivered into the lungs than just using the inhaler on its own

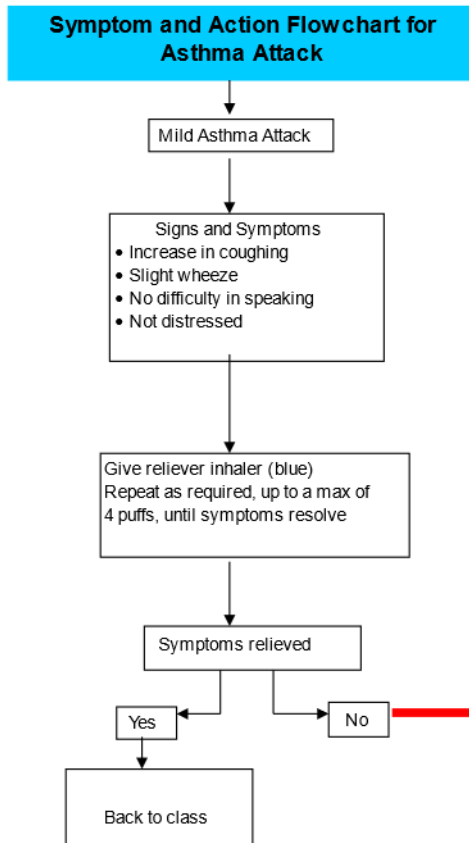
They make the inhaler easier to use if a child has trouble synchronizing with inspiration

Reduces the risk of side effects

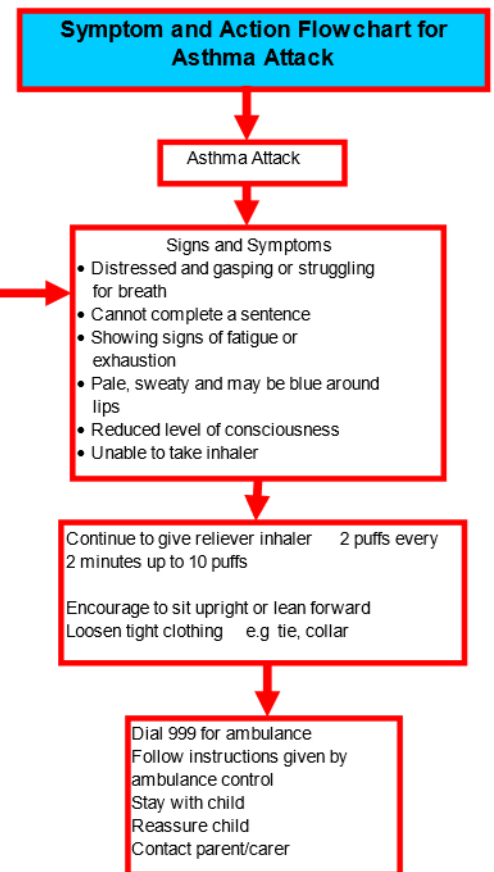


Levels of severity

Mild/moderate	Acute/severe	Life threatening
<ul style="list-style-type: none"> Slight wheeze Short of breath Chest slightly tight Occasional coughing 	<ul style="list-style-type: none"> Too breathless to talk Chest muscles or stomach pulling in with each breath Nasal flaring Coughing all the time Too wheezy to run Too wheezy to play Respiratory rate increase 	<ul style="list-style-type: none"> Conscious level depressed Agitated Exhaustion Poor respiratory effort Pale, clammy Blue around lips Blue finger nails



Always ensure a First Aider is present





Always ensure a First Aider is present

At the onset of an severe asthma attack

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



Whittington Health  **Child having an asthma attack?**  *Islington Clinical Commissioning Group*


T

Think
?

Any of these signs:


- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk/talk


Send someone to get inhaler and spacer
Stay with the child

 Is this an emergency?

I


Intervene
+

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Is someone getting inhaler and spacer?
- Administer inhaler
- Note time of using inhaler 


 Is this an emergency?

M

Medicine




- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, call an ambulance

 Is this an emergency?


E

Emergency

999


- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 10 mins, repeat Medicine steps
- Note time of calling 999 

School's postcode

 Has child taken their inhaler?

When asthma strikes, it's TIME to act.

20 August 2015 V1



Communication

Schools responsibility :

- To inform parents if administration of the reliever inhaler fails to give relief lasting at least 3 hours or the treatment becomes less effective
- To inform parents of an increased use of the reliever inhaler
- To inform parents if symptoms do not improve in 5 minutes and they require a second 2 puffs of reliever inhaler and follow emergency process for severe attacks
- School will have a policy for managing medical needs including care planning and school trips
- Keep staff up to date with training
- Inhalers are always accessible and NEVER locked away



Communication

Parent's responsibility:

- Share any care plans already developed by GP/Specialist Nurse
- Provide school with reliever inhalers
- Inform school if pupil has had a bad night with their asthma
- Inform school of any changes to the child/ YP's care
- Annual update/review
- Following an asthma attack there is a medication weaning plan
- Triggers if known



School Asthma Card

To be filled in by the parent/carer

Child's name: _____
 Date of birth: _____
 Address: _____
 Parent/carer's name: _____
 Telephone - home: _____
 Telephone - work: _____
 Telephone - mobile: _____
 Doctor/nurse's name: _____
 Doctor/nurse's telephone: _____

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed
 For wheezing, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine: _____
 Parent/carer's signature: _____

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

What signs can indicate that your child is having an attack?

Parent/carer's signature: _____ Date: _____

Does your child tell you when he/she needs medicine?
 Yes No

Does your child need help taking his/her asthma medicine?
 Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take any medicines before exercise or play? Yes No

If yes, please describe below:

Medicine: _____ How much and when taken: _____

Does your child need to take any other asthma medicines while in the school's care? Yes No

If yes, please describe below:

Medicine: _____ How much and when taken: _____

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do in an asthma attack

- 1 Make sure the child uses one to two puffs of their reliever inhaler, slowly (and preferably through a spacer)
- 2 Do the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, four puffs at a time every two minutes. They can take up to ten puffs.
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

Asthma UK Advice Line Ask an asthma nurse specialist
 0800 1 21 2 21 asthma.org.uk/telhelpline
 Sun - Sat, Monday - Friday

Asthma UK Lutterworth, Leicestershire, Leicestershire
 PO Box 1000, Lutterworth, Leicestershire, LE15 25J
 Phone: 01530 212121
 asthma.org.uk



Care Plans

- Child's GP or specialist nurses might have a care plan in place already.
- A number of GPs use the Asthma UK document called 'My asthma plan'
- This can be used instead of asthma card if available



Online training

- [For school awareness:](#)
- [Supporting Children's Health and Young People with Asthma \(educationforhealth.org\)](#)



Need more information?

- www.itchysneezywheezy.co.uk
- www.asthmaandlung.org.uk
- www.nhs.uk/conditions/asthma/
- Supporting pupils at school with medical conditions www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

