

First Aid Policy

The Governors and Head Teacher of Noor ul Islam Primary School accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the School.

The Governors recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

1. FIRST AID ORGANISATION

The School's arrangement for carrying out the policy includes nine key principles.

- a) Places a duty on the Governing Body to approve, implement and review the policy.
- b) Place individual duties on all employees.
- c) To report, record and where appropriate investigate all accidents.
- d) Record all occasions when first aid is administered to employees, pupils and visitors.
- e) Provide equipment and materials to carry out first aid treatment.
- f) Make arrangements to provide training to employees, maintain a record of that training and review annually.
- g) Establish a procedure for managing accidents in school which require first aid treatment.
- h) Provide information for employees on the arrangements for first aid.
- i) Undertake a risk assessment of the first aid requirements of the School.

2. ARRANGEMENTS FOR FIRST AID

2.1 MATERIALS, EQUIPMENT AND FACILITIES

The School will provide materials, equipment and facilities as set out in Section H of the Authority's Guidance on First Aid in Schools.

The location of first aid containers in the school are:

Box 1 – In the administration office

Box 2 – Main hall near the reflection room

Box 3 – In the kitchen on the refrigerator

Box 4 – In reception class on the shelf above the sink

The contents of the first aid box (es) will be checked termly by office staff (Ms Umamah Hadadi)

The first aiders will be responsible for all record keeping on first aid.

2.2 ITEMS IN FIRST AID BOXES AND TRAVELLING FIRST AID KITS

	Box	Travelling kit *
• Guidance card/leaflet on first aid	1	1
• Individually wrapped sterile adhesive dressing (assorted sizes)	20	6
• Sterile eye pads, with attachment	2	
• Individually wrapped triangular bandages	6	2
• Safety Pins	6	2
• Medium sized individually wrapped sterile unmediated wound dressings (approx. 12cm x 12cm)	6	
• Large sterile individually wrapped unmediated wound dressings (approx. 18cm x 18cm)	2	1
• Individually wrapped moist cleaning wipes	Small packet	
• Disposable gloves for wear by any personnel handling blood, vomit, excreta, etc.	1 pack	2 pairs

The school's first Aid room has the following in place:

- sink with running hot and cold water
- a couch or bed (with waterproof cover), pillow and blankets
- soap
- suitable refuse container (foot operated) lined with appropriate plastic bags

2.3 APPOINTMENT OF FIRST AIDERS

The appointment of First Aiders within the School will follow the GUIDANCE ON FIRST AID FOR SCHOOLS by the DfE. The completed Risk Assessment is provided at Appendix 1 to this policy.

The Head Teacher will appoint members of staff to be responsible for First Aid.

The duties of the person, in this case Ms Umamah Hadadi, are to:

- look after the first aid equipment e.g. restocking the first aid container;
- ensure that an ambulance or other professional medical help is summoned when appropriate.

The Governing Body recognise that the Appointed Person need not be a First aider, however they will support any member of staff who is an Appointed Person to then undertake emergency first aid training and refresher training.

In addition to meeting the statutory requirement placed upon them to provide first aid for employees the Governing Body accept their responsibilities towards non-employees (e.g. pupils and visitors). In order to provide first aid for pupils and visitors, the Governing Body will undertake a risk assessment to determine, in addition to the person responsible, how many emergency First Aiders are required and if appropriate an employee with a First Aid at Work certificate of competence.

3. INFORMATION ON FIRST AID ARRANGEMENTS

The Head Teacher, Majid Ishaque, will inform all employees at the School of the following:

- a) the arrangements for recording and reporting accidents;
- b) the arrangements for first aid;
- c) those employees with qualifications in first aid;
- d) the location of first aid boxes.

In addition, the Head Teacher will ensure that signs are displayed in the School providing the following information:

- a) names of employees with first aid qualifications;
- b) location of first aid boxes.

All members of staff will be made aware a copy of the School's First Aid Policy.

3.1 LOCATION OF FIRST AID BOXES

The first aid boxes are located across the school building;

Box 1 – In the administration office

Box 2 – Main hall near the reflection room

Box 3 – In the kitchen on the staff refrigerator

Box 4 – In reception class on the shelf above the sink

3.2 PROVISION AWAY FROM SCHOOL

Provision for first aid on school visits and journeys will be determined by the respective risk assessment.

3.3 ADMINISTERING OF MEDICATION

Staff are not obliged to administer medication to pupils however may agree to do this. Any medication brought into school for pupils must be handed to the school office, clearly labelled with the child's name, class number and instructions for use. Parents must also give written authority to the school to administer this. An authorisation form is available from the school office. Even where the medication is to be self-administered the form must still be completed by the parents. The authorisation form must be completed by the parent prior to administering any medicine. The school office staff will also need to check the medication is within its valid period of use. The authorisation form will also contain a log of the number of times any medication has been administered.

At the end of the academic year all medications must be returned to the pupil's parents.

(See Appendix 5)

LONG TERM MEDICAL NEEDS E.G ASTHMA, ALLERGIES

Only where medication has been prescribed to the child would the school consider administering long term medication such as Salbutamol and Epi pen or any other long term medication. The medication has to be with the child's name as prescribed by the pharmacy, the school will not accept any long term medication without suitable evidence.

SHORT TERM MEDICAL NEEDS NON-PRESCRIPTION MEDICATION E.G PAIN RELIEVERS

Pupils suffering from occasional discomfort such as headache or recovering from a flu sometimes requires painkillers e.g. Paracetamol which is bought off the counter. This can only be administered with parental consent and when the authorisation form has been completed.

3.4 BODILY FLUIDS

If there are any bodily fluids in school as a result of an accident or similar, this will be cleaned, with disinfectant, normally by caretaker, Hussein Rawat or another caretaker.

3.5. HYGIENE & INFECTION CONTROL

Basic hygiene procedures must be followed by staff at all times, single-use disposable gloves must be worn when treatment involves blood or other bodily fluids.

3.6 ACCIDENT REPORTING

The Governing Body is aware of its statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees at work.

1. An accident that involves an employee being incapacitated from work for more than seven consecutive days (excluding the day of the accident but including non-working days).
2. An accident which requires admittance to hospital for in excess of 24 hours.
3. Death of an employee.
4. Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

Appendix 3 has more details on Reporting.

For non-employees and pupils an accident will only be reported under RIDDOR:

a) where it is related to work being carried out by an employee or contractor and the accident results in death or major injury; or

b) it is an accident in school which requires immediate emergency medical treatment at hospital.

The procedure for managing accidents to pupils is provided at Appendix 2 to this policy.

An accident book is kept to record all accidents that occur to employees, whilst at work.

3.7 PUPIL ACCIDENTS INVOLVING THEIR HEAD (HEAD INJURY)

The Governing Body recognise that an accident involving a pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time.

- a) Where a pupil receives a blow or injury to the head an injury slip will be completed and the injury will also be logged onto the Pupils Injury Log for office purposes. The injury slip includes a note detailing additional measures required by the parent in the event of the pupil feeling unwell later in the evening/weekend. Attempts will also be made to contact parents by phone to inform them of the injury. Teachers should be told about the injury and to monitor the child. Should the injury occur on a trip parents will be contacted in the first instance where parents are not available emergency contacts will be called should the injury require the use of an ambulance.
- b) The injury slip will be given to the parent by the staff member who is dismissing the child at the end of the day. Any further queries can be passed on to the Office.

3.8 SUPPORTING PUPILS WITH MEDICAL NEEDS

Allergies

We became a nut free school in 2015 to support our children with severe nut allergies and this has drastically reduced the risk of severe food allergies and Anaphylaxis shock. A child's health and medical needs are very important for us and we do our best to administer their medication.

- Every child with severe allergies has an Allergy Action Plan which details what staff have to do in case of an emergency. Please see Appendix 7.
- We have a list of all children with Allergies, Asthma Epi Pen and any other medical conditions in each class and in important places e.g. in the kitchen and office.
- Children with Epi Pen have their photos on the Epi Star list in all classrooms and important places e.g. kitchen and office.
- All our teaching staff and midday assistant staff are made aware of the children with medical needs. A large number of staff are trained periodically in how to administer the Epi pen, usually from one of the parents whose child requires one.
- Each child's medication is kept in individual boxes which are clearly labelled and the boxes with Epi Pens are indicated by green stars to allow easy access to the Epi Pen in an emergency.
- All medications are kept in the medical room and are easily available to all staff.
- Our school caterers are aware of allergies of our children hence have all the allergen key listed on the school dinner menu.
- The children's medication is taken on any relevant trips.

Asthma

An Asthma Action Plan needs to be completed by parent whose children suffer from Asthma. This helps the school to know what to do in an emergency situation and the plan also details the asthma triggers. Please see Appendix 8

3.10 TRANSPORT TO HOSPITAL OR HOME

- a) The Head Teacher will determine what a reasonable and sensible action to take in is each case in consultation with the First Aider.
- b) Where the injury is an emergency, an ambulance will be called for, after which the parent will be contacted and told what has happened.
- c) Where hospital treatment is required but it is not an emergency, then the school will contact the parents for them to take over the responsibility of the child. If the parents cannot be contacted, then the Head Teacher may decide to transport the pupil to hospital.
- d) Where the Head Teacher makes arrangements for transporting a child then the following points will be observed:
 - i) Only staff cars insured to cover such transportation will be used;
 - ii) No individual member of staff should be alone with a pupil in a vehicle;
 - iii) The second member of staff will be present to provide supervision for the injured pupil;
 - iv) Both members of staff should be the same gender as the pupil.

3.10 PERSONNEL

This section contains the names of employees at the school with a qualification in first aid or who have a first aid responsibility.

a) Responsible for First Aid

Mr Majid Ishaque

b) First aiders at work

Ms Sabiha Ugradar

A list of current first aiders has been placed on the administration office noticeboard. They are currently:

Full Name	Certificate	Expiry Date
Sabiha Ugradar	Lead First Aider- Paediatric, Emergency First Aid At Work & Anaphylaxis Training	09/05/2021
Sabah Mayet	Paediatric & Emergency First Aid At Work	09/11/2021
Raeesa Patel	Paediatric, Emergency First Aid At Work & Anaphylaxis Training	09/05/2021
Hafsa Rahman	Paediatric, Emergency First Aid At Work & Anaphylaxis Training	09/05/2021
Reshmi Latif	Adult & Paediatric	17/04/2021
Hawa Moorea	Paediatric	18/04/2020
Imrana Naz	Paediatric	18/04/2020
Sahira Toonah	Paediatric	18/04/2020
Hussain Mulla	Paediatric	18/04/2020
Seema Vawda	Paediatric	18/04/2020
Zohra Patel	Paediatric	18/04/2020
Lepe Begum	Paediatric	18/04/2020
Razia Shabir	Paediatric	18/04/2020
Rukhsana Mushtaq	Paediatric	18/04/2020
Nusrat Abdoola	Paediatric	18/04/2020
Sadia Butt	Paediatric	18/04/2020
Sajeda Patel	Paediatric	18/04/2020
Khaled Ahmed	Paediatric	10/09/2022
Anisah Amponsa	Paediatric	10/09/2022
Sahira Toonah	Paediatric	10/09/2022
Shahnaz Parveen	Paediatric	10/09/2022
Murrium Razak	Paediatric	10/09/2022
Shazia Razak	Paediatric	10/09/2022

APPENDIX 1

FORM RA8

SCHOOL FIRST AID RISK ASSESSMENT

This form is to enable the Governing Body of the School to determine the number of appointed persons/First Aiders required by the Health and Safety (First Aid) Regulations 1981 and the Approved Code of Practice. The form allocates weightings to possible replies to the questions. These weightings are shown in brackets.

- Complete Parts 1-16 of the Assessment by placing a tick (a) in the appropriate box. Unless otherwise stated, choose only one reply for each question.
- Calculate the overall total for Parts 1-16 using Table A. Once you have calculated your overall total, refer to Table B to determine your First Aid requirement.

PART 1

What types of injury to employees have been recorded in the past?

Injury (choose one)

- | | |
|--|-----|
| a) Minor cuts and bruises; eye irritation | (1) |
| b) Lacerations; burns; concussion; serious sprains; minor fractures | (2) |
| c) Amputations; poisonings; major fractures; multiple injuries; fatalities | (3) |

PART 2

What are the risks of injury arising from the work undertaken by employees as identified in your risk assessments?

Category of Risk (Choose one reply only)

- | | |
|------------------------------|-----|
| a) Trivial/Tolerable Risk | (1) |
| b) Moderate/Substantial Risk | (2) |
| c) Intolerable Risk | (3) |

PART 3

Does your workplace contain any of the specific hazards listed below?

- | | |
|----------------------------|-----|
| a) Hazardous substances | (3) |
| b) Dangerous tools | (3) |
| c) Dangerous machinery | (3) |
| d) Dangerous loads/animals | (3) |

Total for Part 3

PART 4

Are there parts of your establishment where different levels of risk can be identified? **(Choose one reply only)**

- | | |
|--------|-----|
| a) Yes | (2) |
| b) No | (1) |

PART 5

Type of work undertaken **(Choose one reply only)**

- | | |
|--|-----|
| a) Offices, libraries, classrooms etc | (1) |
| b) Construction, work with dangerous machinery, sharp instruments etc
(This includes school workshops and laboratories) | (2) |

Are there hazards for which additional First Aid skills are necessary? **(Choose one reply only)**

a) Yes (2)

b) No (1)

Total for Part 5

PART 6 (Choose one reply only)

Are there inexperienced workers on site or employees with disabilities? (This includes NQTs and pupils in specialist subject areas) **(Choose one reply only)**

a) Yes (2)

b) No (1)

PART 7 (Choose one reply only)

Are there several buildings on site or multi-floor buildings?

a) Yes (2)

b) No (1)

PART 8 (Choose one reply only)

Is there shift work or out-of-hours working?

a) Yes (2)

b) No (1)

PART 9 (Choose one reply only)

Is the workplace remote from emergency medical services?

a) Yes (2)

b) No (1)

PART 10 (Choose one reply only)

Do you have employees at work sites occupied by other employees? (E.g. catering, cleaning)

a) Yes (2)

b) No (1)

PART 11 (Choose one reply only)

Do you have any work experienced trainees?

a) Yes (2)

b) No (1)

PART 12 (Choose one reply only)

Do members of the public visit your premises?

a) Yes (2)

b) No (1)

PART 13 (Choose one reply only)

Do you have employees with reading or language difficulties?

- a) Yes (2)
- b) No (1)

PART 14 (Choose one reply only)

Do you have pupils with disabilities or special health care needs?

- a) Yes (2)
- b) No (1)

PART 15 (Choose one reply only)

What is the age range of your pupils?

- a) 11-18 (3)
- b) 11-16 (2)
- c) 3-11 5-11, 3-7 or 7-11 (1)

PART 16 (Choose one reply only)

What is the Net Capacity of the school?

- a) Under 100 places (1)
- b) 101 – 210 places (2)
- c) 211 – 420 places (3)
- d) 421 – 500 places (4)
- e) 501 – 1000 places (5)
- f) Above 1000 places (6)

TABLE A

Now that you have completed the risk assessment, enter the totals for Each Part below and calculate the Overall Total.

PART 1:

PART 2:

PART 3:

PART 4:

PART 5:

PART 6:

PART 7:

PART 8:

PART 9:

PART 10:

PART 11:

PART 12:

PART 13:

PART 14:
PART 15:
PART 16:
OVERALL TOTAL:

Having obtained the overall total refer to Table B to determine the recommended level of first aid personnel.

TABLE B
Recommended First Aid Personnel
LOW RISK

Overall Total 16 to 33

Fewer than 50 employees and up to 210 pupil places:

- one appointed person;
- one emergency first aider.

OR

Fewer than 50 employees and more than 210 pupil places:

- one appointed person
- one qualified first aider at work.

Where no member of staff will volunteer for the first aid at work qualification, then the school should substitute with employees who have been trained in emergency first aid.

MEDIUM TO HIGH RISK

Overall Total 34 to 51

- one appointed person
- two qualified first aiders at work

Where the net capacity of the school is above 1000 places then an additional qualified first aider at work.

- consideration should be given to having additional emergency first aider at work

The above table is a recommended minimum level of provision.

Schools must give additional consideration to the following factors when determining the level of provision:

- a) the arrangements when a qualified first aider is not on site due to absence/training;
- b) the design/layout of the site/premises is such that staff who are trained in emergency first aid should be available.

APPENDIX 2

Procedure for managing accidents to pupils

When a child is hurt they are sent to the office and office staff that are first aid trained will look after them.

The child will be asked where and how they got hurt.

Then depending on the wound, the first aider will assess the need for an antiseptic wipe and/or icepack and/or apply plaster (if bleeding) and/or tie a bandage (if wound is bigger than plaster or is a difficult place to put plaster).

This is then reported on the Pupils Injury Log and Injury slips (please see Appendix 6) for parents which include:

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

At the end of the school day staff members take the injury books and pass the injury forms to the parent/guardian collecting the child.

APPENDIX 3

DEFINITION OF MAJOR INJURIES WHICH MUST BE REPORTED TO THE HEALTH AND SAFETY EXECUTIVE

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding) which:
 - covers more than 10% of the body; or
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness or
 - requires resuscitation or admittance to hospital for more than 24 hours;

APPENDIX 4

ACCIDENT INVOLVING THE HEAD

I have to inform you that today your child had an accident which involved an injury to the head.

The nature of the accident was such that it was not necessary to summon an ambulance or call for you to collect your child.

Following the accident your child was closely observed for any signs of any adverse effects but none were seen.

Details as to what to look out for are provided on the reverse side of this letter.

Details of the actual injury was given to the person who collected your child today.

As a precaution you are strongly advised to monitor your child and if you are concerned you should seek medical advice.

Take your child to the nearest hospital A&E department if they have the following symptoms:

- Unconsciousness (or lack of full consciousness (e.g. problems keeping eyes open)
- Dizziness or nausea on recovery
- Any confusion (not knowing where they are)
- Drowsiness (feeling sleepy) for more than an hour when they would normally be awake.
- Difficulty in waking up
- Problems standing or understanding
- Loss of balance or problems walking
- Weakness in one or more arms or legs
- Problems with eyesight
- Painful headache that won't go away
- Any fits (collapsing or passing out suddenly)
- Clear fluid coming out of their ears or nose
- Bleeding from one or both ears
- New deafness in one of both ears

There may be minor symptoms such as mild headache, slight dizziness, and tiredness. If you are un sure please seek medical advice.

Do ensure that they have plenty of rest and avoid stressful situations. It is advisable that they do not play any contact sports for now. Do not leave them on their own for the next couple of days.

END

Short Term/ Long Term

ADMINISTRATION OF MEDICATION FORM

Pupil's Full Name:

Male/Female:

D.O.B:

Class/Form:

Address:

Medical Information:

Name/ Address of Doctor:

	Medication No.1	Medication No. 2	Medication No. 3
Name of Medicine			
Duration of Course			
Dosage/ Method/ Timing			
Self-Administer (y/n)			
Date prescribed			
Expiry date of medicine			
Side Effects			
Emergency Procedure			

The school reserves the right to contact the doctor to confirm the above prescription.

I understand that I must deliver the medicine personally to a named first aider in the school office and accept that this is a service which the school is not obliged to undertake. I confirm that my child's Doctor has stated that they consider it necessary for the medication to be taken **as prescribed (dosage and course)** during school hours.

Signed:

Date:

Relationship to Pupil:

Appendix 6- Injury slip

Injury Slip - Parent Copy

Assalaamu'alaikum,

Dear Parent of _____ (Class _____)

Your child had to visit the medical room today at _____ and were seen to by _____. Please refer to section _____ for more details about the incident. If you would like to discuss anything related to this matter, please contact the school office.

Noor ul Islam Primary School

Staff Member: _____ Date: _____

Section 1

Nature of Incident:

- Head Injury **Section 2**
- Change of clothing **Section 3**
- Bump/ Bruise/ Cut/ Graze/ Nose bleed
- Headache/ Stomach pain/Vomiting/Nausea
- Other

Details:

Location: Playground/ Classroom/ Main Hall/ Bathroom/ PE/ From Home

Treatment:

'Ouch Sticker' (Head Injury)/ Rested in Medical Room /Cold Compress Applied/ Cleaned with a Sterile Wipe/ Adhesive Dressing / Rinsed with water/ Other

Parents contacted to collect pupil



Injury Slip - Parent Copy

Assalaamu'alaikum,

Dear Parent of _____ (Class _____)

Your child had to visit the medical room today at _____ and were seen to by _____. Please refer to section _____ for more details about the incident. If you would like to discuss anything related to this matter, please contact the school office.

Noor ul Islam Primary School

Staff Member: _____ Date: _____

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Nature of Incident:

- Head Injury **Section 2**
- Change of clothing **Section 3**
- Bump/ Bruise/ Cut/ Graze/ Nose bleed
- Headache/ Stomach pain/Vomiting/Nausea
- Other

Details:

Location: Playground/ Classroom/ Main Hall/ Bathroom/ PE/ From Home

Treatment:

'Ouch Sticker' (Head Injury)/ Rested in Medical Room /Cold Compress Applied/ Cleaned with a Sterile Wipe/ Adhesive Dressing / Rinsed with water, Other

Parents contacted to collect pupil

Section 2- Head Injury

If your child has suffered a **head injury** please note -

Your child had an accident which involved an injury to the head. The nature of the accident was such that it was not necessary to summon an ambulance or call for you to collect your child. Following the accident your child was closely observed for any signs of any adverse effects but none were seen. As a precaution you are strongly advised to monitor your child and if you are concerned you should seek medical advice. Take your child to the nearest hospital A&E department if they have the following symptoms:

Unconsciousness (or lack of full consciousness (e.g. problems keeping eyes open), Dizziness or nausea on recovery, Any confusion (not knowing where they are), Drowsiness (feeling sleepy) for more than an hour when they would normally be awake, Difficulty in waking up, Problems standing or understanding, Loss of balance or problems walking, Weakness in one or more arms or legs, Problems with eyesight, Painful headache that won't go away, Any fits (collapsing or passing out suddenly), Clear fluid coming out of their ears or nose, Bleeding from one or both ears, New deafness in one of both ears, mild headache, slight dizziness, and tiredness.

If you are unsure please seek medical advice. Do ensure that your child have plenty of rest and avoid stressful situations. It is advisable that they do not play any contact sports for now. Do not leave them on their own for the next couple of days.

Section 3- Change of Clothing

If your child has suffered an accident please note -

After an incident today your child required a change of clothes. We ask that you kindly return all outer garments (washed and dried) - however the underwear & socks are new and for hygiene reasons should not be returned. Please ensure payment of 50p/£1 is paid to the school office so that we may replenish our stock.

Incident:

Change of clothing provided: Socks (50p)/ Top/ Trousers/ Underwear (50p)

Section 2- Head Injury

If your child has suffered a **head injury** please note -

Your child had an accident which involved an injury to the head. The nature of the accident was such that it was not necessary to summon an ambulance or call for you to collect your child. Following the accident your child was closely observed for any signs of any adverse effects but none were seen. As a precaution you are strongly advised to monitor your child and if you are concerned you should seek medical advice. Take your child to the nearest hospital A&E department if they have the following symptoms:

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Incident:

Change of clothing provided: Socks (50p)/ Top/ Trousers/ Underwear (50p)

Appendix 7

Allergy Action Plan




Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1)  _____

2)  _____

Child's Weight: _____ Kg

PARENTAL CONSENT: I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed: _____

(PRINT NAME) _____

Date: _____

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:
- Phone parent/emergency contact (if vomited, can repeat dose)

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

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

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

1. Lie child flat: (If breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** 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 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

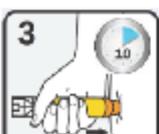
How to give EpiPen®



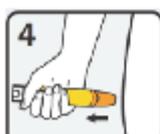
1. Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



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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Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by: _____

SIGN & PRINT NAME: _____

Hospital/Clinic: _____

 _____ Date: _____

Appendix 8 – Asthma Action Plan



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.



And what to do when your asthma gets worse.

Name:

1 My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____ and its colour is _____
I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take _____ puff/s of my blue reliever inhaler every four hours.

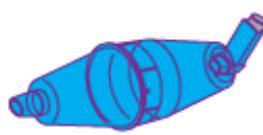


If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



If YES
I take:
_____ puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)

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Last reviewed and updated 2016, next review 2019.





My Asthma Plan

3 When I have an asthma attack

I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.



If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).



999



My asthma triggers:

Write down things that make your asthma worse

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:



Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

You and your parents can get your questions answered:

Call our friendly expert nurses
0300 222 5800
 (9am – 5pm; Mon – Fri)

Get information, tips and ideas
www.asthma.org.uk