

ST JAMES' RC PRIMARY SCHOOL
First Aid and Medicine Policy

This policy has the School's Motto at its heart.

**Faith in action,
Growing together,
Walking in the footsteps of Christ.**

Introduction

We believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school. We are committed to:

- Ensuring that staff and governors are aware of their responsibilities with regards to health and safety;
- Providing a framework for responding to an incident and recording and reporting the outcomes;
- Providing adequate provision for first aid for pupils, staff and visitors;
- Ensuring that pupils with medical needs are fully supported.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly. We will ensure all staff including supply staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

Insurance

The school provides the appropriate level of insurance to cover staff providing support to pupils with medical conditions. Those who wish to see the full written insurance policy documents should contact the Head teacher.

Legal Framework

Our duty to provide first aid at work is governed by the Health and Safety (First Aid) Regulations 1981. These require the school to carry out a risk assessment in order to determine what first aid facilities and personnel are necessary to meet the needs of our school. This policy complies with our funding agreement and articles of association.

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

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees

- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils
 - Supporting Children at School with Medical Conditions, DfE, December 2015
 - The Special Educational Needs Code of Practice, DfE, January 2015
 - The Children and Families Act 2014
 - The School Premises (England) Regulations 2012
 - The Children Schools and Families Act 2010
 - The Children Act 2004
 - The Education Act 1996
 - The Children Act 1989
 - The Health and Safety at Work Act 1974
 - The Medicines Act 1968

Roles and responsibilities

The governing body has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the head teacher and staff members. The Head teacher is school's appointed person. They are responsible for the implementation of this policy, including:

- Taking charge when someone is injured or becomes ill;
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate;
- Ensuring that an appropriate number of trained first aiders are present in the school at all times;
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role;
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place;
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place;
- Ensuring that adequate space is available for catering to the medical needs of pupils;
- Reporting specified incidents to the HSE when necessary.

Staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a First aider is not called
- Informing the Head teacher of any specific health conditions or first aid needs

First aiders are trained and qualified to carry out the role and their names are displayed prominently around the school. They are responsible for:

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

The Qualified First Aiders are:

Mrs Jessup- normal place of work – Key Stage 1/Key Stage 2

Miss Atkinson-normal place of work- Key Stage 2

Mrs Susan Lams- normal place of work – School Office

Mrs Michelle Wilson- normal place of work – Year 5 Classroom

Mrs Corinne Connolly- normal place of work – Year 6 Classroom

Mrs Amanda Garlick- normal place of work – Finance Office

The Qualified Paediatric First Aiders are:

Mrs Donna Nash -normal place of work – Key Stage 1/ BC/ASC

Mrs Joanne Richards -normal place of work – EYFS class/Forest School

Miss Grace McCarthy -normal place of work- Year 1 Classroom

Mrs Jill Coxon -normal place of work – Key Stage 1/ BC/ASC

Mrs Mel Deasy -normal place of work – Key Stage 1/Key Stage 2/Forest School

Mrs Janet Wallis-normal place of work – BC/ASC

Mrs Claire Ferrari- normal place of work-Key Stage 2/ BC/ASC

Miss Atkinson-normal pace of work-Key Stage 2

Mrs Jessup-normal place of work- Key Stage 1/Key Stage 2

Mrs Clare Wakefield-normal place of work-Key Stage 1

Mrs Quyen Patel-normal place of work-School Office

Staff with Diabetes Training are:

Mrs Jane Pearce

Mrs Claire Ferrari

Staff Training

All staff are trained in managing severely allergic pupils and the safe administration of adrenaline auto-injectors. All staff are trained in asthma awareness.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they

have received and when this is valid until. Staff are encouraged to renew their first aid training when it is no longer valid. At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years. All staff must be familiar with the school arrangements for First Aid.

General posters about medical conditions such as diabetes, asthma and epilepsy are visible in the staffroom and school office.

Full staff medical training plans will be retained by the school to evidence medical training completed by staff throughout the year.

First aid equipment

First Aid supplies are kept in the office, teaching areas outside of classrooms and in the kitchen. Pupils' medication is stored in the Class First Aid bag, Office Cupboard and the fridge located in staff kitchen. It is the responsibility of Mrs Jones and Mrs Howie to ensure that stocks of supplies are kept up to date. No medication is kept in first aid kits. A typical first aid kit in our school will include the following:

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

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.

- If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When contacting the emergency service, ensure clear and precise details are given regarding the location and condition of pupil. When a pupil needs to be taken to hospital, staff will stay with the child until the parent arrives. If a child is taken to hospital by ambulance, staff will accompany the pupil. Parents will then be informed and arrangements made regarding where they should meet their child in the event that they are unable to accompany their child in the ambulance. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.
- The First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

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

Off-site procedures

Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider with a current paediatric first aid certificate on school trips involving Reception Class. When taking pupils off the school premises, staff will ensure they always have the following:

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

In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

Plasters

Before applying plasters, first aiders should try to make sure the child is not allergic to plasters. If the first aider is aware that the child is allergic to plasters the first aider will:

- If a parent has supplied the school with an alternative type of plaster the first aider is able to use this
- If an alternative has not been supplied the first aider will clean the wound

Hygiene and Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

Managing Bodily Fluids

Body fluids are a source of infectious micro-organisms (bacteria, viruses and fungi). The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin

(cuts or scratches). If a child is sick the office will contact the caretaker. If the caretaker is unavailable the nearest adult will sprinkle granules over the sick and it will be cleared up as soon as possible.

Managing Head lice in Schools

The school will promptly notify parents of active head lice infestations. Having head lice is not a reason for school absence as treatment can be administered quickly. However, should live head lice be noticed by a member of staff, a call will be made to the parent who will be asked to collect the child immediately. Thoroughly combing through the hair or applying a treatment quickly at home will enable the child to be back at school on the same day (unless parents are notified late in the afternoon). If the infestation continues for more than three weeks, the Head teacher will call the parents to discuss what is being done to eradicate the head lice.

Contagious Diseases

Contagious Diseases are reported and medical advice is taken on the actions that should be taken.

Administering Medicines

Please refer to the Supporting Children with Medical Conditions Policy

Pupils with Special Medical Needs

Please refer to the Supporting Children with Medical Conditions Policy

Personal Emergency Evacuation Plan (PEEP)

The underlying question in deciding whether a PEEP is necessary is "can the individual evacuate the building unaided, in a prompt manner, during an emergency situation?" If the answer is "no", then it is likely that a PEEP will be required. Students, staff or visitors requiring a PEEP have a responsibility to inform the school of their requirements for assistance in an evacuation. Schools are responsible for ensuring any persons within their area who require assistance to evacuate a building in an emergency have a PEEP drawn up.

Record Keeping

All first aid incidents are logged. All unwell children accompanied to the office are also logged. These logs are analysed termly for trends by the Head teacher.

First aid and accident record book

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

Reporting to the HSE

If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will ensure this is done.

The admin team will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). They will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident. This will also be reported to the governing body. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

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

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

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

Complaints

Should parents have a complaint they should contact the Head teacher in the first instance. If the concern cannot be resolved with the school directly, a formal complaint can be raised. The Complaints Policy is accessible from the school website.

Links to other policies

This policy should be read alongside the following:

- Equality Policy
- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Supporting Children with Medical Conditions Policy
- Mental Health Policy
- Risk assessment policy

Monitoring and Evaluation

This policy will be updated in line with any new developments in the school and/or any new government guidance.

It was last reviewed in summer 2023. It will next be reviewed in summer 2024

This statement of policy was approved by the Governing Body at their meeting on: -

Date: _____

Signed:

_____ (Chairperson)

_____ (Head teacher)

Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number:

2. Give your location as follows:

_____ 3. State
that the postcode is:

4. Give exact location in the school

5. Give your name: _____

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

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

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

Put a completed copy of this form by the telephone

Individual Health Care Plan (IHP)

If any other medical condition were not captured by the Generic Care Plan, the school would use one of these plans in consultation with the parents and GP.

Academy/School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What constitutes and Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	

GP Name Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements <i>If the pupil has life threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change. Arrangements that will be made in relation to the child travelling to and from the school. If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles.

Parental agreement for St James' RC Primary School to administer medicine. (One form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

Name of Pupil _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label.

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that we should know about? _____

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent Contact Details:

Name _____

Daytime telephone no. _____

Relationship to Pupil _____

Address

I understand that:

- I must deliver the medicine safely to the office
- I give consent to staff to administer spare medication (Auto Adrenaline Injectors - EpiPen/Emerade/Jext and asthma inhalers) held by the school if my child has already been prescribed any of these medicines/devices by their GP
- Children will not be allowed to carry their own medicines/ relevant devices, unless in exceptional circumstances, that the office must be informed of, but will be able to access their medicines in the office and/or classroom for self-medication, quickly and easily. Pupils' medicine will not be locked away out of pupil's access.
- It is the parents' responsibility to ensure all medication for their child is 'in date' and is replaced by the parent when nearing to end of life and not the school's responsibility to remind parents when this is.
- It is not the responsibility of the school to remind parents to collect medicines that are no longer required or are out of date.
- It is the responsibility of the parent to collect all medicine if a child leaves the school or the medicine goes out of date. If a child leaves the school or the medicine goes out of date and it has not been collected, the school will dispose of the medicine appropriately, without contacting the parent.

The information I have provided is, to the best of my knowledge, accurate at the time of writing and I give consent to staff administering medicine in accordance with the Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I give consent that any unused or out of date medication may be disposed of accordingly by the school office unless otherwise specified.

Parent's signature

Print Name

Date

Record of regular medicine administered to an individual child

Name of Pupil _____

Class _____

Name and strength of medicine _____

Dosage to be administered _____

Time dosage to be given _____

Pupil Name: _____ **Class:** _____

Date	Time	Medication Administered (state name and dose)			Sign	Notes
		Asthma	Allergy	Other		

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Pupil Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This procedure is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. This procedure will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

EpiPen® EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION-EpiPen



Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____
 DOB: _____

Photo

Emergency contact details:

1) _____
 2) _____

Child's Weight: _____ Kg

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: **CETIRIZINE 2.5mg**
- Phone parent/emergency contact _____

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

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- 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.

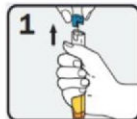
You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

PARENTAL CONSENT: I hereby authorise 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: _____

How to give EpiPen®



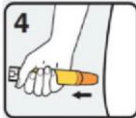
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



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



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Additional instructions:

If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

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: 20 Nov, 2017

FOR AN ALLERGIC REACTION- Emerade



Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

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
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

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

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 of these signs are present:

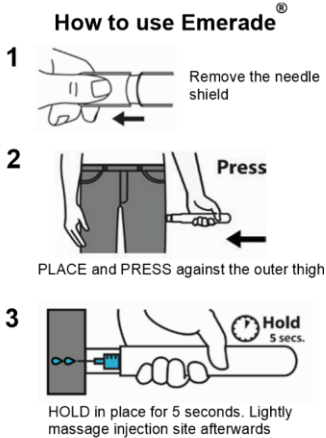
1. Lie child flat. If breathing is difficult, allow to sit
2. Give Emerade®
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Emerade®

After giving Emerade:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further Emerade® or alternative adrenaline 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.



Emerade can be kept at any ambient temperature, but do not freeze. For more information and to register for a free reminder alert service, go to www.emerade-bausch.co.uk

Produced in conjunction with:

www.allergyuk.org www.anaphylaxis.org.uk

! The British Society for Allergy & Clinical Immunology www.bsaci.org Approved Jan 2014

Additional instructions:
If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____

Date: _____

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

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
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)



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

- 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 of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give Jext®
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Jext®

After giving Jext:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further Jext® or alternative adrenaline 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.

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')

Keep your Jext device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.jext.co.uk

Produced in conjunction with:



! The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

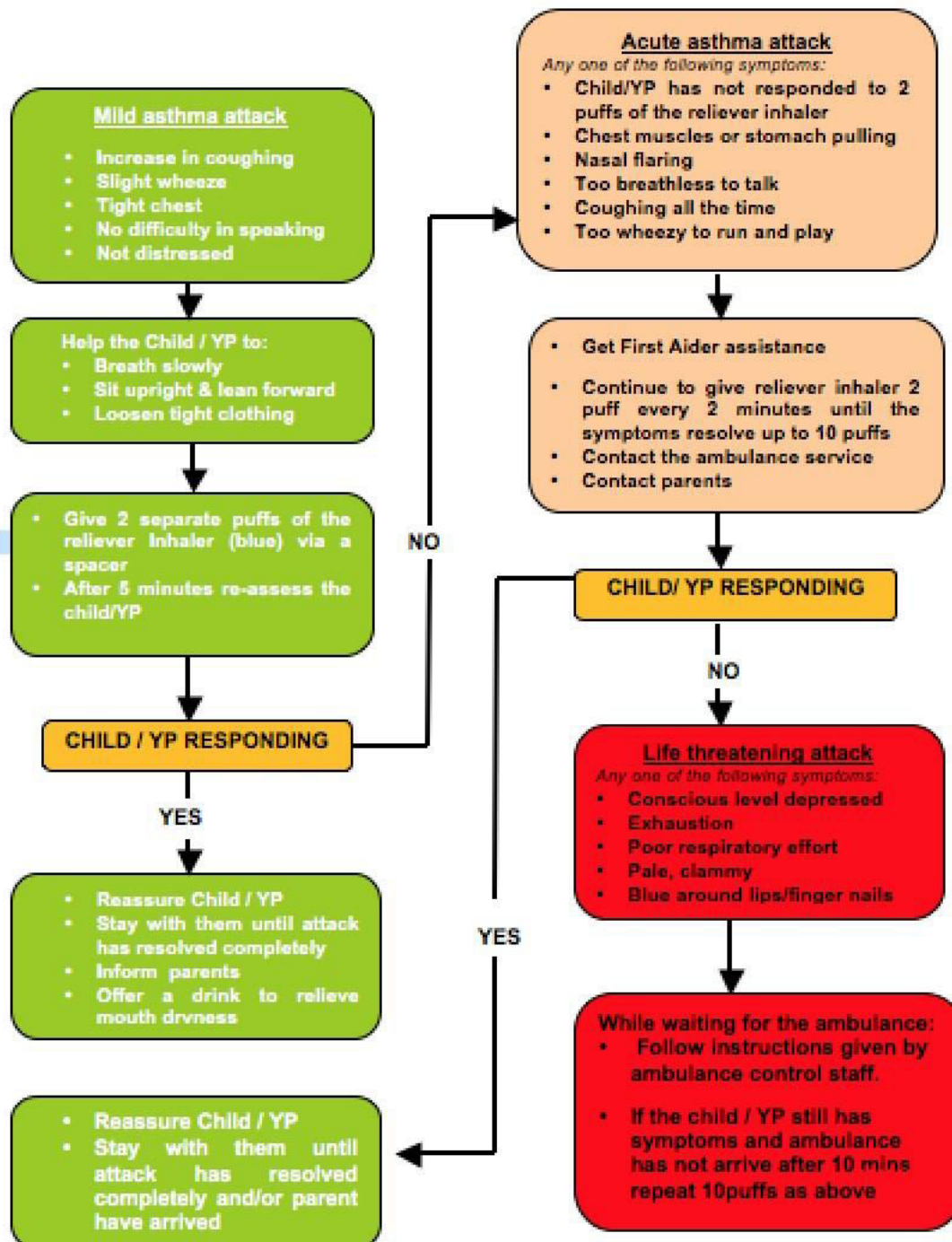
Additional instructions:
If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.
This plan has been prepared by: _____
Hospital/Clinic: _____
Date: _____

Symptom and Action Flowchart for Asthma attack

Children are expected to administer their own asthma pump, but will be assisted if necessary

Flowchart for Asthma attack



School Asthma Card

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 - mobile

Email

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 shortness of breath, sudden tightness in the chest, wheeze or cough, 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
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma 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 medicines?

Yes No

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

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk



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Some Useful Contacts

Allergy UK: Allergy Help Line: (01322) 619898 Website: www.allergyfoundation.com

The Anaphylaxis Campaign: Helpline: (01252) 542029 Website: www.anaphylaxis.org.uk

Shine Charity - Spina Bifida and Hydrocephalus
Tel: (01733) 555988 (9am to 5pm) Website: www.shinecharity.org.uk

Asthma UK Advice line: 0300 222 5800 Option 1 (Mon-Fri 9am to 5pm) Website: www.asthma.org.uk

Council for Disabled Children (020) 7843 6000 Website: www.ncb.org.uk/cdc

Contact a Family Helpline: (020) 7608 8700 Website: www.cafamily.org.uk

Cystic Fibrosis Trust Tel: (0300 373 1000) or (020) 3795 2184 Website: www.cftrust.org.uk

Diabetes UK Care line: 0345 123 2399 (Weekdays 9am to 5pm) Website: www.diabetes.org.uk

Department for Education and Skills Tel: 0870 000 2288 Website: www.dfes.gov.uk

Department of Health: Website: www.dh.gov.uk

Disability Rights Commission (DRC) Website: www.drc-gb.org

Epilepsy Action Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm) Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)
HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm) Website: www.hse.gov.uk

Health Education Trust Website: www.healtheducationtrust.org.uk

Hyperactive Children’s Support Group
Tel: (01243) 539966 Website: www.hacsg.org.uk

MENCAP Telephone: (020) 7454 0454 Website: www.mencap.org.uk

National Eczema Society Helpline: 0800 089 1122 Website: www.eczema.org

National Society for Epilepsy
Helpline: (01494) 601400 (Mon-Fri 10am to 4pm) Website: www.epilepsysociety.org.uk

Psoriasis Association Tel: 01604 251 620 Website: www.psoriasis-association.org.uk

Supporting Policies

- Educational Visits Policy
- First Aid and Medicine Policy
- Health and Safety Policy

www.gov.uk - [Support pupils at school with medical conditions](#)