

# BULLERS WOOD SCHOOL

## First Aid Policy



<b>Policy created by:</b> Deputy Headteacher	<b>Date of Adoption:</b> July 2023	<b>Date to be Reviewed:</b> July 2025
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## AIMS

The aims of our first aid policy are to:

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

## 1. LEGISLATION AND GUIDANCE:

This policy is based on 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 Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of students
- **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 students**
- **Department for Education guidance on actions for school during the coronavirus outbreak**

This policy complies with our funding agreement and articles of association.

## 2. ROLES AND RESPONSIBILITIES:

**The Deputy Headteacher has responsibility for:**

- Having oversight of the First Aid team and any new developments
- Meeting regularly with the Medical Coordinator to identify issues within school First Aiding and taking action to remedy those issues.
- Meeting termly with the First Aid team

The school's appointed person is the Mental Health and First Aid Lead . They are responsible for:

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

- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Meeting regularly with the Headteacher to ensure that are fully appraised of any problems identified within the First Aid team.

First aiders are trained and qualified to carry out the role and are responsible for:

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

Our school's Mental Health and First Aid Lead and other qualified first aiders are listed in Appendix 1. Their names will also be displayed prominently around the school.

### **The Governing Board**

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

### **The Headteacher**

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

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel 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 students
- Reporting specified incidents to the HSE when necessary (see Section 6)

### **Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see Appendix 2) for all incidents they attend to where a [first aider/appointed person] is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

## **3. FIRST AID PROVISION:**

The **Mental Health and First Aid Lead** is based in the **Medical Room** and students and staff can seek assistance here. The Medical Room is available for students receiving first aid assessment and treatment. The room is cleaned thoroughly each day and the couch is sanitised regularly. The room is kept stocked and maintained by the Principal First Aider.

#### 4. HYGIENE AND INFECTION CONTROL

Notices and posters, e.g. “NOW WASH YOUR HANDS” and “CATCH IT, BIN IT, KILL IT” (Flu) and Hygiene information are clearly seen around the school and toilet areas. Staff and students are reminded of the importance of personal hygiene, which includes regular washing and cleansing of hands, using a tissue for coughs and sneezes and disposing of it properly. There are cleaning agents and soap dispensers in all toilets, kitchens and medical areas. Tissues are readily available from classrooms and the Medical Room. In addition, staff wear protective disposable latex-free gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

#### 5. IN-SCHOOL PROCEDURES

##### Alerting the First Aider

- 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 take their radio and mobile phone if leaving site, a First Aid kit to the location identified and** will assess the injury, **deciding** if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will inform school Reception staff of the actions needed such as calling for emergency services.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- The first aider, if called, will assess the nature of the call. If a wheelchair is required they will radio the Site Services team on Channel 1 or radio Reception. The first aider may need to take their phone if attending an injury off site.
- If the first aider judges that a student 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 emergency services are called, the **Principal First Aider** will contact parents / carers immediately
- **The parent or carer are informed of the injury and asked to come to school to be with their child**
- The First Aider who attended the scene will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

If a child is to leave site with paramedics in an ambulance the Main Reception will provide the First Aider(s) with the following written information to pass on to paramedics when they arrive on scene:

- Student full name: Date of Birth: Details of any allergies/medical history (known to school): Details of GP:
- If the parent/carers are unable to get to school in time then one of the First Aiders will go with them in the ambulance with a copy of the child's IHCP and medicine if relevant and return to school in a taxi. Site services should be radioed (Channel 1) to assist the ambulance on entering the school site.

The Deputy Headteacher or Headteacher should be informed of all instances in school where emergency services have been called.

Dependent on the situation a partial lockdown may be implemented to prevent students leaving classrooms and causing an obstruction to paramedics and the treatment of the individual (depending on location).

### **In the event of a student feeling unwell in school:**

If a student becomes unwell during the school day, the teacher should press the life belt button and request Walkabout accompanies them to the Medical Room. The First Aider will assess the student and if necessary, admit the student to the Medical Room. The First Aider will monitor students being referred to the Medical Room and will notify Heads of Year when students are being regularly referred. No student will be sent home unless they are collected. Students will be sent back to class if deemed well enough.

## **6. OFF-SITE PROCEDURES**

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

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

If lessons are taking place off-site, staff facilitating these lessons will be aware in advance of any student with a medical need.

When staff are undertaking trips and visits the Mental Health and First Aid Lead will provide a copy of any Health Care Plans for relevant students. The group leader will ensure that all staff on educational visits are aware of the medical needs of all students in their group and that any medication given to staff for safe keeping is stored securely and appropriately and is accessible when needed. Records (the same as those kept on the administration of medication at school) are kept by the member of staff administering the medication. Risk assessments will be completed by the School Party Leader prior to any educational visit that necessitates taking students off school premises. First aid boxes must be taken on overseas/overnight school visits and journeys. They must be checked by the Mental Health and First Aid Lead prior to issue and must be collected from and returned to the Medical Room by the organiser of the visit.

The Mental Health and First Aid Lead should be informed of any educational visit or trip at least two weeks prior to the departure date.

## **7. OFF-SITE EDUCATION OR WORK EXPERIENCE**

Schools are responsible for ensuring, under an employer's overall policy, that work experience placements are suitable for students with a particular medical condition. Schools are also responsible for students with medical needs who are educated off-site through another provider such as the voluntary sector, a training provider or further education college. Bullers Wood School will undertake an overall risk assessment of the whole activity and will visit the workplace to assess its general suitability. Parents and students must give their permission before relevant medical information is shared on a confidential basis with employers.

## 8. INFECTIOUS CONDITIONS AND DISEASES

The Mental Health and First Aid Lead will maintain an information file on infectious diseases and appropriate action to be taken. Where the School is notified that a student or member of staff has an infectious disease, reference is made to that information and/or Bromley NHS Trust and appropriate action taken. Please see Appendix 4 - Emergency Procedures in the event of a Pandemic

## 9. FIRST AID EQUIPMENT

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

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

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Reception (at the desk)
- **The school hall**
- All science labs
- All design and technology classrooms
- The school kitchens
- School vehicles

## 10. RECORD KEEPING AND REPORTING

All accidents or injuries (students and staff) must be recorded on CPOMS by the Mental Health and First Aid Lead. The report must be saved on the school's user area (password protected) and the Deputy Headteacher will be informed of incidents that require a report. An accident report will be completed, and an investigation may be needed to ascertain whether the accident constitutes a report under RIDDOR. The Mental Health and First Aid Lead and the Deputy Headteacher will discuss any serious injuries and monitor student and staff recovery.

An accident form will be completed by the first aider/relevant member of staff 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, including all of the information on the accident form (Appendix 2).

A copy of the accident report form will also be added to the student's file on CPOMs by the Mental Health and First Aid Lead.

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 by the Office Manager.

## 11. REPORTING TO THE HSE

The Mental Health and First Aid Lead will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The Principal First Aider will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include: Death

- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalding requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- 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>

## 12. ACCIDENTS AND INJURIES

**Minor Injuries** - Some injuries of a minor nature can be treated, at the discretion of the member of staff, in the department where they occurred (e.g. for a very mild burn the student will be asked to hold the affected area under cold running water). If in doubt or for a less minor injury, students, staff and visitors are referred to the Medical Room for attention. Any injuries and treatment given to students by staff are recorded in their contact book.

**More Serious Injuries/illnesses** - A qualified first aider must be informed immediately and if necessary attend the affected person immediately. In some cases, however, the student is able to make their own way, accompanied by staff/student, to the Medical Room. Advice on sending a student, staff member or visitor to hospital is usually given by the first aider called to attend or, in the case of PE injuries, by the PE staff. In an acute emergency an ambulance may be called by any member of staff who must notify the First Aider at the earliest opportunity. The parent or carer, in the case of a student, must be contacted as soon as possible. A member of staff will accompany an injured student to hospital and remain with her/him until the parent arrives. Staff should never take children to hospital in their own car; and will instead call an ambulance. The Headteacher or, in his absence, the Deputy Headteachers must be informed as soon as possible of accidents or illnesses requiring hospital treatment.

### **13. NOTIFYING PARENTS**

The Mental Health and First Aid Lead will inform parents of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

### **14. NOTIFICATION OF MEDICAL NEEDS - STAFF**

As part of the pre-employment checking procedure of all new employees, a medical declaration is completed and reviewed by the School's Occupational Health Advisor. Staff also complete a staff details form where they advise any medical condition and a disability form where they are asked to declare a disability. Staff are asked to advise the Human Resources Manager if they develop a medical condition during their employment at Bullers Wood School for Girls.

The Human Resources Manager records confidentially details of staff with medical conditions and/or disabilities. When requested, and where appropriate and necessary to do so, this information is shared with the Headteacher and Principal First Aider (eg diabetes, epilepsy, allergies to penicillin etc). Appropriate arrangements are made in accordance with the DDA.

In the event of a contractable illness, the Headteacher/Mental Health and First Aid Lead contacts the Human Resources Manager in order that the necessary staff, e.g. staff at risk due to their medical condition, are informed.

### **15. REPORTING TO OFSTED AND CHILD PROTECTION AGENCIES**

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

The DSL will also notify the LADO of any serious accident or injury to, or the death of, a student while in the school's care.

### **16. TRAINING**

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

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

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



The First Aider organises first aider training, epipen training and Defibrillator training for staff. Senior Leaders and Heads of Department may nominate staff to be first aid trained. The list of qualified first aiders in school is regularly updated and distributed by the Mental Health and First Aid Lead.

#### **17. MONITORING ARRANGEMENTS**

This policy will be reviewed by the Deputy Headteacher every two years.



At every review, the policy will be approved by the Headteacher and full governing board.

#### **18. LINKS WITH OTHER POLICIES**

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting students with medical conditions

# Appendix 1 – List of First Aiders

		<b>QUALIFIED FIRST AIDERS</b>				
STAFF		Valid from	Valid To	Ext	Certificate	
Yuliya	Vasileva	25.02.2022	25.02.2025	355	EFAW	
Chloe	Scott	18.04.2023	18.04.2026	309	EFAW	
Claire	Self	18.04.2023	18.04.2026	333	EFAW	
Sarah	Parker	18.04.2023	18.04.2026	323	EFAW	
Suzanne	Earl	18.04.2023	18.04.2026	410	EFAW	
Simon	Robinson	14.06.2023	14.06.2026	380	EFAW	
Grace	Venton	01.11.2022	01.11.2025	384	EFAWS	
Seall	Sarah	19.10.2023	19.10.2025	406	EFAWS	
Fiona	Robinson	15.12.2020	15.12.2023	303	EFAWS	
Karen	Fairhurst	20.10.2020	20.10.2023	379	EFAWS	
Andrea	Pugsley	12.11.2020	12.11.2023	358	EFAWS	
Anna	Strong	16.12.2020	16.12.2023	356	EFAWS	
Elizabeth	Heaney	16.12.2020	16.12.2023	390	EFAWS	
Marie	Hemmings	03.11.2020	03.11.2023	354	EFAWS	
Laura	Kincaid	03.11.2020	03.11.2023	389	EFAWS	
Clare	Bond	30.06.2021	30.06.2024	333	EFAWS	
Jane	Haslett	30.06.2021	30.06.2024	438	EFAWS	
Steve	Fielder	30.06.2021	30.06.2024	312/334	EFAWS	
Shannon	Keen	30.06.2021	30.06.2024	361	EFAWS	
Rachel	Giacopazzi	26.11.2021	26.11.2024	389	OEFA	
Emine	Carter	30.06.2021	30.06.2024	354	EFAWS	
Katherine	Levey	03.11.2020	03.11.2023	431	EFAWS	
Julie	Lile	21.06.2022	21.06.2025	378	PDEFAW	
Tracey	Paterno	21.06.2022	21.06.2025	433	PDEFAW	
Alison	Uluadam	21.06.2022	21.06.2025	408/412	PDEFAW	
Andrea	Coop	21.06.2022	21.06.2025	361	PDEFAW	
Ashley	Barnett	21.06.2022	21.06.2025	433	PDEFAW	
INVIGILATORS						
Dave	Jones	17.11.2020	17.11.2023		EFAWS	
SITE TEAM						
Neil	DeMaid	16.10.20	16.10.23	Radio	EFAWS	
LOCATION OF FIRST AID BOXES						
D&T		Science			PE	
H1 Woodwork room		Laboratories S1-S8			Gym	
N1 Metalwork room	Sharman House- Tech Prep Room				Games Field	
N3 in cupboard	Inglewood Prep room				Sports Hall	
Newton House Office	Inglewood Office					
Defibrillator						
Inglewood D8 Office						
Bullers Wood House Reception						

## Appendix 2: Accident Report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
Describe in detail what happened, how it happened and what injuries the person incurred			
ACTION TAKEN			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
FOLLOW-UP ACTION REQUIRED			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

**Appendix 3: First Aid Training Log**

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE UPDATED (WHERE APPLICABLE)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

## Appendix 4

### **Emergency Procedures in the event of a Pandemic**

General infection control practices and good hand hygiene can help to reduce transmission of all viruses, including flu. This includes:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible.
- Disposing of dirty tissues promptly and carefully.
- Maintaining good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus from your hands to face or to other people.
- Cleaning hard surfaces (e.g. door handles) frequently using a normal cleaning product.

#### **Infection Control in the event of a flu pandemic**

- The Site Team will have an emergency stock pile of soap, disposable gloves, face masks and hygienic wipes to ensure that toilets and vulnerable surfaces are kept clean. An additional rota of regular toilet cleaning will be instigated to ensure there are adequate infection control measures. The Site Team will ensure that hard surfaces (e.g. door handles, light switches, taps and kitchen worktops) are cleaned more regularly than usual, using normal cleaning products.
- Staff will discourage the sharing of pens and equipment during a pandemic. The wiping and cleaning of hands and objects when being passed around (e.g. musical instruments) will be encouraged. Students will not be allowed to share wind instruments.
- Students will not be brought together in large crowds in enclosed spaces (e.g. whole school assemblies).

#### **Main Office**

Administrative staff will need to liaise to ensure that priority of staffing is given to main reception and switchboard.

#### **Provision of Lunch**

In the event of insufficient catering staff able to provide food we will ask students to bring their own packed lunch.

#### **School Closed as a result of Government advice**

The Government may also advise that schools in affected areas should close to students on child welfare grounds, to reduce the spread of infection among children. The local authority, acting on information from central Government via Government Offices and Strategic

Coordinating Groups (SCGs), would inform all schools in its area when their area is affected.

#### **Medical Room**

##### **Looking After a student who falls ill whilst in School**

- Any student who falls ill during the day will be placed in isolation (where possible) until their parents can collect them; their parents will be called as soon as possible. A parent (of an older student) may organise a taxi to collect, if unable to collect themselves.
- The First Aider will look after the student in the Medical Room, with the door to the room left open.

- The First Aider should not sit/stay within one metre of the student unless the student needs assistance in which case the member of staff should wear a disposable apron and surgical face mask (which constitute 'personal protective equipment', or PPE). Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the student. They are however no substitute for hand-cleansing, which should be carried out frequently, and always before and after contact with a symptomatic student.
- It would be desirable for the student to wear a surgical mask, but that may be impractical.
- In order to minimise the risk to colleagues from used PPE, it is essential that PPE is removed in a standard manner. To begin with, staff should remove the apron, and then remove the surgical mask from their face, avoiding touching the front of the mask (by using the tapes). If gloves have been worn, they should be removed first, by turning them inside out in one single motion, and then the apron and the mask should be removed.
- All used PPE should be placed in a specific labelled dustbin that has a lid and needs to be disposed of as clinical/infectious waste. After disposing of the PPE in the bin, you must wash your hands with soap and water, or hand cleansers if soap and water are not available. Staff will be trained in the use of PPE. The Department of Health is developing training materials for this purpose.
- When the student has gone home, the isolation room will be cleaned before its next use – with warm water and detergent, a normal household cleaning product or disinfectant.
- The Medical Room will be cleaned regularly. In the event of requiring an additional medical room, the Library will be used as a temporary location.

## Appendix 5

### Individual Health Care Plan

<b>Forename and Surname</b>	
<b>Form</b>	
<b>Medical Condition</b>	
<b>Medical ID tags should be worn by students with Diabetes, Epilepsy, Allergies and severe Medical Conditions. Medical ID tag worn y/n</b>	
<b>Date of Birth</b>	
<b>Family Contact 1 – Name</b>	
<b>Family Contact 1 – Address</b>	
<b>Family Contact 1 - Mobile Number</b>	
<b>Family Contact 1 - Work Number</b>	
<b>Family Contact 1 - Home Number</b>	
<b>Relationships</b>	
<b>Family Contact 2 – Address</b>	
<b>Family Contact 2 - Mobile Number</b>	
<b>Family Contact 2 - Work Number</b>	
<b>Family Contact 2 - Home Number</b>	
<b>Relationship</b>	

<b>Clinic/hospital Contact Name</b>	
<b>Clinic/Hospital Number</b>	
<b>G.P Name</b>	
<b>G.P Number</b>	
<b>Describe condition and give details of students' individual symptoms. Please include details of prescribed medication in relation to their medical condition.</b>	
<b>Daily care requirements ie: before sport/at lunch</b>	
<b>Describe what constitutes as an emergency for the student and what action should be taken:</b>	
<b>Follow up care</b>	
<b>Who is responsible in an Emergency (state if different on off-site activities)</b>	
<b>Signed</b>	
<b>Dated</b>	



## Appendix 6

### **CONSENT FOR MEDICATION**

<b>Name of Student:</b>	
<b>Form Group:</b>	

<b>Name of Medication:</b>		
<b>Please specify how many to be given?</b>		
<b>When to be given:</b>	<b>AM</b>	
	<b>Lunch Break</b>	
	<b>PM</b>	
<b>or as required, ie. Pain Relief:</b>	<b>YES / NO</b>	
<b>Expiry Date:</b>		

**Please mark clearly your child's name on the medication pack.**

**Please send medication in the original packaging.**

**I/we authorise the Principal First Aider, Ms Yuliya Vasileva to administer the above named medication and for the above item to be housed in the Medical Room.**

<b>Print Name (Parent/Carer):</b>	
<b>Relationship to Student:</b>	
<b>Signed By (Parent/Carer):</b>	
<b>Date:</b>	

**Please send the form for the attention of Ms Vasileva at  
yvasileva@bwsgirls.org**

# 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 and spacers 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, help 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"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature  Date

## Expiry dates of medicines

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

Parent/carer's signature  Date

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

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)?

- ☐ Pollen ☐ Stress
- ☐ Exercise ☐ Weather
- ☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe

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

## Dates card checked

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

To be completed by the GP practice

## 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**

(Monday-Friday, 9am-5pm)

**www.asthma.org.uk**

This child has the following allergies:

Name:

DOB:

Photo

## Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

## ● 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**

### A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
  - 2 Use Adrenaline autoinjector **without delay** (eg. Jext®) (Dose: ..... mg)
  - 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 further adrenaline dose using a second autoinjectable 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.

## Emergency contact details:

1) Name: .....  
 Phone: .....

2) Name: .....  
 Phone: .....

**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 in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

## How to give Jext®



1  
Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2  
PLACE BLACK END against outer thigh (with or without clothing)



3  
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4  
REMOVE Jext®. Massage injection site for 10 seconds

## Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) 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. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....



Date: .....