

First Aid, Accident Reporting and Medication Policy

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Policy Statement (including EYFS)

At Heathcote Preparatory School we are committed to ensuring that every pupil (including those in our EYFS setting), every member of staff and every visitor will be provided with adequate first aid in the event of an accident or illness, no matter how minor or major.

This includes: -

- Sufficient and appropriate resources and facilities
- Ensuring HSE regulations on the reporting of accidents, diseases and dangerous occurrences are met
- Clear authorisation from and communication with pupils' parents and guardians regarding medical treatment.

Procedures and information set out in this document aim to ensure that:

- all members of the school community are aware of the procedures to follow in the event of an accident, the support available and the role that they play
- effective management systems are in place to support individual pupils with medical needs
- there are sufficient numbers of trained staff as Appointed Persons and First Aiders, including Paediatric First Aid, to meet the needs of the school.
- medicines are recorded, handled, stored and administered responsibly
- first aid provisions are available at all times while pupils or employees are on school premises, and also off the premises whilst on visits or trips
- all incidents involving medical assistance are properly recorded.

There are a range of forms, which parents / guardians are required to complete throughout the course of their child's schooling as and when medical support may be needed. They are available on request from the school office.

This document was drawn up in conjunction with Guidance from Managing Medicines in Schools and Early Years Settings (**Department for Education and Skills / Department of Health**). In line with our Provision of Information policy, this document is available to all interested parties on our website and on request from the school office.

Heathcote Preparatory School is fully committed to ensuring that the application of this *First Aid, Accident Reporting and Medication* policy is non-discriminatory in line with the UK

Equality Act (2010). Further details are available in the school's Equal Opportunity Policy document.

Heathcote Preparatory School seeks to implement this policy through adherence to the procedures set out in the rest of this document. This document is reviewed annually by the SLT.

Key Personnel

a) The Appointed Person for First Aid is Amanda Frost. She is based in the School Office.

The Appointed Person for First Aid takes charge of first-aid arrangements and the role includes looking after the first-aid equipment and facilities and calling the emergency services when required. Some of these functions may be delegated to other Senior First Aiders; Mrs Collins but ultimate responsibility remains with Mrs Frost.

The Appointed Person for First Aid will ensure that: -

- First Aid qualifications and insurance (provided by the school) are up to date (copies of certificates are kept by the Bursar).
- the list of First Aiders is kept up to date and posted around the school in the designated locations for the benefit of staff, pupils and visitors (see Appendix A)
- supplies of first aid materials are available at various locations throughout the school and that materials are checked regularly and any deficiencies made good (see page 10)
- information on the location of equipment, facilities and first aid personnel is provided to staff (see page 10 and Annex E)
- records of first aid treatments and accidents are maintained
- records of first aid training undertaken by staff are maintained
- training needs are identified
- there is appropriate communication with parents / guardians for any pupils who have received any kind of medical attention during the day. This includes written notification of any bumps to the head and any emergency medication given, and telephone communication for any other treatment other than for very minor incidents.

- there is at least one qualified person on site when pupils are present
- there is someone with the relevant paediatric First Aid training (minimum of 12 hours training) on site when EYFS are present – including on visits
- the number of First Aiders is adequate to provide First Aid cover during the school day and for after school activities. (This is to be done in consultation with the Headteacher and in light of on-going risk assessments).

a) **A number of school staff have received suitable First Aid training from competent third party training providers** (see Appendix A). This training enables them to give emergency first aid to someone who is injured or becomes ill whilst on the school premises. Those with the First Aid at Work and Paediatric First Aid qualification are also permitted to administer **prescribed** medicines.

They are based in a variety of locations around the school and a list is published in each area of the school, in the School Office, the Staff Room and the Kitchen. **First Aid assistance can always be called for via the school office.**

At least one qualified first aider will be on site when pupils are present. For the Early Years there will be at least one person with a paediatric first aid qualification on site and on school outings.

First Aiders will: -

- Respond promptly for calls for assistance
- Provide first aid support within their level of competence
- Summon medical help when necessary
- Record details of treatment given in line with the reporting procedures in this document

Staff Induction in First Aid

All staff are informed about First Aid provision on employment and are required to:

- Ensure they are aware of and follow the First Aid Policy and Procedures
- Report and record all accidents that occur in line with the procedures set out in this document. Note that all pupil head injuries are reported to their parents advising the symptoms of concussion and via a bumped head sticker and a completed bumped head notification note advising of the symptoms of concussion.
- Ensure appropriate risk assessments and adequate First Aid provisions form part of the planning for any school trip or activity.

First Aid Equipment and Information

Medical Room

The medical room at Heathcote is located at the rear of the Staff room.

Location of First Aid Boxes

First Aid Boxes are clearly labelled with a white cross on a green background with the exception of the Minibus kit which is a white cross on blue background.

They are located in the following areas: -

- Medical Room – Main Box
- Computer Room
- Science Room
- Office
- Kitchen
- Art room
- Minibus
- Nursery
- KS2 Lobby
- KS1 Lobby
- Lounge (Breakfast & Twilight Club)

First Aid kits for trips and games are held in the Medical Room.

First Aid Supplies

The Appointed Person for First Aid will ensure that:

- an adequate number of first aid kits are available and easily accessible across the school sites.
- all first aid kits are marked with a white cross on a green background.
- first aid kits are well stocked and available for PE staff to carry with them during games, PE and fixtures.
- all kits are regularly checked for stock levels and expiry dates each term
- the contents of all first aid kits adhere to the relevant guidelines from the HSE.

What to do in the event of an incident requiring medical assistance

If a person becomes unwell

A pupil, member of staff or visitor who becomes unwell during a lesson or activity may, if they are able, be sent to the School Office to seek assistance. They should always be accompanied by another person. Parents will usually be contacted and asked to collect a pupil if they become unwell. If a child has had diarrhoea or has vomited, parents will be advised that our policy is for the child to refrain from attending school for 48 hours after the last incidence of vomiting or diarrhoea.

If a person is involved in an accident or medical emergency

- Call for assistance from the nearest First Aider.
- Ensure that other pupils/persons in the vicinity are safe and supervised.
- The First Aider who attends will take charge and will decide on and, if appropriate, administer the relevant First Aid treatment
- All incidents must be recorded and parents informed in line with the Recording and Reporting procedures set out below.

If there is a serious accident or medical emergency necessitating an Ambulance

- Call for assistance from the nearest First Aider.
- Ensure that other pupils/persons in the vicinity are safe and supervised.
- The First Aider who attends will take charge and will decide on and, if appropriate, administer the relevant First Aid treatment
- The member of staff who initially called for assistance will stay with the casualty at least until the First Aider has taken responsibility for the welfare of the casualty concerned. This may include escorting them to the hospital if required.
- If they are not already present, inform Appointed Person for First Aid immediately of the incident / accident
- Any person who believes the situation requires it may telephone for an ambulance. Dial **999 / 112** from any telephone. **DO NOT LEAVE THE CASUALTY ALONE** in order to do this – ask a colleague. (If you send someone else to make the call, ensure that you tell them to return straight to you in order to inform you of the 999 call having been successfully made.)

- After an ambulance has been requested, if they have not already been alerted, inform the Headteacher, or member of Senior Leadership Team. They will, in turn, inform relevant senior colleagues.
- Another member of staff should await the arrival of the emergency services and direct them appropriately.
- A familiar member of staff will accompany the casualty in the ambulance and at the hospital until the parent or guardian arrives. Any necessary teaching cover will be arranged via the School Office.
- Where there is an urgent need for surgical or medical treatment to be given and the parents cannot be contacted, the decision about the competence of the pupil to give or withhold consent to urgent surgical or medical treatment, in the absence of the parent, must be the responsibility of the doctor.
- All incidents must be recorded in line with the Recording and Reporting procedures set out below (section 4)

Hygiene and infection control when dealing with a medical incident

- Common sense infection control measures (such as hand washing and the use of disposable gloves when dealing with blood or bodily fluids) must be followed by all staff when dealing with medical incidents
- Hand washing and sanitising facilities are available throughout the school
- Single use disposable gloves are to be found in First Aid kits and must be used at all times when providing treatment involving blood or body fluids.

Dealing with Bodily Fluid Spillages (Bio Hazards)

The school has a duty to protect its staff from hazards encountered during their work; this includes bio hazards, which for the purpose of this document are defined as Blood, Vomit, Faeces, Urine & Wound drainage.

In the event of a spillage on a surface the following precautions should be applied:-

- Notification by placing cones
- Staff dealing with the biohazard should wear protection
- Hand hygiene should be carried out following management of the spillage

Head injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help. The school policy with regard to head injuries is always to err on the side of caution and should any key signs be exhibited; parents will be asked to collect their child and seek expert medical attention.

The Appointed Person for First Aid will ensure that any pupil who has been treated for a head injury, no matter how minor, has a bumped head sticker applied and a notice sent home outlining the common signs of concussion to ensure their parents are aware.

Accident reporting and record keeping

Where there is an accident or medical emergency, and First Aid assistance has been provided, the person who has administered First Aid must record the incident according to the procedure outlined below.

N.B. it is a statutory requirement that all accidents / incidents as described in the Health and Safety Policy must be recorded in an accident book and must be readily accessible for a minimum of seven years. These records are kept by the Bursar.

Parents are initially notified of an incident involving their child by the school office and must be kept sensibly informed by an appropriate member of staff. The school office will be responsible for ensuring that parents are notified of significant incidents / accidents.

How to record an accident or medical incident

All minor accidents or medical incidents must be recorded in the **first aid** books for each class. Staff will then advise parents of these at the end of the day and parents sign to show they have been notified.

Accidents to pupils and members of the public which are attributable in some way to work organised by the school (e.g. an accident during a chemistry experiment), or the defective condition of premises, equipment or plant, or lack of or defective supervision, where injury is suffered, must be recorded as an accident 'at work'. 

Any incident / accident must be recorded in the **accident book** by the person attending the casualty or dealing with the incident. The accident book is located in the School Office. The records of first aid treatment given by a First Aider or appointed person must include:

- Date, time and place of incident
- Full name of injured / ill person
- Detail of the injury/illness and what first aid treatment was given
- Any review of the person's condition
- Name and signature of the first aider or appointed person dealing with the incident

The accident and first aid books are reviewed regularly by the Bursar. A summary of records for the whole school is prepared and a report made to the Board annually or sooner if there is specific reason.

The Bursar will keep a record of any reported injury, disease or dangerous occurrence which must include

- the date and method of reporting
- the date, time and place of event
- personal details of those involved
- brief description of the nature of the event or illness

All more serious accidents are notified to the Bursar as soon as they occur and are investigated by her during the week following any accident, so that problem areas or procedures are identified and remedial action can be taken if necessary. Problems identified and actions taken are included in the report to Board.

Informing the Authorities

HSE (Health and Safety Executive) or RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) - statutory requirements

Mrs Nadine Solsberg is responsible for determining if the HSE needs to be informed of an accident or incident and for keeping a school central record in the School office together with the RIDDOR form if appropriate.

Under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) the following accidents MUST be reported to the HSE without delay:

- accidents to employees resulting in death or major injury (including as a result of physical violence)
- dangerous occurrences

- accidents to any persons (pupils and visitors included) killed or taken from the premises to a hospital
- accidents to employees which prevent the injured person from doing their normal work for more than 7 days must be reported within 15 days of the accident. Fatal accidents or accidents resulting in specified injuries to workers must be reported within 10 days.

Mrs Solsberg will be responsible for reporting to the Board that a reportable incident has occurred. The HSE will be notified, at the HSE Incident Contact Centre at www.hse.gov.uk/contact/index.htm, without delay about the above accidents and then followed up with a completed RIDDOR form (F2508) within 10 days of the incident. These can be accessed online www.hse.gov.uk/riddor/online or by telephone **0845 300 99 23**.

Details of RIDDOR accidents will be made available to the Board.

Notifiable Incidents and Diseases

Mrs Solsberg, will notify the HSE, under RIDDOR, of any serious accident, illness or serious injury to, or death of, any pupil whilst in our care, and of action taken in respect of it. A pupil's GP has the responsibility of reporting notifiable diseases and ensuring that a pupil is safe to return to school and not cause public health problems from infections. However, the

school may also seek advice from the Health Protection Agency if a pupil is believed to be suffering from a notifiable disease as identified under the Health Protection (Notification) Regulations 2010 (see Appendix C).

Risk Assessment for Medical and First Aid needs

Reviews are carried out annually by the First Aid Committee, Key Stage Leaders and monitored by the Headteacher and Bursar.

During this monitoring and evaluating the following aspects are considered:

- any changes to staff, building / site, activities, off site facilities
- further training and refresher courses required for staff
- specific hazards in time or place
- specific health needs i.e. epilepsy, serious allergies
- numbers of first aiders required in both time and place
- Accident statistics - aimed at finding ways to reduce number of preventable injuries.

Administration of Medicines including EYFS children

Most pupils will at some time have a medical condition that may affect their participation in normal school life. This may either be a short term condition which is quickly resolved or a long term condition with pupils having medical needs that limit their access to education. At Heathcote Preparatory School we aim to work with the parents to provide measures to minimise the impact of medical difficulties on the child's school life.

Parents or guardians have prime responsibility for their children's health and it is their responsibility to provide the school with up to date information about their child's medical conditions. Whilst there is no legal duty requiring staff to administer medicines or supervise pupils taking their medicines, we will endeavour to accommodate pupils' medical needs in close cooperation with the parents.

Written consent for the administration of prescribed medication is required from parents. Thus, while it is not our policy to care for sick pupils, who should be at home until they are well enough to return to the setting, we will agree to administer prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness.

Details of the procedures relating to the administration of medicines can be found in our **Administering Medicines** Policy Document in **Appendix D**

Heathcote Preparatory School recognises its responsibility to adhere to the following areas of legislation:

The Medicines Act 1968

The Misuse of Drugs Act 1971

The Controlled Drugs (Penalties) Act 1985

The Health and Safety at Work act 1974

Management of Health and Safety at Work Act 1999

Control of Substances Harmful to Health Regulations 2002

The Education (School Premises) Regulations 1999

The Education (ISS) (England) Regulations 2003

Part 4, The Disability Discrimination Act as amended by the SEN and Disability Act of 2001.

First Aid Regulations and RIDDOR

MANAGEMENT OF MEDICAL CONDITIONS

Arrangements for Pupils with particular Medical Needs

It is parents' responsibility to keep the school up to date with any changes in children's medical details. All staff are required to be aware of pupils with particular medical conditions and must ensure that their needs are included in any risk assessments for trips outside the school.

Pupils with significant medical needs, including those with serious allergies which have a risk of anaphylaxis shock, are recorded and are available for staff to view on the Hub. Hard copies are also available in breakfast/twilight club, staffroom. Anonymised outdoor registers will also have medical information. An individual care plan for each of these pupils is agreed in writing with their parents and kept in their Pupil File. A copy of the care plan is also kept with the medication.

All emergency medicine for individual pupils is held in a locked cupboard in the school staffroom or kept out of reach in the child's classroom.

Where relevant, additional staff training, to an agreed number of staff is provided on the specific medical conditions notified and the associated care required. This includes but is not limited to action required for those at risk of anaphylaxis shock, asthma sufferers, epileptics and diabetics. The information sheets set out as Appendix B details about a number of common medical conditions and how they are managed at Heathcote Preparatory School.

First Aid for Staff

If a member of staff has an accident or becomes unwell during the day they should seek advice from a qualified first aider in the first instance and report to Mrs Solsberg or the Headteacher who can arrange for them to be sent home if required or take any further action necessary.

Accident forms for staff can be found in the office and should be completed as soon as possible.

Appendices

Appendix A: List of First Aiders

First Aid Provision at Heathcote Preparatory School

The Appointed Person for First Aid at Heathcote Preparatory School is Mrs Amanda Frost. The role of the appointed person is to take charge of first-aid arrangements and includes looking after the first-aid equipment and facilities and calling the emergency services when required. Mrs Frost may delegate, where appropriate, some aspects of this role to Senior First Aiders who have undergone the same First Aid at Work training. They may provide emergency cover, and act as the appointed person in her absence.

Heathcote Preparatory School First Aid Training Log – 2025-2026

Senior First Aiders: First Aid at Work (3 day course) - valid 3 years

First name	Surname	Date	Valid to	Provider
Amanda	Frost	19.05.2025	18.05.2028	St. John Ambulance
Kelly	Collins	25.11.2024	24.11.2027	St. John Ambulance
Liam	Daniels	18.09.2025	17.09.2028	St. John Ambulance

Paediatric First Aid (2 day course) - valid 3 years

First name	Surname	Date	Valid to	Provider
Julien	Pennycook	29.04.2023	28.04.2026	Tigerlily
Kelly	Collins	17.06.2023	16.06.2026	Tigerlily
Angela	Wilding	07.07.2025	06.07.2028	St. John Ambulance
Lydia	Moule	05.02.2024	04.02.2027	St. John Ambulance
Georgina	Deed	23.01.2024	22.01.2027	St. John Ambulance

Diane	White	14.01.2025	13.01.2028	St. John Ambulance
Heidi	Crystall	14.01.2025	13.01.2028	St. John Ambulance

Staff with recognised First Aid qualifications are also permitted to administer prescribed medicines.

Appendix B: Management of Medical Conditions – Information Sheets

ASTHMA

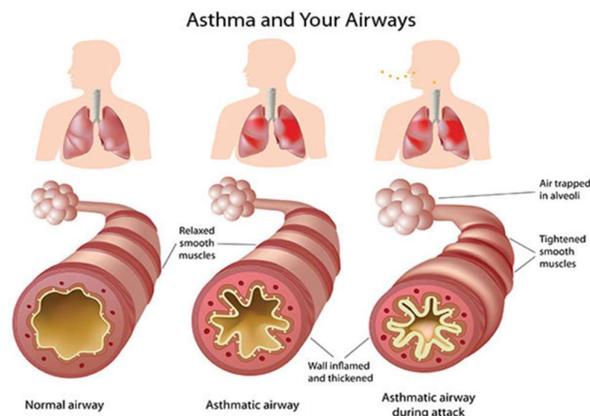
What is asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest.

Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if you feel well, to lower the risk of symptoms and asthma attacks.

What triggers asthma symptoms?

There are lots of things that can make asthma worse, but not everyone will be affected by the same things. Things that set off asthma symptoms are called triggers. Common triggers in children include colds and viruses, pets, pollen, mould, pollution, house dust mites or emotional stress.



We work closely with children, parents/carers and health professionals to ensure we have robust procedures in place to support asthma management.

This policy reflects the requirements of key legislation and in particular two key documents:

1. Supporting pupils at school with medical conditions (2014).
2. Guidance on the use of emergency salbutamol inhalers in schools (2015).

To enable us to effectively manage children with asthma we will:

- Have an up to date asthma policy that is self-audited regularly.
- Have two designated asthma leads – Mrs Amanda Frost & Mrs Kelly Collins
- Maintain a register of children with asthma which will be updated regularly and shared with staff.
- Ensure that children with asthma have easy access to their inhalers and spacers. (These will be kept within easy reach of the child.)
- Record every instance of a child using their inhaler on the child's Inhaler Administration Record Form, including the date, time, and reason for administration. Staff will notify the parent/carer by telephone at the time the inhaler is given. At the end of the day, staff must obtain a parent/carer signature on the Inhaler Administration Record to confirm they have been informed and acknowledge the entry.

All students diagnosed with asthma or that have been prescribed an inhaler are required to have an individual Asthma Action Plan provided by their doctor or specialist healthcare professional. This plan must be shared with school staff and copies will be kept with the child's inhaler as well as on the Heathcote Hub.

Asthma Attacks

We are prepared to deal with asthma attacks should they occur.

All Heathcote staff have completed comprehensive whole-school training on asthma, including recognising signs and symptoms and responding effectively in an emergency, as part of our medicines management program.

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).

- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- appears exhausted;
- has a blue/white tinge around lips;
- is going blue;
- has collapsed.

In the event of an asthma attack:

- Send for a first aider/notify the school office 01245 223 131
- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Shake the inhaler and remove the cap.
- Place the mask securely over the nose and mouth ensuring a good seal.
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths).
- If there is no improvement, repeat these steps 5 to 7 above up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **call 999 FOR AN AMBULANCE** and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

- 1 puff may be given every 30 or 60 seconds until an ambulance arrives.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

Essex Partnership University
NHS Foundation Trust



How to manage an asthma attack in children

T Think ?	I Intervene +	M Medicine 	E Emergency 999
<p>Any of these signs:</p> <ul style="list-style-type: none"> • Coughing • Wheezing • Hard to breathe • Tight chest • Cannot walk • Cannot talk <p>Are they having an asthma attack?</p> <p>Remember: stay with the child at all times</p>	<ul style="list-style-type: none"> • Keep calm • Reassure child • Sit them up and slightly forward • Ask someone to get blue inhaler and spacer • Administer inhaler (see blue box) • Note time of using inhaler 	<ul style="list-style-type: none"> • Use blue inhaler • Shake inhaler • Place in spacer • Spray one puff • Take five breaths • Repeat the above up to 10 times if needed • If no improvement, it is safe to repeat the above 10 more times 	<ul style="list-style-type: none"> • If no improvement, or if you are worried or unsure, call 999 • If ambulance takes longer than 15 mins, repeat Medicine steps • Note time of calling 999 <p>Postcode <input style="width: 80px;" type="text"/></p> <div style="border: 1px solid white; padding: 2px; display: flex; align-items: center;"> <input style="width: 80px;" type="checkbox"/> Has child taken their inhaler? </div>

When asthma strikes, it's **TIME** to act

Materials developed by



Whittington Health



Emergency Inhaler Use:

We are committed to supporting children with asthma and will provide access to a school emergency inhaler for use in urgent situations for young children who experience breathing difficulties while at school.

Key Guidelines:

1. Availability of Emergency Inhalers

The school will keep at least 3 emergency salbutamol inhalers and compatible spacers in a safe, easily accessible location. They will be clearly labelled and regularly checked for expiry.

2. Eligibility for Use

The emergency inhalers can only be used for a child:

- Who has been diagnosed with a formal diagnosis of asthma or suspected asthma and has prescribed reliever medication.
- Has a care plan provided by a GP or healthcare professional.
- Whose parent or carer has provided signed consent for the use of the emergency inhaler.

3. Use in Emergencies

- If a child shows signs of an asthma attack and their own inhaler is not available or not working, trained staff may use the school's emergency inhaler.
- A spacer will always be used to help ensure proper delivery of the medicine.
- Staff will remain with the child and follow emergency procedures, including calling 999 if there is no improvement.

4. Informing Parents/Carers

Whenever the emergency inhaler is used, a phone call will be made to the parent and it will be recorded on the inhaler administration record form. A signature will be required at the end of the day.

5. Policy Review

We will ensure that emergency salbutamol inhaler packs are readily available and regularly checked to ensure they are in-date. These inhalers may only be used for children who have a formal asthma diagnosis, have been prescribed reliever medication and for whom written parental consent to use the emergency inhaler has been provided.

EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Tonic Clonic Seizures (arinal mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence / petit mal' seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore, it is so important to be understanding, note any petit mals and inform parents.

Staff can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

Procedure for an epileptic seizure

Total seizure (total clonic)

- KEEP CALM – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.

- Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.
- Call for help from the School Office **01245 223131**
- If help is not available from the Office is not available call/send for a first aider
- **Note the time.**
- Refer to the pupil's Care Plan which can be accessed from the Heathcote Hub.
- If the pupil has emergency medication, ask a member of staff to get the pupil's emergency pack from their classroom if it is not with the pupil.
- Administer the prescribed medication as per instruction – kept with the emergency medication – according to the pupil's Individual Health Care Plan.
- Protect the pupil from harm. Only move the pupil during seizure if you have to for their protection. If possible, move any objects that may hurt them, rather than move them from dangerous objects.
- As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
- Put something under their head to protect them from facial abrasions if at all possible.
- Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
- Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- Do not place anything in their mouth.
- Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.
- Once recovered, move them to the Medical Room. If possible, ask other pupils to leave the Medical Room. Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster – leave with a First Aider.

- Call the pupil's parent / guardian and request the pupil be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning, they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
- **If the seizure lasts five minutes or longer call an ambulance immediately.** If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.

- When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
- An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.

Ensure any pupils who were present at the time of the seizure have a chance to talk it over with their class teacher or key person (in EYFS).

Please contact the Appointed Person for First Aid for help and support and for further information or training in the administration of emergency epileptic medication.

In developing these procedures, Heathcote Preparatory School has regard to the guidance of Epilepsy Action. The school recognises its responsibility in dealing with pupils appropriately.

- Heathcote Preparatory School understands the importance of ensuring the pupils feel safe and secure.
- Heathcote Preparatory School recognises that epilepsy is a common condition affecting many pupils and welcomes pupils with epilepsy.
- Heathcote Preparatory School encourages, helps and supports pupils with epilepsy to achieve their potential and to participate fully in aspects of School life.
- Pupils with epilepsy will have an Individual Health Care Plan.
- All Heathcote Preparatory School staff, through reading of this document, should have a clear understanding of the condition epilepsy and what to do in the event of a pupil having an epileptic seizure.
- Some pupils may have emergency medication – but if it is NOT carried by pupils it is vital that all staff know where this is kept.
- The Headteacher ensures training for all staff on the use of epileptic emergency medication.
- Heathcote Preparatory School advises pupils with epilepsy to provide spare clothing to be kept in school especially underwear and socks.
- All staff, teaching and non-teaching will be informed of pupils with epilepsy in the staffroom.

Heathcote Preparatory School is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

ALLERGIES AND ANAPHYLAXIS

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor. Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

- Skin or airborne contact with particular materials
- Injection of a specific drug or insect bite
- Ingestion of a certain food e.g. nuts, fish, eggs

Recognition

- Anxiety
- Widespread red blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around the lips
- Weakness / dizziness
- Feeling of impending doom

Progresses further

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)

- Unconsciousness

Treatment

- Call for help from the School Office **01245 223131**
- If help is not available from the Office call/send for a first aider
- Ask a member of staff to get the pupil's emergency medication if it is not with the pupil.
- Administer antihistamine tablets / syrup as prescribed in the emergency pack.
- If the pupil feels better, allow them to rest and contact the parents
- **If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN / ANAPEN IMMEDIATELY.** Instructions are kept in the emergency pack with the EpiPen / Anapen which will be in the classroom the child is in.
 - Lie the pupil down if possible, and lift the legs up slightly
 - Try and expose the thigh, especially if the pupil is wearing thick trousers
 - Remove the grey safety cap of the EpiPen
 - Hold the EpiPen very firmly to the outer aspect of the thigh, at a right angle to the leg
 - Press hard into the thigh, UNTIL A CLICK IS HEARD
 - Hold the EpiPen in place for a count of ten seconds
 - Remove the EpiPen from the thigh and rub the area gently
 - Do NOT throw the used EpiPen away
 - Ensure the used EpiPen is taken to hospital with the pupil in the ambulance
 - If the pupil is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh)
 - Stay with the pupil until the ambulance arrives

All staff are EpiPen trained annually. Please contact the Bursar for help and support and for further information or training in the administration of emergency anaphylaxis medication.

In developing these procedures, Heathcote Preparatory School recognises the advice and guidance of the Anaphylaxis Society and Allergy UK. The school recognises its responsibility in dealing with pupils appropriately.

- Heathcote Preparatory School understands the importance of ensuring the pupils feel safe and secure.
- Heathcote Preparatory School recognises that allergic shock (anaphylaxis) is a common condition affecting many pupils and positively welcomes pupils with different types of allergies.
- Heathcote Preparatory School encourages, helps and supports pupils with allergies to achieve their potential and to participate fully in aspects of School life.
- All Heathcote Preparatory School staff will have a clear understanding, through reading of this document and additional specific training provided by a specialist, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a pupil having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.
- The Headteacher facilitates training for all staff in how to administer the emergency medication.
- All staff must understand that immediate access to EpiPens and/or antihistamine tablets/syrup is vital. The school has at least one EpiPen and/or two antihistamine tablets or a bottle of antihistamine syrup which are be labelled correctly with the pupil's name and form, in a clear bag/container.
- Epi-Pens are kept in care packs in the child's class and travel with the child as he/she moves around the school.
- Antihistamine syrup is kept in a locked cupboard in the staffroom.
- All staff, teaching and non-teaching will be informed of pupils with allergies in staff meetings. Information can be found on Heathcote Hub.
- The school will also inform catering staff of pupils with food allergies, to ensure the pupils' dietary requirements are catered for. This information is also available on the Heathcote Hub and a hard copy in the kitchen.

Heathcote Preparatory School is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Heathcote school allows the use of devices (Dexcom) to support monitoring and

treatment. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore, much support is required.

Hypoglycaemia – low blood sugar Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

- Inadequate amounts of food ingested – missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitations, tremors
- Strange behaviours or actions
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia – Follow child’s Individual Healthcare Plan

- Call for help from the School Office **01245 223131**
- If help is not available from the Office is not available call/send for a first aider
- Ask a member of staff to get the pupil’s emergency box from the classroom and emergency medication from the fridge near the School Office
- Ensure the pupil eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
- In the classroom each child has their ‘diabetic snack box’
- Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast
- Once recovered allow the pupil to resume school activities
- Used equipment will be disposed of appropriately.
- **If the pupil becomes drowsy and unconscious then the situation is now LIFE-THREATENING – CALL AN AMBULANCE**

- Place the pupil in the recovery position and stay with the pupil until the ambulance arrives
- Contact the parent / guardian immediately

Causes of Hyperglycaemia

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin, rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia – Follow child’s Individual Healthcare Plan

- Call for help from the School Office **01245 223131**
- If help is not available from the Office is not available call/send for a first aider
- Ask a member of staff to get the pupil’s emergency box from the classroom
- Encourage the pupil to drink water or sugar-free drinks
- A trained member of staff will administer the extra insulin required
- Permit the pupil to rest before resuming school activities if able
- Contact parent / guardian
- Used equipment will be disposed of appropriately

In developing these procedures, the school recognises the advice and guidance of the British Diabetic Society and Diabetes UK. The school recognises its responsibility in dealing with pupils appropriately.

- Heathcote Preparatory School understands the importance of ensuring the pupils feel safe and secure.
- Heathcote Preparatory School recognises that diabetes is a widespread condition affecting pupils and welcomes pupils with diabetes.
- All pupils with diabetes will have an Individual Health Care Plan.
- Heathcote Preparatory School encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of School life.
- All Heathcote Preparatory School staff will have a clear understanding, through reading this document and other relevant training of what it means to be a diabetic and what to do in the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.
- **All staff must understand that immediate access to insulin or diabetic snacks is vital. Emergency Medication (GlucaGen Hypokit) is stored in the Medication Fridge in the school kitchen.**
- Pupils' emergency packs are kept out of reach in the child's classroom and will 'travel' with them
- All staff, teaching and non-teaching will be informed of pupils with diabetes in staff meetings, information can be found on the pupil's file on Heathcote Hub and a hard copy filed discreetly in the staffroom
- The school will also inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.

Heathcote Preparatory School is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

Diabetes Trained Staff
Kelly Collins
Amanda Frost
Samantha Scott
Diane White
Lydia Moule
Julien Pennycook
Liam Daniels
Carole O'Brien

Tessa Perrett

Jenny Plumb

HEAD LICE

Procedures

In developing these procedures, Heathcote Preparatory School has regard to the advice and guidance of the Infection Control Nurses Association. The school recognises its responsibility in dealing with pupils appropriately.

- Head lice infection is not primarily a school problem but one of the wider communities.
- Whilst the School cannot solve the problem it can help parents to deal with it.
- Head lice do cause concern and frustration for some pupils, parents and teachers.
- The School Office should be informed in confidence of all head lice cases.
- The School Office may decide to offer information, advice and support to parents.
- All reports shall remain confidential.
- The school may inform parents by an 'advice' letter given to a whole year or class group.
- Affected pupils will not be excluded from School.
- The school will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
- The school will assist in reducing agitation and alarm.
- Routine head inspections are not effective and will not be introduced to placate anxious parents.
- It is part of the School Uniform Policy for all pupils to keep their hair tied back at all times as this is a preventable measure against head lice.

SICKNESS AND DIARRHOEA

Procedures

In developing these procedures, Heathcote Preparatory School has regard to the advice and guidance of the Infection Control Nurses Association. The school recognises its responsibility in dealing with pupils appropriately.

In order to minimise the spread of a gastro-intestinal infection in the school environment we ask that parents adhere to the following guidelines:

- If your child has been unwell at home with sickness and/or diarrhoea please keep your child off school for minimum of **48 hours** following the last episode of illness.
- If your child is sick and/or has diarrhoea at school we will contact you to collect your child as soon as possible. Your child should then remain off school for a minimum **48 hour** period following the last episode of illness.
- When your child returns to school, we do ask that they are well enough to be eating their normal diet. We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

APPENDIX C Notifiable diseases (Health Protection Regulations 2010)

Parents **MUST** inform the school if your child contracts one of the following:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism

- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Monkeypox
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Report other diseases that may present significant risk to human health under the category 'other significant disease'.

APPENDIX D Administering Medicines Policy statement (including EYFS)

Most pupils will at some time have a medical condition that may affect their participation in normal school life. This may either be a short term condition which is quickly resolved or a long term condition with pupils having medical needs that limit their access to education. At Heathcote Preparatory School we aim to work with the parents to provide measures to minimise the impact of medical difficulties on the child's school life.

Parents or guardians have prime responsibility for their child's health and should provide the school with information about their child's medical conditions. Whilst there is no legal duty requiring staff to administer medicines or supervise pupils taking their medicines, we will endeavour to accommodate pupils' medical needs in close cooperation with the parents. Thus, while it is not our policy to care for sick pupils, who should be at home until they are well enough to return to school, we will agree to administer **prescribed** medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for a pupil's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given at school. If a child has not had a medication before it is advised that the parent keeps the child at home for the first 24 hours to ensure no adverse effect as well as to give time for the medication to take effect. Parents are also welcome to make arrangements with the school to come into school to administer medication to their child themselves during the school day. No pupil may self-administer medication.

The aims of this policy are to ensure:

- the school assist parents in providing medical care for their children
- staff and pupils are educated in respect of special medical needs
- training is arranged for staff who volunteer to support individual pupils with special medical needs as appropriate
- there is appropriate liaison with the medical services as necessary
- relevant national guidance in relation to medication in schools is adopted and implemented
- the responsibilities for the administration of medicines are set out clearly

This document was drawn up in conjunction with Guidance from Managing Medicines in Schools and Early Years Settings (*Department for Education and Skills / Department of Health*).

Heathcote Preparatory School is fully committed to ensuring that the application of this *Administration of Medicines* policy is non-discriminatory in line with the UK Equality Act

(2010). Further details are available in the school's Equal Opportunity Policy document. Heathcote Preparatory School seeks to implement this policy through adherence to the procedures set out in the rest of this document.

Key Personnel

Mrs Amanda Frost is responsible for the correct administration of medication to pupils at Heathcote Preparatory School.

The role of key personnel includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. It is the responsibility of the Parent/Carer to collect the medication at the end of the day.

In the absence of a Senior First Aider, a qualified First Aider may administer the medication, with the class teacher/key person in attendance if appropriate.

Procedures

The school will not routinely administer Calpol, Nurofen, Piriton or similar. It is our belief that if a child needs Calpol to get through the day then they should not be in school. Children may not bring any medicines into school to self-medicate. A school bottle of Calpol and Piriton will be kept in a locked cupboard in the school staffroom but will only be used in an emergency and if a parent of the child concerned has been contacted first and has given permission. The school will not administer any prescribed invasive medications e.g. eye drops, ear drops, creams or similar.

Prescribed medicines

Heathcote Preparatory School has designated staff (see Key Personnel above) who, with a parent's written consent, will administer **prescribed non-invasive medicines only**, that have been supplied by your child's registered doctor, dentist, nurse or pharmacist prescriber in the UK.

The school will administer the following prescribed medicines:

Epi-Pens and Asthma inhalers, or other medication needed to control chronic illnesses such as diabetes or epilepsy.

Children with complex medical needs, such as diabetes or epilepsy, have an Individual Healthcare Plan in place agreed with the parent. This will be kept with the medication and on the Heathcote Hub. EpiPens or other medicines for more complex needs may require staff to be trained in this area and

should only be administered by a qualified person. It is the responsibility of parents to ensure that medication such as asthma inhalers or EpiPens are kept in school, are not out of date and are fit for their intended purpose. Under no circumstances can children share medication unless it is an emergency situation and staff are advised to do so by medical professionals. Each child should have their own medication, clearly labelled with their name, in the original box showing the prescription label, in school at all times.

Antibiotics.

If a child is prescribed a course of antibiotics, they should be administered at home for the first 24 hours of the course. If your child has been prescribed antibiotics that are 4 doses per day, a member of staff will give 1 dose during the school day at lunchtime. This is to minimise the disruption to your child and their class. The usual permission form must be completed in the office and signed at the end of the day.

Medicines must be provided in the original container (as dispensed by the pharmacist), clearly labelled with the pupil's name and include prescriber's instructions for administration and the expiry date.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their teacher/key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Please note that Heathcote Preparatory School will NOT accept medicines that have been removed from their original container nor make changes to dosage on parental instruction.

Long Term Medical Conditions

For pupils who have long term medical conditions and who may require on ongoing medication the following procedures are in place:

- A risk assessment is carried out for each pupil with a long term medical conditions that require ongoing medication. This is the responsibility of the Key Stage Leader alongside the key person/class teacher/ SENCo. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to the risk assessment. They will be shown around the school, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual pupil's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the advice of the pupil's GP is sought, if necessary, where there are concerns.
- A health care plan for the pupil is drawn up with the parent; outlining the role of key personnel and what information must be shared with other staff who care for their child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed yearly or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Record keeping

Parents must always give prior written permission for the administration of all prescribed medication and clear records are maintained of all prescribed medications brought into the school in a First Aid book. Entries to this are made in ink in chronological order. It is kept in the school office. It is in an approved format and entries are kept for three years after the pupil in question has left.

Records of medicines in school:

- are registered at the time prescribed medication is received and dispensed
- show the full name and date of birth of the pupil for whom the medicines were supplied
- show the name and signature of the person handing over the medication
- show the name of the person who accepted the medication
- show the date the medicine was obtained or supplied
- give the name of medicine supplied
- detail the quantity and form (e.g. liquids, capsules) in which the medication is supplied
- detail the dosage to be administered each time
- note any special instructions for storing the medication (e.g. in the fridge)
- note the expiry date of the medication

Each entry in the register will be signed and dated by the parent/guardian when they collect the pupil at the end of the session/day. This acknowledges the administration of a medicine.

Refusing medication

If a pupil refuses to take any medication, the school may not force them to take it. The school will inform the parents as soon as possible if this occurs.

Educational Visits and Activities Offsite

Heathcote Preparatory School tries to encourage all pupils with medical needs to participate in educational visits and activities off site where safety permits.

Staff supervising pupils on school trips are made aware of any medical needs during the visit briefing and a First Aider will advise on any special precautions or emergency procedures that may be required. If a pupil with a long term medical condition is part of the trip, the staff will take note of the general risk assessment in place for the pupil. A First Aid kit is provided by the school for all trips and all EYFS trips will be accompanied by a First Aider who has the necessary First Aid training. Medicines are only administered on school trips by experienced members of staff following written instructions.

Medication for a pupil is taken in a sealed plastic zip wallet clearly labelled with the pupil's name and name of the medication. Inside the wallet is a copy of the consent form and a document to record when medication has been given, with the details as given above. On returning to school the document is stapled to the medicine record book and the parent signs it. If a pupil on medication has to be taken to hospital, the pupil's medication is taken in a sealed plastic zip wallet clearly labelled with the pupil's name. Inside the wallet is a copy of the consent form signed by the parent. As a general precaution, pupils should not eat or have medicine administered when travelling in vehicles.

Storage of medication

Pupil's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the pupils. All medication is stored safely in a locked cupboard or refrigerator. Certain medication such as asthma inhalers and EpiPens are NOT locked away and are readily available to staff as per individual care plans.

Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box or zip wallet.

Disposal of medication

School staff will not dispose of any medication. Parents are required to collect any medication held at school at the end of each term and are responsible for the disposal of expired medication.

Staff Medication

Staff must seek medical advice if they are taking medication which may affect their ability to care for children and any staff medication must be securely stored at all times.

Legislation

The procedures in this section have regard to the National *Pastoral Practitioners Organisation* and are in accordance with the *Medicines Standard of the National Service Framework for Children*. Heathcote Preparatory School understands that failing to comply with them could make the school and staff both civilly and criminally liable.

Heathcote Preparatory School recognises its responsibility to adhere to the following areas of legislation:

The Medicines Act 1968

The misuse of Drugs Act 1971

The controlled Drugs (Penalties) Act 1985

The Health and Safety at Work act 1974

Management of Health and Safety at Work Act 1999

Control of Substances Harmful to Health Regulations 2002

The Education (School Premises) Regulations 1999

The Education (ISS) (England) Regulations 2003

Part 4, The Disability Discrimination Act as amended by the SEN and Disability Act of 2001.

First Aid Regulations and RIDDOR

This document is reviewed annually by the Appointed Person for First Aid and the SLT.

Appendix E

First Aiders and locations



First Aid

First Aiders and locations

Mrs A.Frost – FAW/Diabetes – School Office

Mrs K.Collins – FAW/PFA/Diabetes – Nursery/EYFS

Mr L Daniels – FAW/Diabetes - KS2

Miss A Wilding – PFA – School Office

Mr J Pennycook – PFA/Diabetes – EYFS/KS1

Mrs L.Moule – PFA/Diabetes – EYFS/KS1

Mrs G.Deed – PFA – KS2

Mrs H Crystall – PFA – Kitchen

Mrs D White – PFA/Diabetes – Kitchen/ Breakfast & Twilight Club

Mrs S Scott – Diabetes – Headteachers Office

Mrs C O'Brien – Diabetes – KS1

Mrs T Perrett – Diabetes – KS1

Mrs J Plumb – Diabetes – KS1

FAW – First Aid at Work, PFA – Paediatric First Aid, EFA – Emergency First Aid

In case of emergency, contact **Mrs A Frost**

Nearest Defibrillator:

Main entrance lobby in Village Hall, Co-Op Main Road
St Johns Primary School

APPENDIX F

Asthma Care Plan

Remember: take your BLUE inhaler in response to symptoms or if you have a cold.

Asthma can be life threatening

My Triggers are:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Common Triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress and emotions
- Smoke – cigarettes, vaping, aerosols, perfumes and fires

Additional Comments:

Your Asthma Nurse's name and telephone number is:

EPUT Children's Asthma and Allergy Service
<Sender Nurse Name>
0344 257 3955

Your Doctor's name and telephone number is:

<GP Name>
<GP Contact Number>



NHS
Essex Partnership University
NHS Foundation Trust

Asthma Management Plan for

Date	<Date>
Patient Name	<Patient Name>
Date of Birth	<Patient Date of Birth>
Best Peak Flow	<input type="text"/>

Recommended websites
www.beatasthma.co.uk

Asthma+LungUK at:
www.asthma.org.uk

<https://uk-air.defra.gov.uk/forecasting/>



Please carry your Salbutamol (blue) inhaler and this care plan with you at all times.

This leaflet is intended for colour printing.

Green zone - Good 

Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLOW

Green Zone Action – take your normal medications

Your preventer inhaler is a _____ colour and is called _____

You take \leq _____ puffs/sucks every morning and every night even when you are well.

Other asthma medications you take are: _____

Your reliever inhaler is a _____ colour and is called _____

You take 2 puffs/sucks up to 2 times in a week for symptoms.

If you are needing to use your reliever inhaler more than 2 times per week for symptoms or are experiencing cold symptoms, then you need to.



Move to the AMBER ZONE

Amber zone - Warning 

If you are using your blue inhaler more than 2 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting four hours
- your Peak Flow is down by a third

PEAK FLOW 1/3 DOWN

Amber Zone Action – continue your normal medicines AND

- Take 2 puffs of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs.
- You can do this every 4 hours but must make an appointment at your GP surgery within the next 24hrs even if you feel better.
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor.

IMPORTANT:

- If after your 6 puffs you still have increasing wheeze or chest tightness



Move to the RED ZONE

Red zone - Severe 

- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence

Other serious symptoms are:

- you are feeling frightened and exhausted
- colour changes – very pale / grey / nasal flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and if no improvement

CALL 999

- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm.
- If your child becomes unresponsive and has an adrenaline pen for allergies use it now.

Additional comments or information

APPENDIX G

Allergy /Anaphylaxis care plan

Name: Date of birth: Address:		Photo
Allergic to:	Signs and Symptoms previously experienced:	
Mild to Moderate Reaction: Swollen lips, face or eyes Itchy/tingling mouth Mild throat tightness Hives or itchy skin rash Abdominal pain or vomiting Sudden change in behaviour	Treatment: (ie piriton)	
Severe Reaction: Severe tightness in chest Severe choking, wheezing, drooling Severe vomiting Severe croupy breathing Drooling, marked tongue/lip swelling Marked drowsiness / Loss of consciousness	Treatment:	
Medication:	Registered GP:	
Emergency Contact 1: Parental consent to administer medication listed on this plan Signed: _____	Emergency Contact 2:	

Signs of ANAPHYLAXIS

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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 flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen[®]) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

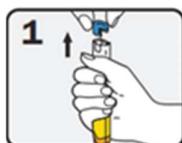
AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

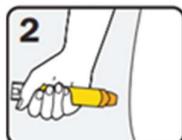
Commence CPR if there are no signs of life

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.

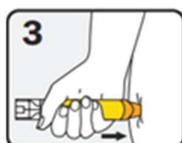
How to give EpiPen[®]



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



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

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed