St John and St Nicolas Schools Federation

For the good of all through curiosity, creativity and love

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1.0		*FGB Minutes 11.07.22*	*New federation policy specific to St John's.*	*July 2023*
1.1		*FGB Minutes 26.09.22* *FGB Minutes 17.10.22*	*Further amendment: mention of staff with 12hr paediatric first aid training (pg 4), changed 'while' to 'if' [] covid conditions apply (pg 3)*	*July 2023*
1.2	*17.07.23*	*FGB Minutes 17.07.23*	*First paragraph re vision added. Asthma procedures plus asthma and allergy action plans added.*	*July 2024*
1.3	*15.7.24*	*FGB Minutes 15.7.24*	*Update version number/dates, number items*	*July 2025*
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St John and St Nicolas Schools Federation

First Aid & Medicines Procedures for St John's School

At St John and St Nicolas Schools Federation, our vision is 'For the good of all – through curiosity, creativity and love.' This vision inspires everything that the federation does. It applies equally to all the federation's policies with the intention that our policies impact as fairly and positively as possible to meet the needs of all members of our schools' community.

1: Procedures for managing medicines on school premises

Prescribed medicines can be administered in school (including inhalers, epi-pens and insulin where staff have been trained).

The following procedures are followed:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- We only accept medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (the only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container). Parents must complete an "Administration of Medicines and Treatment Consent Form" before staff are able to accept any medicines (Appendix 1) and it will only be administered to the child for whom it is prescribed.
- All medicines are stored safely. Children know where their medicines are at all times and staff, are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away and are accessible on school trips
- We keep medication / drugs that have been prescribed for a child securely stored in the main school office, to which only school staff, have access. A locked medical fridge is available in the school office if necessary
- Staff must complete checks each time medicines are administered and record this on an "internal checklist before administering medicines" form (Appendix 2)
- Staff may then administer medication / drugs to the child for whom it has been prescribed, doing so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Staff sign the log when the medicine has been administered and this is countersigned by another member of staff
- When no longer required, medicines are returned to the parent / carer to arrange for safe disposal, and all medicines are returned to parents at the end of term
- Under the School Premises (England) Regulations 2012 we have provided accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. In line with the regulations, it contains a washing facility and is near to a toilet. It is not allowed to be teaching accommodation

2: Support for children with allergies and medical conditions
For any child who has a food allergy/intolerance and or medical need the following procedures must be applied. Office staff receiving the information have a responsibility to ensure all the respective staff are made aware of the allergy or medical need immediately. If applicable, two epi-pens must be requested from the parent or carer.

- The class teacher must have information about the child's allergy/medical needs communicated verbally by reception/office staff to ensure there is no miscommunication and the class teacher is fully aware and given full details of the allergy
- The lunchtime coordinator must be given a copy of the details of the allergy/medical need as provided
- The school business manager produces an A4 sheet with the child's picture and a description of the allergy/medical need. These are displayed inside the cupboards containing first aid kits. The medication is kept in individual labelled boxes in the office, along with the medication in the individual labelled box in the office

The school business manager also checks that the classroom teacher, midday staff and school cook understand the medical condition, how to respond and who to contact.
- one information sheet will be available in the office
- one information sheet will be available in the classroom
- one information sheet will be available in the kitchen area
- the child's medication must be taken on school trips and journeys and held by an adult trained in its administration. This is the responsibility of the class teacher

Teachers and support staff will be trained on how to use specific medical equipment (such as an epi-pen or diabetic testing equipment and insulin injections) and on how to administer medication as appropriate.

We endeavour to work with parents to support allergy and intolerance needs and make everyone aware of allergies and intolerances. Curriculum resourcing will try to take child and staff allergy and intolerance needs into account as much as possible and staff are always available to discuss this.

Where activities are organised by other groups such as the Friends of the Federation then this may not necessarily take allergies and intolerances into account and parents and staff need to be aware of this.

3: Asthma procedure
St John and St Nicolas Schools Federation recognises that asthma is a widespread, serious but controllable condition affecting many children at the school. The federation positively welcomes all children with asthma. The schools encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse. Training is updated regularly.

Asthma medicines

- Immediate access to reliever medicines is essential. Asthma inhalers are kept in the main office. When children go off the school site, the school will ensure inhalers are carried so that they are easily accessible when needed
- Parents/carers are asked to ensure that the school is provided with a prescription labelled spare reliever inhaler. All inhalers must be labelled with the child's name by the parent/carer
- School staff are not required to administer asthma medicines to children (except in an emergency), however many of the staff in our federation are happy to do this. Federation staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admissions form
- All parents/carers of children with asthma are consequently sent an asthma action plan that their parents/carers are asked to return to the school. From this information, the school keeps its asthma register, which is available to all school staff
- Parents/carers are also asked to update or change the asthma action plan if their child's medication or dosage changes during the year

Exercise and activity: physical education and games

- Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma
- Children with asthma are encouraged to participate fully in all physical education lessons. If a child needs to use their inhaler during a lesson they will be encouraged to do so
- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children with asthma. Asthma should not be a barrier to participation in after school sports activities

Asthma attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by the asthma action plan (Appendix 3).

What to do in an asthma attack

In the event of an asthma attack staff will use the asthma action plan located in the child's individual care plan box.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better, they can return to school activities
- The parents/carers must always be told if their child has had an asthma attack

4: First Aid procedures

- First aid boxes are located in clearly marked, easily accessible locations in the school. Each box contains a list of contents. There are two portable first aid kits located in the main school office which are for use for trips and offsite activities
- The main first aid area is located in the year 1 cloakroom (by the back door to the playground) and is stocked with medical requisites for replenishment of first aid boxes
- First aid trained staff posters are displayed throughout school on noticeboards
- All injuries should be dealt with accordingly to recommended procedures and details should be entered into the school's accident book
- Any child with a bumped head incident will be given a sticker to wear so all staff are aware to remain vigilant. Additional bumped head forms are completed and sent to the office. Office staff send the parent a bumped head text message and the form is returned to class for the child to take home
- For more serious injuries, such as unconsciousness or suspected broken bones/fractures, an accident form should be completed and entered onto the West Berkshire CREST system
- A CREST entry should be completed for all injuries that require a child to be taken to hospital

5: Training

To support the school in meeting the needs of children with medical conditions, training is provided on a regular basis, and from a range of practitioners (e.g., the administration of epi-pens). This could include whole school awareness training, induction training for new members of staff and training for individually identified members of staff. On the basis of the need identified and the implications for school staff, we work to:

- Ensure there is always a member of staff on site who has 12 hr paediatric first aid training
- Identify who the key people in school who require training/support are
- Ascertain what their training needs are and who can provide the training
- Ensure that the right staff access this training as swiftly as possible, and that it is implemented appropriately
- Regularly review whether the child or staff training needs have changed, and act to address this

Appendix 1: Administration of Medicines and Treatment Consent Form for St Johns School

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff, have agreed to administer the medication. If more than one medicine is to be given, a separate form should be completed for each one.

Date:	Child's Name:	
Class:	Date of Birth:	M/F
Condition or Illness:		
Name/Type of Medication (as described on the container)		Expiry Date:
Required Dose:	When to be given/frequency:	
Length of course:	Day/date last dose to be given	
Additional Instructions/side effects:		
Special Precautions/allergies:		
Any other prescribed medicines currently being taken:		
Procedures to take in an emergency		

Contact Details:

Parents' home telephone no:	Parent's mobile telephone no:
Name of GP:	GP's telephone no:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy and as directed above or; in the case of emergency, as staff may consider necessary.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that I must deliver the medication personally to the school office (each day, if necessary, over the course of the treatment) and that it must be in the original container as dispensed by the pharmacy. I accept that this is a service, which the school is not obliged to undertake, and I recognise that the school staff are not medically trained.

Signed (parent/carer):…….

Date:……

(For office use only)

The school has been instructed on (date) …… that the above medication has ceased from (date) ……	
Notified by:	Relationship to pupil:
Signed (staff)	Signed parent/carer if present:

Appendix 2 – Internal Checklist before administering medicines for St Johns School

Child's Name:	**Class:**
Medication name/type:	

Should another sheet be required for the same medicine, please ensure it is attached to the completed copy of the consent form.

Date:					Medicine received by:		
Check details match Form E:					Stored:		
Time	**Check child**	**Check medication**	**In date?**	**Check dose**	**Administered by:**	**Signed (teacher)**	**Signed (support)**
Medicine taken home? Y / N					Taken By:		
Signed (Staff)					Signed (parent/carer):		

Date:					Medicine received by:		
Check details match Form E:					Stored:		
Time	**Check child**	**Check medication**	**In date?**	**Check dose**	**Administered by:**	**Signed (teacher)**	**Signed (support)**
Medicine taken home? Y / N					Taken By:		
Signed (Staff)					Signed (parent/carer):		

Date:					Medicine received by:		
Check details match Form E:					Stored:		
Time	**Check child**	**Check medication**	**In date?**	**Check dose**	**Administered by:**	**Signed (teacher)**	**Signed (support)**
Medicine taken home? Y / N					Taken By:		
Signed (Staff)					Signed (parent/carer):		

Date:					Medicine received by:		
Check details match Form E:					Stored:		
Time	**Check child**	**Check medication**	**In date?**	**Check dose**	**Administered by:**	**Signed (teacher)**	**Signed (support)**
Medicine taken home? Y / N					Taken By:		
Signed (Staff)					Signed (parent/carer):		

Appendix 3 – Asthma action plan

Healthcare from the heart of your community

Berkshire Healthcare NHS Foundation Trust

ASTHMA ACTION PLAN

CHILD'S NAME ..... **SCHOOL**.....

TYPE OF INHALER.....

NHS NUMBER..... **DATE OF BIRTH** _ _/_ _/_ _

PHOTO

CHILD'S TRIGGERS

.....

.....

.....

PARENTAL CONSENTS *(tick boxes)*

☐ *I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.*

☐ *I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable*

☐ *I consent for this plan to be on display in school and I will notify the school of any changes for review*

Signature of Parent/Carer:

.....

Date: .....

EMERGENCY CONTACTS

1.Name.....

Number.....

2.Name.....

Number.....

MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:

- **WHEEZE**
- **COUGH**
- **TIGHT or SORE CHEST**
- **SHORTNESS OF BREATH**

- Administer reliever inhaler (usually blue) via Spacer
- Give **1 puff of reliever every 30-60 seconds** (max 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE

IF NO IMPROVEMENT

SIGNS OF AN ACUTE ASTHMA ATTACK

If the child's reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

During this time the child should:

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

IF NO IMPROVEMENT AFTER 10 PUFFS OR ANY CONCERNS

CALL 999 IMMEDIATELY

- **CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES**
- Contact parent/carer and accompany child in the ambulance until parent/carer arrives

School Nursing Team – January 2022

Appendix 4 - Allergy action plan

Healthcare from the heart of your community

Berkshire Healthcare NHS Foundation Trust

Allergy Action Plan

CHILD'S NAME _____

EARLY YEARS SETTING / SCHOOL _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

_____

NHS Number (If known)

_ _ _ /_ _ _ / _ _ _ _

Photo

Emergency contact number

_____

Alternative emergency number if parent / guardian unavailable

_____

CONSENT

☐ *I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).*

☐ *I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.*

☐ *I will ensure that the above medication is kept in date and replaced if used.*

☐ *I consent for my child's action plan and photo to be displayed within EYS / school*

☐ *I consent to the use of the school's generic adrenaline auto injector if available (for those that already have an autoinjector prescribed)*

Your name (Print)

_____

Your signature

_____

Please circle Parent /Guardian

Date _____

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school?_____

Name of antihistamine (medicine for allergies)._____
Refer to label for dosage instructions

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

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

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.

Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

Airway:	Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
Breathing:	Difficult or noisy breathing, wheeze or persistent cough.
Consciousness:	Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:



1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)

*****If in doubt give adrenaline auto injector*****

After giving adrenaline auto injector

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 dose of** adrenaline auto injector (if available) in the alternate leg

*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.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes

School Nursing Subgroup V7 August 2023