

**REDDIFORD SCHOOL**

**POLICY FOR FIRST AID**

**INCLUDING EYFS**

Including  
Policy for Administering Medicines,  
Appendix 10  
and  
Appendix 11  
School's allergy checklist.

## FIRST AID POLICY

This policy reflects the values and philosophy of Reddiford in relation to the safety and well being of pupils, staff and visitors.

This policy document, having been presented to and agreed by the whole staff and Governing body, is distributed to all members of the teaching and non-teaching staff and advice for it is included in the Staff Handbook. Further copies of this policy are available by request from the school office. Such distribution ensures the availability of the document to visiting teachers and parents.

For the safety of everyone who is part of Reddiford School, we have formulated this policy following current professional and legal guidelines and to ensure first aid is administered in a timely and competent fashion.

### Aims

To support all children's social, physical and emotional development but with special emphasis on children with longer term medical conditions.

To work in partnership with families, providing the best care possible to support each child's health needs and maximise attendance.

To provide support and clear guidance for staff when dealing with medical issues. There will always be at least one qualified first-aider on site (Paediatric first-aid trained for EYFS) when there are children present.

### Incident in Classroom

Sending a message    Pre-Prep – Teaching Assistant or red card  
                                    Prep – Teaching Assistant or appointed child and red card

A message should be sent for the Welfare Co-ordinator/First Aider, via the school office, who will be able to deal with the problem and send for an ambulance if necessary.

If an ambulance is called, the child should be accompanied by a teacher that the child is comfortable with. **Not a Teaching Assistant.**

### First Aid Procedure

On all sites there are assigned first aiders who are responsible for all first aid matters at breaks and lunch time. This would obviously mean that they need to remain onsite during these times. During lessons the teaching assistant with the class would deal with first aid incidents in the first instance (or if there is not one with the class the nearest available TA).

### Incident in Playground

Send a message –        firstly to the office  
                                    Secondly, to the staff room

From here someone will be able to locate the Welfare Co-ordinator/First Aider who will take responsibility. A full list of First Aiders is located on the medical room door, with their location.

All of the above is applicable to all children, staff and visitors.

### **Children and sickness**

Early Years – Teaching Assistant/First Aider to clean child and then inform caretaker who will assist in clearing up.

Pre Prep – Teaching Assistant/First Aider to clean child and then inform caretaker who will assist in clearing up.

Prep – Teaching Assistant/Welfare Co-ordinator/First Aider to clean child and then inform the caretaker who will assist in clearing up.

If the child has suffered from any form of sickness or diarrhoea, they must be kept off for a minimum of 48 hours after the last bout.

### Children must be sent home as soon as possible.

In the event of a child being sent home due to sickness or injury, an Absence Note to inform the Form Teacher must be completed by the First Aider and signed by the parent or guardian collecting the child. This form must be given to the Form Teacher as soon as possible (see Appendix 4).

Buckets – empty x 4

Buckets – with sawdust x 4

Cleaning solution

Rubber gloves

All of these items to be kept in designated areas around the school.

Ensure that the Welfare Co-ordinator is informed if any of these items run out or gets lost.

### **Spillage of Bodily Fluids**

Any spillage to be covered with appropriate absorbent material. Blood to be watered down, washed away and cleaned with disinfectant.

### **Safeguarding Policy**

The Safeguarding Policy should be followed if any injuries or identification of injuries gives cause for concern.

### **Communicable Diseases**

See Appendix 6.

### **Asthma**

A record of asthma sufferers should be kept even if they are not currently on medication. Each Form Teacher has a record of children in their class who suffer from asthma.

All asthma medication is kept in the Medical Room downstairs, in the medical bag for each class. A generic inhaler is kept in the First Aid Room in the medical cupboard which can be used in an emergency.

If a child is suffering an asthma attack and the medication has not relieved the problem, send for an ambulance.

Record and notify the parents if a child has had to take extra medication whilst in school by completing a medication form (see Appendix 3).

### **Specific Illnesses**

It is the responsibility of the class teacher to acquaint themselves with specific needs of the children in their class.

### **Specific Illness of Staff**

Please notify the Welfare Co-ordinator of any ongoing medical problems and/or medication you are taking together with a doctor's name and telephone number. This information will be strictly confidential.

### **Out of School Activities**

First Aid Travel Kits are available from the Welfare Co-ordinator. There will always be at least one qualified first-aider (Paediatric first-aid trained for EYFS) on each outing.

It is always advisable to take certain items on the coach with you on a trip.

These might include:-  
a bowl  
paper towels  
water  
sick bags (without holes)

Try to find out what first aid facilities the place you are visiting has, this should be included on trip risk assessment.

Remember, if any children in your class are on regular medication, this must be taken on the trip and games lessons eg inhalers, Piriton syrup, Epi-pen etc.

The Welfare Co-ordinator will assist in this process.

### **Games**

There are appointed persons who will deal with any serious accidents until further help arrives. A mobile phone should always be taken to the games field.

### **Head Wounds**

These must always be recorded in the accident form folder no matter how minor. Appropriate action should be taken depending on severity, including sending the child home if necessary. Fill out an accident form (3 copies). Send 2 home to be signed and 1 returned to school. All head injuries (including facial injuries) must be reported to parents by telephone immediately.

Possible actions -            apply cold compress/ice pack  
   rest child  
   telephone ambulance

Head Injury Procedure – procedure actual points (which staff must adhere to):

- To clarify – for all head injuries, parents MUST be informed.
- We can only give limited medical advice, as we are not qualified medical practitioners.
- Advise parents to take their child to see a doctor (GP, walk in clinic etc), to be medically checked.
- Parents can drive their child to the walk in clinic – quickest way to get there. If the parent is unable to drive their child, the school will pay for a taxi or a staff member will accompany the child.
- If the child shows signs of vomiting, amnesia or can't walk then an ambulance needs to be called. **Head Teacher must be informed of all head injuries.**
- Inform the Departmental Secretary, as parents may ring to query the incident.
- Accident forms must be completed using the correct terminology. All sections must be filled in. Forms to be checked by the teacher on duty prior to sending home.

**Grazes, bruises, scratches etc**

Grazes must be cleaned with a wipe. Depending on the severity, these too must be recorded in the accident form folder.

Staff are asked to use common sense at all times (if the graze is only minor, this need not be recorded).

**First Aid Kits**

There are First Aid Kits in the Medical rooms in all departments including the EYFS which are accessible at all times. There are also First Aid Travel Kits which are to be used for all out of school activities.

**The Accident Form Folder**

After the accident form has been completed, it must be photocopied 3 times.

Two copies should be given to the class teacher with an explanation of the injury.

The class teacher must then get the parent or guardian to sign the original form and this is then filed in the office.

The photocopy is given to the parent or guardian to take home.

The third copy is kept by the ~~School Nurse~~ Welfare Co-ordinator.

Example of accident form attached – Appendix 5

NB     If dealing with any body fluids, always wear gloves.  
         Any treatments should be recorded on the accident form.

### **Allergies**

A list of all children with allergies is kept in the Medical Room, Gym and in Late Club, as well as Epi-pens for the children who may suffer anaphylactic shock. A generic Epi-pen is kept in the First Aid Room in the medical cupboard which can be used in an emergency.

Please be aware that anaphylactic shock can be potentially dangerous. This is a fairly rare condition brought on by an allergic reaction to such things as wasp/bee stings, nuts etc.

Course of action:- Consult child's individual programme compiled by their doctor. This will include, Epi-pen – ambulance.

### **Head Lice**

As soon as head lice are suspected, parents of the child will be contacted and given advice on the treatment of the condition. It is expected that parents would wish to start treatment immediately.

In the interests of all children, every endeavour will be made to restrict the spread of infestation. Therefore children should not return until their hair has been treated and all the eggs removed.

A letter should be sent to the whole school advising parents that there has been an outbreak (see Appendix 2).

### **Threadworm**

If parents advise us that their child has threadworm, a letter should be sent out to the Form concerned (see Appendix 7).

### **Children with long term health problems**

It is important that children with long term health problems are educated in school, provided the environment is safe for them.

School journeys – We encourage as full participation as possible from all our pupils. Where this gives rise to concern regarding those instances where children have long-term health problems we seek to manage each case individually and in full consultation with the child's parent or guardian and/or GP/Medical authorities.

### **RIDDOR**

Some incidents that happen in school or during out of school activities must be reported to the Health & Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences 1995 (RIDDOR). For information on what is reportable see Appendix 9.

Specific supplements are available to the First Aid policy. At present they include: Asthma, Anaphylactic shock, Diabetes, HIV, Epilepsy and Cystic Fibrosis.

Please ask for them if they are applicable to your child. Please complete the attached acknowledgement slip and return to school.

## **FIRST AID POLICY – SUPPLEMENTS**

I confirm that I have received, understood and accepted the procedures as defined in the School First Aid Policy.

I have disclosed in writing, any health condition that does, or potentially could, require special care or arrangements during school attendance for my child.

I wish to have a copy of the following supplement.

1. Asthma
2. Anaphylactic Shock
3. Diabetes
4. Cystic Fibrosis
5. Epilepsy
6. HIV

Child's Name:

Class:

Signed:

Date:



### **First Aid Policy Supplement 1. Asthma**

We welcome children with asthmatic conditions and encourage them to participate as fully as practical with all school activities. We will endeavour to make the environment as conducive as possible, so we ask parents to keep us fully informed if the physical causes of the asthma are known.

Please read the Asthma Policy for information regarding inhalers and treatment.

Parents are requested to keep their children at home if the morning peak flow reading is too low for the comfort of the child.

See complete version of this policy in School office.

### **REDDIFORD SCHOOL ASTHMA POLICY**

With advice from the Department for Education & Skills, the National Asthma Campaign, the Local Education Authority, the School Health Service and the Governing Body, we have established a new Asthma School Policy for use by all staff.

As part of accepted good practice, we are advising all parents of pupils with asthma to:

1. Provide a labelled blue "relief" inhaler.
2. Provide a spare blue "relief" inhaler for the medical room.
3. Provide a spacer for inhaler. (Unless older children use metered dose inhaler)
4. A generic inhaler is kept in the medical room for use in emergency.

**No brown, orange, purple or green inhalers are required to be kept in school unless specified by the child's doctor.**

**Should an asthma attack occur at school the following steps will be taken:**

- 1. The child will be given required dose of relief treatment up to 10 puffs.**
- 2. After 5 -10 minutes if there is no improvement or deterioration of condition an emergency ambulance will be called.**
- 3. Contact parent to attend hospital.**

### **First Aid Policy Supplement 2. Anaphylactic Shock**

Children who are known to suffer severe allergic reactions to anything which may result in anaphylactic shock must always have an Epi-pen in the school and must be taken to games and swimming. Additional pens should be kept in school as a back up should an emergency arise.

Photographs are used in the staff room to ensure all staff can familiarise themselves with these pupils.

We require written parental permission for adrenalin to be administered in an emergency, by trained teaching or non-teaching staff. It is the parents' responsibility to check expiry dates and replace, when necessary.

Any child known to have severe allergies must only consume food that has been prepared at home.

In the event of a child showing symptoms of anaphylactic shock, our emergency procedures will commence.

Staff will consult the child's individual plan compiled by their doctor, which may include administration of the Epi-pen.

An ambulance will be called immediately.

Parents will be contacted.

If there is no improvement in the child's condition, the back-up pen will also be administered after a period of 5-10 minutes.

A generic Epi-pen is kept in the medical room for use in an emergency.

**NO CHILD CAN RECEIVE THE MEDICATION PROVIDED FOR ANOTHER CHILD. NAMED BACK-UP PENS ARE ESSENTIAL.**

See complete version of this policy in School office.

### **First Aid Policy Supplement 3. Diabetes.**

Diabetes is a disorder in which the body is unable to control the amount of sugar in the blood because the mechanism that converts sugar to energy is no longer functioning properly. Insulin, a hormone secreted by the pancreas, is essential to the sugar conversion process.

Insulin injections along with routine urine and blood tests normally take place twice a day at home. (To allow children to attend school journeys or extended visits this procedure needs to be covered by Parent/or self administered by child who will receive support by a member of staff).

A diabetic must always carry emergency glucose, sugar lumps or chocolate bars.

#### **Implications for staff**

Insulin imbalance can be disturbed by exercise, stress and excitement. No diabetic can go for long periods without food so top-ups between meals are required. The symptoms resemble drunkenness.

Note: You must inform other children about 'snacks' to balance blood sugar levels as these may contravene 'school rules' for other children.

See complete version of this policy in School office.

#### **First Aid Policy Supplement 4. Cystic Fibrosis.**

Cystic Fibrosis is a faulty gene that controls the passage of salt into and out of cells. Due to this fault, a thick sticky mucus builds up around the lungs and digestive system. This makes it difficult to breathe and digest food. The mucus also makes the lungs more susceptible to infection.

See complete version of this policy in School office.

#### **First Aid Policy Supplement 5. Epilepsy.**

Epilepsy is a tendency to have seizures. These come from a temporary disruption of the electrical activity in the brain. There are about 40 different types of seizure.

We welcome children with Epilepsy and encourage them to participate as fully as practical with all school activities. We will endeavour to make the environment as conducive as possible, so we ask parents to keep us fully informed of all aspects of the illness.

See complete version of this policy in School office.

#### **First Aid Policy Supplement 6. HIV**

Pupils or staff suffering from the HIV virus are not required to inform the school. Any disclosure must be dealt with in the strictest confidence. It is a disciplinary issue to disclose such information. Pupils and staff have the right to attend school unless their illness makes them unfit to undertake their role.

HIV is not easily spread. It can only be passed from an infected individual to another by infected body fluids entering the blood stream of the non-infected person, so: When dealing with cuts or spillages of body fluids, a strict hygiene routine must be followed.

#### DFE Guidance:

Toothbrushes or other implements that may become infected with blood must not be shared.

Minor cuts and open or weeping skin lesions and abrasions should be covered with a waterproof or other suitable dressing.

Sanitary towels and all medical waste must be placed into disposal containers provided. Tampons may be flushed down the toilet.

Accidents involving external bleeding:

Normal first aid procedures should be followed which include disposal of gloves where possible.

Wash the wound immediately and copiously with soap and water. Apply suitable dressing and pressure pad if needed.

Seek medical advice as soon as possible.

Splashes of blood from known infected person onto another:

Splashes of blood on the skin should be washed off immediately with soap and water.

Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water.

Cleaning area after accidents involving bleeding or other bodily fluids:

The area should be cleaned liberally with household bleach, freshly diluted 1:10 in water. Even in a diluted state the bleach should not come into contact with skin so gloves should be worn. (Concentrated bleach is corrosive so must be kept in a safe place away from children).

Complete accident form in a normal manner.

The school will ensure that staff and children are trained and undertake proper hygiene routines:

Normal cleaning methods should be used. No special disinfectants are required for toilets but it is advisable to use disposable cloths and a separate cloth for toilets, medical rooms and kitchen areas.

Spillages of blood and vomit should be cleared as quickly as possible using diluted bleach (1:10) preferably in hot water. It should be poured over the spill and covered with paper towels. If practical, the diluted bleach should be left for 30 minutes before being wiped up with disposable towels. Disposable gloves and apron should be worn.

Clothes stained with bodily fluids should be washed at 95 degrees for 10 minutes before washing.

Staff with cuts or abrasions should have them covered with a waterproof or suitable dressing.

Disposal of waste:

There are waste disposal bins in school for the disposal of contaminated waste.

Non contaminated waste can go in the dustbins as normal.

Please wash and dry hands after completion of the above duties.

See complete version of this policy in School office.

### **First Aid Policy Supplement 7. Sickle Cell**

We welcome children with Sickle Cell and encourage them to participate as fully as practical with all the school activities. We will endeavour to make the environment

as conducive as possible, so we ask parents to keep us informed of all aspects of the illness.

See complete version of this policy in School office.

## **APPENDIX 1**

**FIRST AIDERS-  
Trained First Aider List Available in the 'common' drive, folder  
listed under 'First Aid'**

## **APPENDIX 2**

### **HEAD LICE LETTER**

# HEAD LICE

Dear Parents

As you are no doubt aware, Reddiford, in common with all schools, has an occasional problem with infestations of head lice. Today we noticed a number of children have been found to have head lice.

We recommend that you check your children's hair today/regularly, treat them if necessary and inform the school if head lice are detected.

If you need any assistance or advice, please contact Mrs Baris who is always happy to assist on these matters.

Thank you for your co-operation.

Yours sincerely

Mrs J Batt  
*Head Teacher*



## **APPENDIX 3**

### **NOTIFICATION THAT ASTHMA INHALER HAS BEEN USED IN SCHOOL**

Childs Name .....

Class .....

Date .....

This letter is to formally notify you that your child has had problems with his/her breathing today. This happened when .....

\*A member of staff helped them to use their asthma inhaler.

\*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

\*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

*\*Delete as appropriate*

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

Mrs Baris  
Welfare Coordinator

## **APPENDIX 4**

### **ABSENCE NOTE TO FORM TEACHER**

**Absence Note to Form Teacher**

Name of Child.....Form.....was sent home today due to

.....

Signature (Parent).....

Dated.....

-----

**Absence Note to Form Teacher**

Name of Child.....Form.....was sent home today due to

.....

Signature (Parent).....

Dated.....

-----

**Absence Note to Form Teacher**

Name of Child.....Form.....was sent home today due to

.....

Signature (Parent).....

Dated.....

-----

## **APPENDIX 5**

### **ACCIDENT FORM**

**ACCIDENT REPORT FORM**

Name .....

Date .....

Time of accident .....

Place .....

What happened .....

.....

.....

.....

Parents informed? .....

Ambulance called? .....

Hospital? .....

Member of staff who dealt with the accident .....

Head Teacher informed? .....

Follow up .....

.....

Signed:

Staff .....

Parent/Guardian .....

## **APPENDIX 6**

### **COMMUNICABLE DISEASES**

## Communicable disease control

hands after handling animals. It is important to note that all species of reptiles can carry salmonella.

### Exclusion periods

The following table gives exclusion periods for different diseases.

| Disease                      | Exclusion period   |                          |  |
|------------------------------|--|--------------------------|--|
| Chickenpox                   | For 5 days from onset of rash.   | Meningitis               | None once better.  |
| Cold sores                   | Exclude whilst sore and discharging.   | Molluscum Contagiosum    | No exclusion necessary.  |
| Conjunctivitis               | Exclude until better or improving on treatment from GP.  | Mumps                    | For 5 days after onset of swelling.  |
| Diarrhoea and vomiting       | Exclude until symptoms have stopped for at least 24 hours.   | Psoriasis                | No exclusion necessary if not infected.  |
| Eczema                       | No exclusion necessary unless infected.  | Ringworm (of the feet)   | No exclusion necessary.  |
| Fifth disease                | No exclusion necessary if well.  | Ringworm (of the scalp)  | None once appropriate treatment commenced by GP.   |
| Flu (influenza)              | No exclusion necessary if better.  | Ringworm (other areas)   | None once appropriate treatment commenced by GP.   |
| Glandular fever              | No exclusion necessary if well.  | Roseola                  | No exclusion necessary.  |
| Hand, foot and mouth disease | No exclusion necessary if well.  | Rubella (German measles) | For 5 days from the onset of rash.   |
| Head lice                    | No exclusion necessary but refer to school nurse for advice on treatment.  | Scabies                  | Exclude until treated.   |
| Hepatitis A                  | Young children and those requiring hand washing supervision should be excluded for 5 days from the onset of jaundice or pale stools. | Scarlet fever            | For 5 days from starting antibiotics.  |
| Hepatitis B and C            | No exclusion necessary but strict hygiene precautions should be adhered to when handling blood or body substances.                   | Sore throat (mild viral) | No exclusion necessary.  |
| HIV/AIDS                     | As for Hepatitis B and C.  | Sore throat (bacterial)  | For 5 days from start of antibiotics.  |
| Impetigo                     | Until healed.  | Threadworm               | No exclusion necessary but treatment recommended.  |
| Measles                      | For 5 days after onset of rash.  | Tuberculosis (pulmonary) | Until 2 weeks after start of treatment. Seek advice from Consultant in Communicable Disease Control. |
|                              |  | Verrucae (warts)         | No exclusion necessary but keep lesions covered.   |
|                              |  | Whooping cough           | For 5 days from commencing appropriate antibiotics.  |

This article has aimed to provide educationalists with an overview of communicable disease control within the school setting and it is recommended that if there is any doubt about the management of a disease then specialist advice should be sought from either the Consultant in Communicable Disease Control (CCDC) or the School Nurse.

*Helen Sandle*



## **APPENDIX 7**

### **THREADWORM**

Dear Parent

### **THREAD WORM INFESTATION**

During the warm weather we have been notified of one or two cases of thread worm infestation. This is not uncommon in small children and parents should not worry unduly, but should be aware of and treat the problem.

Yours sincerely

Mrs J Batt  
*Headteacher*

## **APPENDIX 8**

### **MEDICATION LETTERS**

## **MEDICATION FORM**

**NAME:** .....

**DATE:** .....

**MEDICATION:** .....  
.....  
.....

**DOSAGE:**.....  
.....

**TIME GIVEN:**.....

**SIGNATURE:**.....

**PUPILS' TREATMENT (if required)**

[illegible]

### PUPILS' TREATMENT - DAILY

## **Appendix 9**

### **RIDDOR**

The following guidance details how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. The School follows RIDDOR guidelines, as detailed below.

Under RIDDOR the responsible person (The Bursar/Head Teacher) must report the following work- related accidents, including those caused by physical violence. If an employee is injured, wherever they are working:

- Accidents which result in death or a specified injury must be reported without delay (see reportable specified injuries);
- Accidents which prevent the injured person from continuing their normal work for more than 7 days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person (The Bursar/Head Teacher) must also report any case of a work-related disease, specified under RIDDOR, that affects any employee and that a doctor confirms in writing (see reportable diseases). You can find detailed guidance about RIDDOR reporting and online reporting procedures at: [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm).

**Reportable specified injuries:**

These include:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crash injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which cover more than 10% of the body or cause significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space, which leads to hypothermia or heat induced illness or requires resuscitation or admittance to hospital for more than 24 hours.



### **Physical Violence:**

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over 7 days, are reportable. In the case of an over 7 day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Example of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

### **Reportable Occupational Diseases:**

Employers must report occupational diseases when they receive a written diagnosis from the doctor that their employee has a reportable disease linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Sever cramp of the hand or forearm
- Occupational dermatitis, e.g from work involving strong acids or alkalis, including domestic bleach
- Hand arm vibration syndrome
- Occupational asthma e.g from wood dust and soldering using rosin flux
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent.

The Bursar keeps records of any accidents reported under RIDDOR.

## **Appendix 10**

### **Policy for Administering Medicines**

### **Policy for Administering Medicines**

It is important that any medical conditions are known by the school. Parents, children and staff have talked through and agreed strategies for dealing with it, in line with our policy.

We seek to ensure that wherever possible the child is able to attend school with their medical needs being fully supported

Our staff will be supportive of the needs of both parents and child within the boundaries of their job descriptions.

We expect parents to be responsible for the medical care of their child.

We consider that ill or infectious children should be looked after at home.

All medication should be accompanied by a letter from the parent, giving dosage details and time to be given. This is to be kept in the First Aid room. Parents will be notified that the medicine has been administered the same day or as soon as reasonably practicable, also, they will be notified if the dosage was given after the normal time.

A record for the administration of any medication should also be kept. This can be done by completing a form (see Appendix 8).

Common medications might include:- Antibiotics  
Eye drops  
Topical creams/lotions eg for eczema

Staff will not administer Calpol or non-prescription drugs.

As children come into school they should hand any medication to the relevant person who will then put it in the fridge. The First Aider on duty will then be able to administer the medication at the appropriate times.

At the end of the school day parents are responsible for collecting their child's medication.

All medication ie Asthma inhalers, Piriton Syrup, plasters and bandages etc are checked every term for expiry dates.

The parents/guardians of any child who needs regular dosage over a long period of time should discuss this with the Welfare Co-ordinator/First Aider.

Parents must give full written details of their child's health needs that will be kept in the child's confidential file for reference. It will be shared with staff who need to be aware of any health concerns. It is the parents' responsibility to keep the school aware of the latest details.

Prescribed medicines.

- Must only be issued to the pupil for whom they have been prescribed.
- Must stay in their original container that should be childproof.
- The original dispensing label must not be altered.

- Must only be administered by a qualified First Aider.
- In extreme emergencies eg an anaphylactic reaction, anyone trained in using an Epi-pen can do so.

Recording and monitoring of records.

- Records should be properly completed, legible and current.

Disposal of medicines.

- Any unused medicine should be returned to the parents.

## **Appendix 11**

### **SCHOOLS ALLERGY CODE CHECKLIST**



## Schools Allergy Code Checklist

- |                                       |   |
|---------------------------------------|---|
| <b>Whole school approach</b>          | <ul style="list-style-type: none"><li><input type="radio"/> Annual training for all staff delivered, recorded and any refreshers scheduled (Reminder: training must include reducing risk to help prevent allergic reactions, emergency response and supporting wellbeing and inclusion of pupils with allergies)</li><li><input type="radio"/> School-wide allergy awareness programme (for example assemblies, PHSE content, staff sessions, communication with all parents and pupils)</li></ul>   |
| <b>Clear communication</b>            | <ul style="list-style-type: none"><li><input type="radio"/> Comprehensive Allergy and Anaphylaxis Policy in place</li><li><input type="radio"/> Allergy and Anaphylaxis Policy made available and clearly signposted e.g. on website</li><li><input type="radio"/> Date set to review Allergy and Anaphylaxis Policy</li><li><input type="radio"/> Individual Healthcare Plans created for all pupils and shared as appropriate</li></ul>   |
| <b>Governance and risk management</b> | <ul style="list-style-type: none"><li><input type="radio"/> Clear governance structure agreed and communicated</li><li><input type="radio"/> Defined staff roles agreed, including Designated Allergy Lead</li><li><input type="radio"/> Review process for policies and procedures agreed</li><li><input type="radio"/> Risk assessments include section on allergy management</li></ul>   |
| <b>Readiness to respond</b>           | <ul style="list-style-type: none"><li><input type="radio"/> Clear policy implemented for adrenaline pen storage and/or carrying</li><li><input type="radio"/> System in place to record expiry date of adrenaline pens</li><li><input type="radio"/> Spare pens located appropriately around the school</li><li><input type="radio"/> Emergency Response Plan written and circulated to all staff</li><li><input type="radio"/> Rehearsal of Emergency Response Plan scheduled</li><li><input type="radio"/> Annual anaphylaxis drill planned and scheduled</li></ul> |



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- 2. Communicate clearly**
  - Give people information about the school's approach to allergy clearly and frequently.**
  - 2.1 Establish an Allergy and Anaphylaxis Policy which is written in plain English and accessible. The policy should be published online and communicated to all staff and relevant members of the school community, including parents. This should be a dynamic document that is frequently reviewed and updated.
  - 2.2 Ensure open communication with parents, teachers, support staff and caterers about the individual needs of children, based on co-created Individual Healthcare Plans (IHPs) for all children with allergy.
  
- 3. Have clear governance and risk management**
  - Create an awareness of allergy risk across all activities and processes.**
  - 3.1 Ensure clear governance structures and clearly defined roles and responsibilities including a Designated Allergy Lead.
  - 3.2 Make sure allergy policies and procedures are regularly reviewed and reported on by Designated Allergy Lead.
  - 3.3 Allergy should form a part of every risk assessment.
  
- 4. Readiness to respond**
  - Have systems, processes, and medication in place for emergencies.**
  - 4.1 Ensure that pupils prescribed with adrenaline pens have two in-date devices accessible at all times.
  - 4.2 Hold spare adrenaline pens and make sure everyone knows where they are.
  - 4.3 Establish annual risk reduction and anaphylaxis training for all staff.
  - 4.4 Publish an Anaphylaxis Emergency Response Plan which enables staff to respond confidently and immediately to an allergic reaction.
  - 4.5 Rehearse the Anaphylaxis Emergency Response plan.

#### **Schools Allergy Register**

To join the Schools Allergy Register of those observing the Code and to display a trust mark, schools must be assessed by The Allergy Team. Schools that do this will be supported throughout the process and receive free access to The Allergy Team's allergy and anaphylaxis training for staff.



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## Schools Allergy Code

Allergic disease is the most common chronic condition in childhood. An allergic reaction occurs when a person's immune system is triggered by a substance that is usually considered harmless. Whilst most allergic reactions are mild, some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.

The Code is not a set of rules and regulations but it is a guide to best practice in achieving a whole school approach to allergy safety and inclusion. It has been drawn up by the Benedict Blythe Foundation and The Allergy Team, with the backing of leading allergy clinicians and the Independent Schools' Bursars Association.

All schools are encouraged to use the Schools Allergy Code to ensure good allergy management in their setting. The Code and its accompanying Checklist are free resources.

### Principles of good practice

1. **Take every allergy seriously** – allergic reactions are unpredictable and every child with a diagnosed allergy should be included in the measures outlined in the Code.
2. **Every child matters** – allergies are as unique as the children who have them. It is crucial that an individualised approach is adopted to implementing the Code, working with families and children to understand their experiences.
3. **Prioritise safety and inclusion over the 'status quo'** – responding to the needs of children with allergy can require finding new ways of doing things, with schools prioritising safety and inclusion every time.

### Code guidance

1. **Take a whole-school approach**

Every member of the school community should understand allergy and their responsibility for reducing risk, from pupils and parents to staff members. Allergy management is not just the responsibility of the catering and medical team.

  - 1.1 Build the knowledge and skills of all staff through targeted training and education. This will include understanding risk reduction and the importance of inclusion, as well as first aid response to allergic reaction.
  - 1.2 Weave allergy awareness into classroom activities, for example lessons on nutrition and PSHE.



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