

# JENNETT'S PARK CofE PRIMARY SCHOOL



## First Aid, Managing Medicines and Health Care in School Policy and Procedure

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## School Background

Jennett’s Park CE Primary School is openly inclusive Christian school, welcoming all children from the whole community to a caring and happy environment where they can achieve to the very best of their abilities. At Jennett’s Park CE we believe that all children are unique and we encourage them to develop their strengths and creativity as individuals. We emphasise the development of the whole-learner physically, intellectually, emotionally and ethically. We wish for children to flourish and achieve under God’s Love.

We promise as a staff and community to try to serve the common good with our work as part of the Church of England.

<b>Educating for Wisdom, Knowledge and Skills</b>	To help grow resourceful, resilient and reflective children who are equipped with the skills, knowledge and tenacity empower themselves, their learning throughout their lives.
<b>Educating for Hope and Aspiration</b>	To inspire and enrich lives beyond current opportunities and experiences in order to open minds to the potential their future holds
<b>Educating for Community and Living Well Together</b>	To be a multi-cultural, inclusive community of individuals loved by God who feel valued and involved where we create qualities of character to enable people to flourish.
<b>Educating for Dignity and Respect</b>	That children might know how much that they are loved and valued by so that they might show dignity and respect for themselves and others by carefully and safely thinking through their actions.

Jennett’s Park C of E Primary school and Nursery is an inclusive community that aims to care for, support and welcome all pupils including those with permanent medical conditions and those who are subject to a temporary illness or injury.

This policy outlines the school’s responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and ensure procedures are in place to meet that duty. The school has taken into account, the requirements of the EYFS legislation for the younger learners.

## Aims

- To make the school welcoming and supportive to pupils with medical conditions.
- To encourage and support pupils with medical conditions to take control of their care where appropriate and feel confident in the support they receive from the school to help them.
- To include pupils with medical conditions in all school activities where appropriate.
- To work alongside parents and carers of pupils with medical conditions so that they feel secure in the care their children receive in school.
- To ensure children with medical needs attend school regularly.
- To develop the confidence of staff in basic First Aid Training
- To provide training to staff on common medical conditions that affect children in their class or within the school (for example asthma, diabetes, allergy).

## Key Personnel

The Headteacher is responsible for ensuring the policy is actioned appropriately and for developing detailed procedures. The Headteacher ensures that parents are aware of the School's Health and Safety Policy, including arrangements for first aid (DfE Guidance on First Aid for Schools).

### All staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with Care Plans and how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where individual pupil's medication is stored within school
- Being aware of medical needs in the class and how they may affect taught lessons.
- Undertaking any specialist training offered to support pupils with specific medical conditions.
- Liaising with parents/carers on care given and medical needs, including informing them when medication needs to be replenished or replaced due to expiry of use by dates.

We employ a member of staff who has responsibility for organising and communicating care plans where regular medication may be required. The role also includes monitoring that the school's First Aid Policy and procedures are being followed.

### Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's care plan.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions agreed within the care plan and they, or a nominated adult, being contactable at all times.

## Training of staff

- Staff involved in administering first aid will receive regular, certified First Aid training
- Newly appointed teachers, supply or agency staff and support staff will be made aware of the school's basic first aid procedures as part of their induction.
- No staff member may administer prescription medicines as part of an individual care plan without recording the dosage and when it was administered.
- School will keep a record of the individuals supported for their medical conditions, any training undertaken and a list of staff qualified to undertake specific responsibilities under this policy.

## Medicines

### Prescription and Over the Counter Medication

Where medication has been prescribed to be taken within school hours, parents/carers must complete and sign a parental consent to administration of medicine form prior to the medication being given. All medicines given must be in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, except in the case of emergency use of an inhaler to relieve asthma. Staff will not force a pupil to take medication, if a pupil refuses to comply their parents will be immediately contacted.

Medication will be stored in a first aid cabinet or fridge, in a clearly labelled plastic wallet. Any medication left at the end of the course will be returned to the child's parents. Jennett's Park School cannot be held responsible for side effects that occur when medication is taken correctly. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

Written records will be kept of any medication administered to children. General posters about medical conditions (diabetes, asthma, epilepsy etc.) may be displayed in the staff room and around the school as reminders on procedures and symptoms to all staff.

Year group medical information and copies of health care plans are kept in a filing cabinet in the front office. Each class teacher also has a class-based list of medical information in class. For children with allergies, special dietary needs are displayed in kitchen.

### Emergency medications

Following current guidelines, the school have both an emergency salbutamol inhaler and emergency auto adrenaline injector (epipen) onsite. These are for use by children with diagnosed conditions who have already been prescribed these medications and would only be administered in an emergency, for example if their own inhaler/auto injector is found to be out of date. Parents will be required to sign a consent form to allow these to be used in an emergency. A list of children and their photos will be stored along with the emergency medication. Only children listed can be given the emergency medication. Parents will be informed as soon after as possible if an emergency inhaler or epipen has been administered.

### MEDICAL EMERGENCIES

- Medical emergencies will be dealt with under the school's emergency procedures which are communicated to all relevant staff.
- If child/adult is unconscious: the casualty should not be moved.
- Staff will call for help as needed and send for the nearest First Aider to support.
- Where an emergency requiring first aid has occurred, Headteacher the will be informed and if offsite the Deputy Headteacher. The first aid will be also made aware too.
- The First Aider ( not necessarily coordinator) taking a lead on the emergency situation will liaise with the office to request an ambulance if required. The Headteacher/Deputy Headteacher will be made aware.
- Parents will be informed immediately of any emergency including the decision to call an ambulance.
- If a pupil needs to be taken to hospital by ambulance and a parent is not immediately available, a member of staff will remain with the child until their parent/carer arrives.
- If the child has a Health Care Plan, a photocopy will be given to the paramedics to go with the child to hospital as well as child's details.
- Pupils are taught in general terms of what to do in an emergency through PSHE sessions.
- Emergencies involving staff will be dealt with in same way as children following the same procedures. Class cover will be sought immediately as the situation requires.
- Any emergency in which children or staff are sent for further medical treatment will be logged by our Health and Safety lead using RIDDOR.

### General guidance for any emergency:

- Know your limitations as to your skill as a first aider. If in any doubt seek help.**
- Ensure that any wound is cleaned with running water or an antiseptic wipe.**
- Do not apply any antiseptic creams or lotions.**
- Do not administer any medicines unless the school has written authorisation from parents.**

## First Aid Procedures

Jennett's Park School ensures there are sufficient numbers of staff who are qualified first aiders. Children requiring attention due to illness or injury during lesson time are treated by the Teacher or Learning Support Assistant working in that year group where possible.

Where this is not possible, they will contact another appropriate adult. Where support is required from staff not in the classroom, a pair of children will be sent with a red triangle to the main office. The injured child will not be sent out of class for treatment if the injury is assessed to get worse or be aggravated by movement. An adult must always stay with the child in need of medical support.

It is the teacher's (covering adult) responsibility to ensure parents/carers are informed of any minor injury through handing over the first aid slip. For older children who walk home alone, they may take the slip home to show to their parents. In this instance, the teacher is to phone home to ensure the parent is aware to ask for the first aid slip, if further observation/treatment is suggested.

Members of staff are not to try to remove splinters. The child should wash their hands thoroughly and parents should be informed of the splinter at pick up time or via phone sooner if immediate treatment is required.

### General procedures

All staff will use their expertise and judgement to ensure our pupils are given the highest standard of care.

Always use the disposable gloves provided.

Cold compresses are kept in freezer in office

Use alcohol-free wipes or running water (not paper towels) to clean any wound and apply plaster/gauze pad as required.

## Recording in the First Aid book

If there is an accident it is the duty of a person who witnessed it to complete the book. All injuries should be seen by a first aider (those wearing green badges). The initial person completes the accident report and first aider signs off (with their initials)

Remember to:

- Check injury
- Write in full what happened (this may need an incident report if a major injury)
- Tick each of headed items including WHAT has happened & if well enough to stay in school
- Add details of treatment
- Send the slip home.

We now have 7 first aid books in circulation 1) EYFS 2) Office 3) Outside Sports 4) KS1 5) Yr 3&4 6) Yr 5&6 7) Trips

## Online recording

**All accidents that involve adults to be reported BY that adult to**

**<https://www.reportincident.co.uk/bracknell/> . First Aid Coordinator review books to add those children's accidents that need it.**

## Covid Compliance

**READ RISK ASSESSMENT FOR CURRENT GUIDANCE ON FIRST AID WITHIN COVID PERIOD.**

## Bump to Head and Head Injury Procedures

It is recognised that whilst most bumps to the head are minor, there can be serious consequences. This is the highest type of incident in JPCE requiring intervention 2020-21. Therefore procedures to deal with bumps to the head and head injuries are listed separately in this policy.

### Minor Bump to Head

A minor bump to the head is common in children, of primary school age. If a child is asymptomatic (i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting) and the child appears well, then the incident will be treated as a 'bump' rather than a 'head injury'.

#### Action to be taken in school for a 'Bump' to the head:

- Child to be assessed by a First Aider and stay with First Aider for 10 mins. If no further symptoms after 10 mins child carries on as normal. If symptoms appear after 10 mins move to treatment for minor head injury or major head injury.
- If a child is asymptomatic, complete the accident form for parents and give the child a bumped head sticker
- Class teacher to observe - If pupil begins to display Minor Head injury symptoms, follow Actions to be taken detailed below (if unsure, always consult a colleague). Can phone if deemed necessary

### Minor Head Injury – no loss of consciousness.

A minor head injury often just causes bumps, swellings, graze or bruises on the exterior of the head.

Other symptoms Include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

#### Action to be taken in school for a 'Minor Head Injury':

- Send for a First Aider
- Ice pack/cold compress to swelling
- Observation – observe every 10 mins while symptoms remain. Child to be sent back to class when symptoms cease.
- Give the child a bumped head sticker
- Accident form to be completed
- Report to class teacher
- Parent informed by phone call
- Head injury advice letter sent home

### Severe Head Injury – loss of consciousness.

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears

#### Action to be taken by school:

- Suspect there is a neck injury if unconscious and do not move the child
- CALL 999 FOR AMBULANCE
- Notify parent by phone
- Complete accident form

## Infectious Diseases

Children who are vomiting or suffering from diarrhoea will be sent home and should stay home for a full 48 hours after the last bout of illness.

All children should be encouraged to wash hands regularly, or use hand gel (available from the School Office).

If a child is sick in the classroom, then the area must be thoroughly cleaned using equipment available (yellow boxes) – whilst not a pleasant job for anyone, all staff share in the responsibility to keep the school as clean and as healthy as possible.

The '48 hour' rule does not apply to staff – all staff are expected to make the best decision regarding their health and ability to work.

## Returning from absence due to illness/injury

When children return to school following an illness, we **do not** encourage children to miss lessons or to stay indoors during break and lunchtimes. However, there may be occasions where individual risk assessments/Care Plans are written on a 1:1 basis e.g. after a child has sustained a broken limb and children remain inside at play. Parents/Guardians should ensure that the child can cope with the whole school day and create alternative arrangements with school staff if a gradual transition is needed.

## Day trips, residential visits and sporting activities - following Educational Visits Policy

All staff attending off-site visits will check the presence of any pupils with medical conditions on the trip and seek necessary information and guidance as to what to do in an emergency. First Aid Kit, asthma kit and personal medication will be taken if a class is off school premises. Reasonable adjustments should be made to ensure pupils with medical conditions can participate in school trips, residential stays and sports activities so that they are not prevented from joining in, unless a clinician states it is not suitable.

To comply with best practice risk assessments are undertaken on all trips. Where children attend trips with specific medical needs, risks and possible emergency treatment needs will be included on the risk assessment. Consultation with parents, healthcare professionals etc. on trips and visits will take place prior to the trips and are additional to the normal day to day care plan requirements for the school day.

## Insurance

Any staff carrying out basic first aid and following school procedures will be supported by the Local Governing Body and are covered by school's Risk Protection Arrangement (RPA).

## Complaints

Any complaints linked to first aid follow usual school complaints procedures. The details of how to make a formal complaint can be found in the School Complaints Policy, which can be found on the school's website.

## Appendix 1 Asthma

When a child joins the school parents/carers will be asked to record any ongoing medical conditions, this includes asthma. Parents/Carers of children with asthma will be given an asthma form to complete. From this information, a school asthma register is compiled. They will also need to complete the consent form for the use of the school's emergency inhaler if required.

It remains the responsibility of the parent/carer to seek medical attention where concerns are ongoing, to liaise with the school and update the card if there are any changes in their child's asthma or medication.

We will do everything we can to make sure that our school is favourable to pupils with asthma and reduce the presence of triggers where possible.

### Inhalers

- Immediate access to emergency relief inhalers is essential.
- Each child's inhaler, clearly labelled, and a spacer device where provided, is kept in the classroom.
- Parents/Carers must supply one emergency relief inhaler to the school and must make sure that they are in date.
- The asthma inhalers will be available to the child at all times.
- The child will be encouraged to take their inhaler themselves whenever possible, supervised by school staff.
- Children will NEVER be denied access to their inhaler.
- Following current guidelines, the school has a spare inhaler available that can be used if a child's own inhaler is found to be unavailable or unusable.
- We will inform the parent/carer if their child is using their inhaler device more than usual, as the child's asthma care may need reviewing.

### Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breathe. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

## What to do if a child has an asthma attack

If an asthmatic pupil in your class becomes breathless, wheezy or starts to cough:

1. Keep calm.
2. Let the child sit in a position they find most comfortable.
3. Ensure the child has 2 puffs of their usual reliever using their spacer device if provided. (If the child's inhaler is not working, or found to be out of date, the school emergency inhaler will be given)
4. **STAY WITH THE CHILD.** The reliever should work in 5 – 10 minutes
5. If the symptoms disappear, the pupil can return to the lesson as normal.
6. If symptoms have improved but not disappeared then give 1 puff of the reliever inhaler every minute for 5 minutes for up to 10 puffs in total.
7. If the reliever has no effect after 10 mins the child is having a severe asthma attack (see below for management)

## How to recognise a severe attack

- The reliever has no effect after 5-10 minutes
- The child is becoming more distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

## Management of a severe asthma attack

1. Call 999 or send someone else to the office to call 999 immediately – Inform them the child is having a **SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.**
2. Using the child's reliever and spacer device give one puff into the spacer Repeat at not more than one minute intervals until the ambulance arrives. The child can have up to 10 puffs in total.
3. Contact parents to make them aware.



## Jennett's Park CE Primary School

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Jennett's Park, Bracknell RG12 8EB  
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secretary@jennetts.bonitas.org.uk

January 2022

Dear Parent/Carer,

The Department of Health have issued new guidelines on the use of emergency salbutamol inhalers in schools.

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The salbutamol inhaler could be used by pupil's if their prescribed inhaler is not available (for example, because it is broken, or empty).

The emergency salbutamol inhaler can only be used by children where we have written parental consent, who have been diagnosed with asthma and where they have been prescribed an inhaler as reliever medication.

If your child meets the above criteria and you are in agreement to the school using an emergency salbutamol inhaler, if needed, could you please complete and return the enclosed consent to the office

Should you have any queries, then please do not hesitate to contact the school.

Yours sincerely,

School Office

Appendix 1c CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Jennett's Park CE Primary

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date: .....

Name (print).....

Child's name:  
.....

Class: .....

Parent's address and contact details:  
.....  
.....  
.....

Telephone:  
.....

E-mail: .....

Appendix 1d LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL  
INHALER USE



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January 2022

LETTER TO INFORM PARENTS OF  
EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....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 seen by your own  
doctor as soon as possible.

Yours sincerely,

## Appendix 2 Allergies and Anaphylactic Shock

### Definition

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially fatal. Anaphylaxis is your body's immune system reacting to a substance (an allergen), such as food, which it wrongly perceives as a threat. The whole body can be affected, usually within minutes of contact with an allergen, though sometimes the reaction can happen hours later.

### Staff

- Staff and volunteers must ensure they do not bring in or consume nut products (which are a known allergen in our school) within the school.
- Caution must be taken when children are cooking or sharing food. This includes gifts and sweets shared for birthdays and Christmas. (For example, Quality Street contain nuts)
- All product packaging used for cooking in school must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product must not be used in school.
  - o Not suitable for nut allergy sufferers
  - o This product contains nuts

### Parents

- The staff/school must be notified of any known or suspected allergy and provide with all information to complete a detailed health care plan.
- Parents must not bring in any food or treats (such as for birthdays) unless they have checked the ingredients carefully, likewise for snack and lunch box choices.
- Lunch box items will be removed by staff and replaced with snack items if containing nuts or nut products.

### Symptoms

The symptoms of anaphylaxis usually start between 3 and 60 minutes after contact with the allergen. Less commonly, they can occur a few hours or even days after contact.

An anaphylactic reaction may lead to feeling unwell or dizzy or may cause fainting due to a sudden drop in blood pressure. Narrowing of the airways can also occur at the same time, with or without the drop in blood pressure. This can cause breathing difficulties and wheezing. Other symptoms include swollen eyes, lips, genitals, hands, feet and other areas, itching, a strange metallic taste in the mouth, sore, red, itchy eyes, changes in heart rate, a sudden feeling of extreme anxiety or apprehension, unconsciousness, abdominal cramps, vomiting or diarrhoea, or nausea and fever. Anaphylaxis varies in severity. Sometimes it causes only mild itchiness and swelling, but in some people it can cause death.

### Management

If above symptoms appear in an affected child;

1. The child's auto injector must be used and an ambulance called immediately. Some children have two or more auto injector. If after 5-10 minutes there is no improvement or their condition worsens then the second auto injector should be administered.
2. The school office will then inform parents of the situation and ensure a member of SLT are aware. There should be no delay in calling for an ambulance.
3. Give all relevant information to paramedics i.e. Sequence of events, known drug/food allergies and any medication/treatment given.
4. If the child becomes unconscious and not breathing, a First Aider must commence cardio-pulmonary resuscitation.

The First Aid coordinator and parents are responsible for ensuring auto injectors are replaced and in school with the child.

## Appendix 2a LETTER TO INFORM PARENTS/CARERS OF EMERGENCY EPIPEN USE



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secretary@jennetts.bonitas.org.uk

January 2022

Dear Parent/Carer,

The Department of Health have issued new guidelines on the use of emergency epipens in schools.

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allow schools to buy autoinjectors (known as epipens), without a prescription, for use in emergencies.

The epipen could be used by pupil's if their prescribed epipen is not available (for example, because it is broken, or empty).

The emergency epipen can only be used by children where we have written parental consent, who have been diagnosed with anaphylaxis and where they have been prescribed an epipen.

If your child meets the above criteria and you are in agreement to the school using an emergency epipen, if needed, could you please complete and return the enclosed consent to the office

Should you have any queries, then please do not hesitate to contact the school.

Yours sincerely,

School Office

Appendix 2b CONSENT FORM USE OF EMERGENCY EPIPEN

CONSENT FORM:  
USE OF EMERGENCY EPIPEN

Jennett's Park CE Primary

Child showing symptoms of anaphylaxis/ having an anaphylactic reaction

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an autoinjectors (known as epipens)
2. My child has a working, in-date epipen, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of anaphylaxis, and if their epipen is not available or is unusable, I consent for an epipen held by the school for such emergencies be used for my child.

Signed: Date: .....

Name (print).....

Child's name:  
.....

Class:  
.....

Parent's address and contact details:  
.....  
.....  
.....

Telephone:  
.....

E-mail:  
.....

Appendix 2c LETTER TO INFORM PARENTS OF EMERGENCY EPIPEN USE



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January 2022

LETTER TO INFORM PARENTS OF EMERGENCY EPIPEN USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

[Delete as appropriate]

This letter is to formally notify after our communications to you that.....has had a significant reaction and required for us to use their autoinjector..

This happened when.....

A member of staff .....

We contacted

We would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

## Appendix 3 Diabetes

Signs and symptoms can include:

**High blood sugar** (normally **slow** onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

**Low blood sugar** (normally **quick** onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have a rapid pulse
- Numb around lips and fingers
- Aggressive behaviour.

### **Management:**

For person with **low** blood sugar give sugar, glucose or a sweet drink e.g. coke, squash followed by a little food.

For a person with **high** blood sugar: Give insulin, following the child's health care plan. If the casualty can self-administer their insulin then they should do so.

All children with known diabetes in school are visited by the diabetic nurse regularly. The diabetic nurse will train the relevant staff on the child's particular treatment e.g. make of insulin pump, blood sugar machine.

It is recognised that children with diabetes will present differently and so all relevant staff will familiarise themselves with the individual child's Health Care Plan.

## Appendix 4 Epilepsy

**Epileptic seizures are caused by a disturbance of the brain. Seizures can last from 1 to 3 minutes.**

### **Signs and Symptoms of a tonic-clonic seizure**

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel control

**Not all epileptic seizures take this form. First aiders are aware of absences and other seizure types. Children with known epilepsy will be given a care plan, in which their 'common' seizure type will be documented, and staff made aware.**

### **Management**

#### **During seizure:**

- Do not try to restrain person
- Do not put anything in the mouth
- Protect person from obvious injury where possible
- Place something under head and shoulders if possible

Phone for ambulance if seizure lasts longer than 5 minutes, or if this is the child's first seizure

### **After Seizure**

- Place in recovery position
- Manage injuries if needed
- Do not disturb if casualty falls asleep but continue to check airway, breathing and circulation

## Appendix 5 First Aid Risk Assessment for Jennett's Park CofE Primary school

Employers have an obligation under the Health and Safety (First Aid) Regulations 1981 to make adequate and appropriate first aid provision for their workforce. It is recommended that someone is able to undertake first aid duties at all times when people are at work.

Although this is not required by legislation, to discharge our duty of care, the number of actual First Aiders also provides a cover of first aid for members of the public who may attend the premises.

First Aid boxes are located **in all class rooms and common areas.**

All kits are checked at least monthly by **the First Aid Co-ordinator.**

The following information must be displayed throughout the premises- staff training renewal date- first name and surname.

The school leader for Health & Safety must also monitor and keep records of the training dates and renewal dates for the First Aiders.

## Appendix 6 IN AN EMERGENCY and DIALLING 999 FOR AN AMBULANCE

- Medical emergencies will be dealt with under the school's emergency procedures which are communicated to all relevant staff.
- If child/adult is unconscious: the casualty should not be moved.
- Staff will call for help as needed and send for the nearest First Aider to support.
- Where an emergency requiring first aid has occurred, Headteacher will be informed and if offsite the Deputy Headteacher. The First Aid Coordinator will be also made aware too.
- The First Aider (not necessarily coordinator) taking a lead on the emergency situation will liaise with the office to request an ambulance if required. The Headteacher/Deputy Headteacher will be made aware.
- Parents will be informed immediately of any emergency including the decision to call an ambulance.
- If a pupil needs to be taken to hospital by ambulance and a parent is not immediately available, a member of staff will remain with the child until their parent/carer arrives.
- If the child has a Health Care Plan, a photocopy will be given to the paramedics to go with the child to hospital as well as child's details.
- Pupils are taught in general terms of what to do in an emergency through PSHE sessions.
- Emergencies involving staff will be dealt with in same way as children following the same procedures. Class cover will be sought immediately as the situation requires.
- Any emergency in which children or staff are sent for further medical treatment will be logged by our Health and Safety lead using RIDDOR.

Select 9 to get an outside line, then dial 999

Remain calm and listen to the operator on the end of the telephone.

The operator will ask you what service you require, your response will be Ambulance, please.

Listen carefully to what the operator is asking you, answer accordingly.

They will ask what the postal address is. When responding make sure you say that you are calling from a school then proceed to give them the school name followed by the postal address:

**Jennett's Park CE Primary School,  
3 Tawny Owl Square,  
Bracknell,  
RG12 8EB  
01344 301269**

The operator will keep you on the line and ask questions about the patient remain calm and give them as much information that you can and are aware of. If you do not know, then tell them that you do not.

Ask office staff to print off a Data Collection sheet for the pupil so that the paramedics have the information on pupil, date of birth, parent contact details etc.

Check to see if there is clear access for the ambulance, if not ask for cars to be moved.

Direct a member of staff to go to the main gate to look out for the ambulance and have a fob with them to open the gate. Direct the ambulance or paramedic car as required.

- If a pupil needs to be taken to hospital by ambulance and a parent is not immediately available, a member of staff will remain with the child until their parents arrive.
- If the child has a Health Care Plan, a photocopy will be given to the paramedics to go with the child to hospital as well as child's details.
- Emergencies involving staff will be dealt with in same way as children following the same procedures. Class cover will be sought immediately as the situation requires.

## Appendix 7 - Parental/carer consent to administer an 'over-the-counter' (OTC) medicine

All over the counter (OTC) medicines must be in the original container. A separate form is required for **each medicine**.

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given.</b> <i>For example:</i> <i>One tablet</i> <i>One 5ml spoonful</i>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	

### Duration of medication

<b>Please specify how long your child needs to take medication for</b>	
<b>Are there any possible side effects that the school should be aware of? If yes, please list them here.</b>	
<b>I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.</b>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p> <p style="text-align: center;">Not applicable</p>

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

I give my permission for an authorised staff member to administer the OTC medicine to my son/daughter during the time he/she is at school. 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 no longer needed.

I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.

I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.

I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.

The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	

## Appendix 8 - Parental/carer consent to administer a prescribed medicine

All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.

A separate form is required for **each medicine**.

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given.</b> <i>For example:</i> <i>One tablet</i> <i>One 5ml spoonful</i>	
<b>Date dispensed</b>	
<b>Expiry date</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	

### Duration of medication

<b>Please specify how long your child needs to take medication for</b>	
<b>Are there any possible side effects that the school should be aware of? If yes, please list them here.</b>	
<b>I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.</b>	<p>Yes</p> <p>No</p> <p>Not applicable</p>

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

I give my permission for an authorised staff member to administer the OTC medicine to my son/daughter during the time he/she is at school. 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 no longer needed.

I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.

I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.

I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.

The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	

<b>Date:</b>				
<b>Time Given:</b>				
<b>Dose Given:</b>				
<b>Name of Staff:</b>				
<b>Staff Initials:</b>				

<b>Date:</b>				
<b>Time Given:</b>				
<b>Dose Given:</b>				
<b>Name of Staff:</b>				
<b>Staff Initials:</b>				



## Workplace Health & Safety Risk Assessment



**School:** Jennett’s Park CE Primary School    **Date:**

**Job or Work Activity being Assessed:** Example – Broken leg, in removable cast with reduced mobility

List the Hazards?	Who might be harmed & how?	What are you already doing to lower risks?	Any further action needed?	Action by Whom?	Action by?	Done

**Risk Assessment by:**

**Signature:**

Read and agreed by	Signature	Date
Parents		
Class teacher		
Class support		
Child		
Family Support Worker		

