

## **FIRST AID AND MEDICATION POLICY**

The provisions in this policy apply to all aspects of the school including EYFS, Breakfast and After School Clubs, Holiday clubs, trips and extra-curricular clubs.

This policy has been written with due regard to the DfE's document "Guidance on First Aid". It should be read in conjunction with the school's Health and Safety Policy.

### **Aims**

Richmond House School is committed to ensuring the highest standard of care possible is available to all members of the school community. We aim to provide immediate first aid care in order to promote safety and wellbeing.

### **Roles and Responsibilities**

It is the responsibility of all pupils to alert a member of staff about any injury or accident and to seek first aid assistance for themselves or for others.

It is the responsibility of all staff to ensure they follow the guidance in this policy in dealing with sick or injured children, staff or visitors. When dealing with injuries, it is everyone's responsibility to complete the accident forms and/or bumped head notes and report these to the office. It is everyone's responsibility to alert the office if any first aid supplies need replenishing.

It is the responsibility of the School Administrator, to ensure the first aid boxes are maintained and well stocked. Regular checks should take place over the course of the year. The office will keep a file of all accident report forms which includes a record of all first aid administered to pupils or staff. Head bump forms are completed by staff for a child to take home and the office will also send a text home with any head bump form issued. Two members of the office staff attend the extended offsite course, all other office staff attend the onsite training course. Under the guidance of the Bursar, the office will contact RIDDOR/HSE as appropriate.

It is the responsibility of the Bursar to organise staff training, and with the school administrator, to keep a record of this.

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

It is the responsibility of the Head Teacher to ensure that the guidance in the First Aid Policy is understood by all staff and to monitor its implementation efficacy. The Head Teacher is also responsible for the review of the first aid policy.

### **Record Keeping and Reporting Accidents**

In accordance with HSE and RIDDOR recommendations, the following major accidents must be reported if they injure either the school's employees during an activity connected with work, or a self-employed person whilst working on the premises;

- Accidents resulting in death or major injury
- Accidents which prevent the injured person from doing their normal work for more than five days

Following any significant accident in school including all head injuries to children, an accident report form should be completed by the member of staff who dealt with the incident and handed to the school office. A bumped head note should be completed which is sent home to parents accompanied by a text or phone call where needed. These forms are kept in the accident file which is kept in the school office and maybe used to help the school identify any accident trends, to identify first aid needs, or used for any insurance or investigation purposes.

### **First Aiders in School**

The Health and Safety (First Aid) Regulations 1981 require trained First Aiders to be present in the workplace. There will always be at least one trained first aider on site during the school day, including at least one person who is trained in Paediatric First Aid for children in EYFS. There will be at least one qualified first aider accompanying any school trip. All staff who work in Early Years attend a 2 day Paediatric First Aid Course. There is always a member of staff with suitable First Aid training during the school day. Staff dealing with incidents should ensure the supervision of other children is not compromised whilst they administer any necessary treatment and additional staff support should be summoned when required.

The School has at least two members of staff who have completed Suitable First Aid at Work training courses. The main duties of the first aiders are to

- Give immediate help to actualities with common injuries
- When necessary, ensure an ambulance or other professional help is called
- Keep a record of all first aid and inform parents when necessary.

In addition, all teachers and teaching assistants undergo an “Emergency First Aid at work” one day training course. This training helps staff to cope with an emergency and improves their confidence in knowing what to do. It does not give qualified First Aider status. Those staff who regularly work with children in EYFS receive Paediatric training every three years.

In addition, on the point of offering and acceptance of a place for children with particular medical conditions, information is collated as part of this process and will be communicated to staff. Specific and specialist training will be given to staff as is deemed necessary. This covers conditions such as Epilepsy, Asthma, Diabetes and Anaphylaxis.

### **First Aid Resources in School**

The School has a First Aid room next to the school office. There is a locked First Aid cabinet that holds basic medication for pupils and staff. Specific medication sent in by a parent is stored in the cabinet or in the fridge in the office. Specific medication should be accompanied by a form completed and signed by a parent detailing the medicine, dosage and frequency. The key to the cabinet is held in the First Aid room, kept out of reach of children. The fridge also contains cold packs. Spare medication for pupils who suffer from a particular condition is also stored in the First Aid Cabinet. Pupils with conditions such as asthma, maybe responsible for their own medication if they are deemed responsible enough by the school and parents.

First Aid kits for off site activities are also kept in the first aid room and these are collected by the person in charge of the trip/visit. It is the responsibility of the office to keep these kits replenished, but the user should also check the kit before taking it off site and alert the office of any issues regarding the contents of these kits.

**First Aid kits are located in the Office, each mini bus, Pavilion, Gym, Dining Room, Nursery, Reception 1 and Reception 2, Science/ DT room, Art room, Staff room, Upper School, kitchen, Yurt, and the Red Brick Pavilion. If they are stored in a cupboard, they are clearly marked with a red cross.**

All items used in the treatment and clearing up of slippage must be disposed of safely, either in the yellow cabinet in the First Aid room for sharp or contaminated products, or using the toilet or washbasin. In cases of sickness, sand is available and the caretaking staff should be made aware immediately so any areas can be cleaned thoroughly.

**An Automated External Defibrillator is located on the wall in the School Office. This can be used with adults and children.**

### **Accidents and Emergencies**

All staff have a duty of care to assist a child or adult suffering an injury or accident.

Step 1 – to deal with the casualty, be patient and calm and to administer first aid as appropriate. Do not apply lotions or creams just use water to wash.

Step 2 – if further treatment required, send the patient to the First Aid room at the school office, accompanied by another pupil or member of staff. If patient is unable to go to the First Aid room, the office should be called and a First Aider should go to the patient.

Step 3 – the decision to call an ambulance will vary from case to case. The First Aider will decide whether to seek further help and/or call an ambulance. Staff are strongly advised to call an ambulance if

- The casualty appears not to be breathing, having chest pains or struggling for breath
- They have a severe injury which is bleeding profusely and cannot be stopped with direct pressure on the wound
- The casualty is unconscious or unaware of what is going on around them or experiencing weakness, numbness or difficulty in speaking
- The child has a fit for the first time even if they seem to recover from it later, or someone has a fit or seizure for longer than 3 minutes.
- The casualty has a severe allergic reaction; administer the Adrenaline auto injector (if they have one) and then phone the ambulance.
- The casualty has suffered a burn that needs a dressing.
- The Casualty has fallen from a height or been hit by something travelling at speed and may have suffered a spinal injury.

Call 999, give the school address and postcode **170, Otley Road, Leeds, LS16 5LG**. The back entrance to the school is **LS16 5NJ**. The Office should be informed as soon as an ambulance has been called to ensure the most appropriate person is waiting to direct the ambulance on arrival.

In these circumstances, the next of kin is informed immediately. Details of a child's GP should be taken from their file and given to the member of staff who accompanies the child to the hospital.

### **Other Injuries at School**

All injuries and accidents are reported using the accident forms and kept in the accident file in the office. All children who bump their head will be given a Head Bump note to take home and a text home to also alert of the bump. As a courtesy to parents and to avoid shock on collection, any injury

to the head, face or something unusual (for example a bite) should be reported to the parents even if no further action is required

### **Hygiene in School**

All staff are advised to take precautions to avoid infection and must follow basic hygiene procedures. Single use disposable gloves are kept in first aid kits and the First Aid room. Soiling – children will be given clean items and directed to a private place to change their garments. Help may be given to the youngest children. Soiled clothing will be placed in a plastic bag for home laundering. On occasions, parents may be asked to collect their child from school. (See Intimate Care Procedures)

### **Sickness, Diarrhoea and other Infectious diseases**

The Health Protection Agency Guidelines state that *“ All cases of diarrhoea and/or vomiting should be regarded as potentially infectious and should normally be excluded from work, school or other settings until 48 hours after the person is free from diarrhoea and/or vomiting. ”*

If a child has been sent home for diarrhoea or vomiting, they must remain at home until 48 hours after the last episode of illness. Regarding illness and infections, staff should follow the Government Guidance on infection control in schools and other childcare settings. Any child suspected of having an infectious or contagious disease whilst attending school will be isolated and the parents will be informed and asked to collect the child.

Any infectious diseases or parasites discovered at the school will be notified to parents and an email or a text will be sent to alert all parents and staff as soon as possible from discovery/notification.

Regarding illness and infections Richmond House School follows the government guidance on infection control within a school environment. [Public health guidance on infection control](#)

### **Allergies/ Dietary needs**

All children with any special dietary needs are recorded on SIMS and a list is kept in the school office and in the dining room. Children wear badges which are kept in the dining room when having lunch.

### **Anaphylaxis**

The school aims to protect the children at risk by using the following procedures

- Parents should provide an up to date Allergy action plan for their child. It is the parents' responsibility to ensure their son/daughters AAI's have not expired and that the allergy action plan is up to date. (see end of policy for allergy action plans)
- A consent form for treatment is signed by parents
- It is recommended that a child has two AAI's with in the school
- The AAI's are kept securely in an unlocked cupboard in the first aid room in the main office of the school. They are clearly marked with the name of the child and expiry date.
- The School endeavours to be a nut free environment .The school catering team provide nut free products in all school meals.-Children are not permitted to bring into school or take on school trips any products containing nuts.

Awareness of anaphylaxis is promoted through school and used in staff training as required.

## **Procedures in the event of an anaphylactic reaction**

- 1 Ask someone in the office to:
- 2 Dial 999 and call an ambulance, giving the pupil's name and informing them that he/she is suffering an Anaphylactic Reaction
- 3 Alert the Office to ensure they organise a member of staff to wait for the ambulance to arrive and direct them to the casualty
- 4 Call the pupil's parents and inform them
- 5 Staff will follow the child's allergy action plan administering the Adrenaline auto injector as directed
- 6 A second dosage will be given after 5 minutes if the ambulance has not arrived and his/her condition has not improved.

## **The Adrenaline auto injector treatment**

A member of staff in each year group and on any trip will have been trained in how to use the adrenaline auto-injector. Staff should follow the allergy action plan found in each child's auto-injector box which is kept on the shelf in the first aid room, or taken out on any trip/visit.

## **Medication**

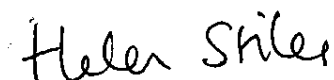
- All oral medication should be handed in to the school office, providing clear instructions for administering. Only prescribed medication by a doctor, dentist nurse or pharmacist can be administered by the school.
- A "Prescription Medicine in school" form must be completed and signed by the parent, and the medicine, in its original packet/container, must be marked with the child's name and given to the Office staff.
- The form teacher will be informed so that the child can be sent to the Office at the appropriate time for the medication.
- Paracetamol (Calpol) will be administered by the Office staff to children in Year 1 and above. Parents are asked to complete a 'permission slip' when the child starts school. This slip is held on record with the child's file. If Calpol is to be administered, parents will be telephoned to ensure that the child has not already had a dose and to ask for permission. If the school is unable to seek permission, if your child has been in school for more than four hours, the Office staff will refer to the permission slip and follow up with a telephone call.
- Children in Nursery and reception will not be given Calpol unless specific written consent is given on the day it is required.
- All creams and lotions have to be handed into the Office on arrival into school, with the child's name clearly labelled. Children must apply the creams themselves wherever possible.
- Sun Cream should be applied at home and we strongly recommend once-a-day cream. Sun cream brought into school should be labelled and handed into the form teacher, who will remind children to apply at lunchtime. Nursery staff will administer the child's own sun cream to Nursery children, upon receiving written authorisation from parents.

- All cuts and bruises should be cleaned with water only.
- Individually wrapped sterile adhesive dressings are safe to use **provided** that they are **not** used on anyone who may suffer an allergic reaction to certain types of plaster. Hypoallergenic plasters should be used. First aiders **must** establish whether the person requiring treatment has such an allergy. If so, an alternative dressing, ie a non-allergic sterile plaster or dressing should be used.
- Dressings should be used sparingly. **In most cases, cleaning cuts with water alone will suffice.**
- A list of those children known to have an adverse reaction to plasters is posted on the inside of the cupboard where the plasters are kept and on the pavilion first aid trolley.
- All inhalers should be clearly labelled and are kept in the school medical room. Children who are capable of administering their own inhaler can carry an additional one on their person.
- All Adrenaline auto injectors/ventilators are ~~be kept in a safe place~~ are securely kept in an unlocked cupboard in the First Aid room accompanied ~~by a letter~~ by an Allergy action plan from the parents stating exactly when and how they are to be administered. Children requiring an Adrenaline auto injector have their own pen in a box in the first aid room. Photographs of children that require an Adrenaline auto injector, can be found in the first aid room, on the first aid trolley in the Pavilion, in the dining room and staff room.
- All medicines to be kept in the First Aid Cupboard in the First Aid Room, or in the fridge. Medicines will be administered by office staff or teaching or assistant staff, as appropriate. However, it is the responsibility of the form teacher to ensure that the child “appears” in the office at the correct time for administration of the medication. Staff administering medicines must complete the bottom section of the medication form.


### Children with Individual Health Care Needs

For children with specific health care needs, the school follows the procedures and advice from the DfE, ‘Supporting Pupils at school with Medical Conditions, 2015’. [Supporting Pupils at School with Medical Conditions](#) Parents are asked to inform the school with sufficient and up-to-date information on their child’s medical needs. The Headteacher will organise a meeting with parents and other relevant staff to discuss the child’s medical support needs and agree on an Individual Health Care Plan as appropriate.

**A review of this policy, through the Governing Body and the SLT is undertaken within 3 years of the last review date.**



Signed (Headteacher):



Signed (Chair of Governors):

**Policy Reviewed February 2020**

## **Associated Documents**

Health and Safety Policy

Intimate Care Procedures

Procedures for Supporting pupils with medical conditions

**Appendix 1 Accident Form**  
**ACCIDENT FORM**

Child's Name:.....Form:.....

Date: ..... Time: ..... Signed: .....

Incident .....

Treatment .....

Location .....

Health and Safety issue Y/N Reason .....Ref No .....

Head Bump form issued Y/N

Parents informed Y/N

.....**Appendix 2**

**Head Bump Note**

**HEAD BUMP**

**Child's Name:** .....

**Form:** .....**Date:** ..... **Time:** ..... **Signed:** .....

Unfortunately, your child received a bump on the head. Below are notes for your guidance:

- 1 Your child should be watched carefully for 24 hours. They may be allowed to sleep but, in the first two hours after injury, should be roused every 30 minutes.
- 2 After this time, check every three hours, including through the night. The child should merely be roused to open their eyes and move their limbs.

Any child

- having a fit
- becoming difficult to rouse
- vomiting repeatedly
- complaining of a headache
- showing a weakness of an arm or leg

**SHOULD BE TAKEN TO HOSPITAL**



**Appendix 3 Medicine form**

**PRESCRIPTION MEDICINE IN SCHOOL**

**Pupil name:** ..... **Form**..... **Date**.....

**Name of medicine to be administered:** .....

Please note: MEDICINES MUST BE IN THE ORIGINAL CONTAINER. MEASURING SPOONS etc MUST BE PROVIDED.

Please complete every section:

**Dosage**.....

**Time of administering**.....

Any other information you feel is relevant.....

.....

Please read carefully and tick all relevant sentences before signing:

I confirm that this medication has been prescribed by my child's general practitioner, hospital doctor or dentist, or purchased over the counter.

I confirm that my child has taken this medicine before without adverse effect.

I understand that the medicine will be administered by staff who are not medically qualified.

I give my consent for the above medication to be administered according to the instructions given above.

<b>Signature:</b> ..... ..... <b>FOR OFFICE USE ONLY</b>			
<b>Date</b>	<b>Amount</b>	<b>Time</b>	<b>Signature</b>

## Appendix 4 Health Care Plan

# HEALTHCARE PLAN FOR (name)

Name of school

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date


## Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-  
indications, administered by/self-administered with/without supervision

Daily care requirements

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Plan developed with

Form copied to

## Action Plan

Who is responsible for providing support in  
school

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Plan developed with

Staff training needed/undertaken – who, what, when

**Appendix 5** Action Plan for Medical/Health Care

Action Plan for Health/Medical Care

Who is responsible for providing support in school

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

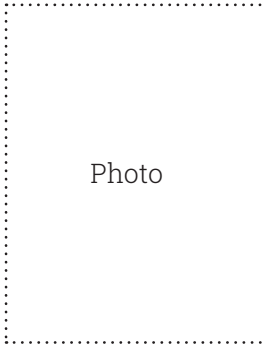
Plan developed with

Staff training needed/undertaken – who, what, when

This child has the following allergies:

Name: .....

DOB: .....



## ● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

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

- |  |  |   |
|--|--|---|
| <p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |
|--|--|---|

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

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
  - 
  - 
  -
- 2 Use Adrenaline autoinjector without delay** (eg. Emerade®) (Dose: ..... mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")  
**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

### ● Mild/moderate reaction:

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

#### Action to take:

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

(If vomited, can repeat dose)

- Phone parent/emergency contact

### Emergency contact details:

1) Name: .....



2) Name: .....



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

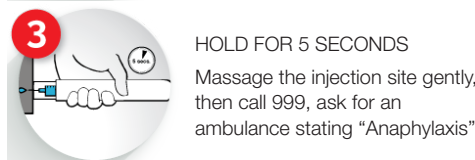
Signed: .....

Print name: .....

Date: .....

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

### How to give Emerade®



### Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

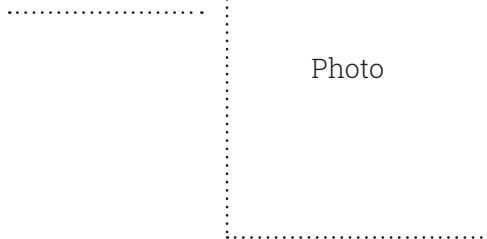


Date: .....

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_



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- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
  - 
  - 
  -
- 2 Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: ..... mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")  
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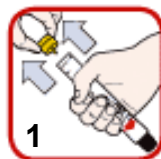
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### How to give Jext®



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



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



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



**4**  
REMOVE Jext®. Massage injection site for 10 seconds

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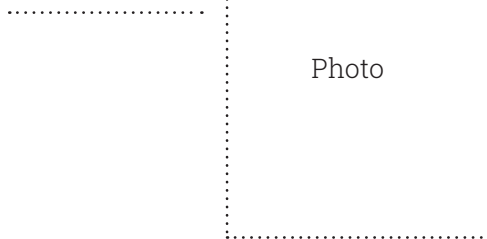
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- **Give antihistamine:**

(If vomited, can repeat dose)

- Phone parent/emergency contact

### Emergency contact details:

1) Name: .....



2) Name: .....



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

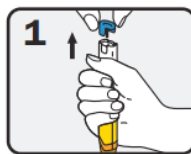
Signed: .....

Print name: .....

Date: .....

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

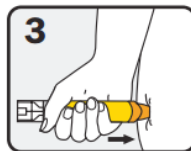
### How to give EpiPen®



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



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



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

### Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....



Date: .....

This child has the following allergies:

Name: .....

DOB: .....




Photo

## ● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

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

- |  |  |   |
|--|--|---|
| <p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |
|--|--|---|

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

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)  



- 2 Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- 4** Commence CPR if there are no signs of life
- 5 Stay with child** until ambulance arrives, **do NOT stand child up**
- 6** Phone parent/emergency contact

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

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

**Mild/moderate reaction:**

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

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**  
 ..... (If vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name: .....



2) Name: .....



Additional instructions:

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

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

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at [bsaci.org](http://bsaci.org)

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at [guidance.nice.org.uk/CG116](http://guidance.nice.org.uk/CG116)

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....



Date: .....