

	<p><b>Medical Policy</b> (includes: First Aid in Schools; Supporting pupils with medical conditions; Children with health needs who cannot attend school)</p>
<p><b>Last reviewed:</b> December 2025</p>	<p><b>Next review:</b> December 2026</p>
<p><b>Linked Governor:</b> Peter Shell</p>	<p><b>SLT Member:</b> Andrea West</p>

## Context

**Ashlyns School is an inclusive community that aims to welcome and support students with medical conditions.**

Ashlyns School understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.

### 1. Aims

We aim to provide all children with medical conditions the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school

Ashlyns School aims to include all students with medical conditions in all school activities (both school based and out of school). All staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

Ashlyns School understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

### 2. Consultation

**Ashlyns School's medical policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.**

These key stakeholders include:

- School First Aid Administrator (referred to as Matron)
- School Business Director
- Head Teacher
- Teachers

- SEND (Inclusion) co-ordinator
- Members of staff trained in first aid
- School governors

### **3. How the policy is communicated**

**The medical policy is supported by a clear communication plan for staff, parent/carers and students to ensure its full implementation**

Parent/carers are informed about the medical policy:

- at the start of the school year when communication is sent out about healthcare plans
- when their child is enrolled as a new student
- via the school's website, where it is available all year round

School staff are informed and reminded about the medical policy:

- at scheduled medical conditions training
- in the staff room, where it is available all year round
- all supply staff and temporary staff are informed and regularly reminded about the school's medical policy

### **4. Staff trained in first aid**

**First aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.**

First aid trained staff are aware of the medical conditions at this school and understand their duty of care to students in an emergency. In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.

First aid trained staff who work with groups of students at this school know what to do in an emergency for the students in their care with medical conditions. Training is refreshed for all staff at least once a year for anaphylaxis and at least yearly to first aid trained staff for diabetes, asthma and seizures.

Action for staff to take in an emergency for asthma, epilepsy, anaphylaxis and diabetes is displayed in the staff room

### **5. Emergency procedures**

**All staff at Ashlyns School understand the school's general emergency procedures, including:**

- how to contact emergency services and what information to give
- to contact a first aid member of staff or admin staff at the front of the school

Action to take in a general medical emergency is displayed in prominent locations for staff including the staff room, admin areas and classrooms.

All children with a long term medical condition at this school have an Individual Healthcare Plan (IHP) which explains what help they need in an emergency.

The school has a procedure in place so that a copy of the student's IHP is sent to the emergency care setting with the student. On occasions when this is not possible, information on it is communicated to the hospital as soon as possible.

If a student needs to be taken to hospital, a member of staff will accompany them if parent/carers are unavailable. The school will ask the parent/carer to meet the ambulance at the hospital's casualty department. Staff should not take students to hospital in their own car unless covered by adequate insurance.

The Inclusion co-ordinator and First Aid Administrator are the first point of contact for liaison with regard to students with known medical conditions.

## **6. Administration of medication**

### **6.1 Administration of emergency medication**

- All students at this school with medication have easy access to their emergency medication.
- All students are encouraged to carry their own emergency medication, when their parents/carers and healthcare specialist determine they are able to start taking responsibility for their condition, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971.
- Emergency inhalers for students diagnosed with asthma are located in the medical room. All staff and parent/carers understand that emergency inhalers are only administered to students diagnosed with asthma and who have a '**Consent to administer emergency salbutamol inhaler**' form filled in and signed by their parent/carer.
- Parents/carers of students with asthma understand that emergency inhalers are for use on the rare occasion that their child is not able to access their own inhaler and are not a substitute for carrying their own medication.
- The First Aid Administrator is responsible for keeping a list of consenting students alongside the emergency inhalers. Parents/carers will be informed if their child has needed to use the school's salbutamol inhaler.
- Emergency epipens are available for students that have been diagnosed with a severe allergy and have been prescribed an epipen. The emergency epipen is for use in the unlikely event that a student's epipens have gone missing or malfunctioned. A '**Consent for Use of Emergency Epipen**' should be completed and signed by their parent/carer.

### **6.2 Administration-general**

- All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is done under the supervision of staff trained in managing medication.
- Ashlyns School understands the importance of medication being taken as prescribed.

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- Staff trained in managing medication are able to administer medication. These staff members are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to students.
- Training is given to all staff members who agree to administer medication to students, where specific training is needed. The local authority provides full indemnity.
- Staff will not give medication (prescription or non-prescription) to a child under 16 without a parent/carer's written consent via the **Request to Store Medication Form (MED 1)** or the **Pain Relief Consent Form**, available from the school's website and filled in on enrolment. Parents/carers will give a verbal consent, before medication is administered.
- When administering medication, for example pain relief, a trained member of staff will check the maximum dosage and when the previous dose was given. Students under 16 will not be given aspirin unless prescribed by a doctor.
- All staff attending off site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- If a student refuses their medication, staff record this and inform parents/carers as soon as possible.
- Parents/carers at this school understand that they should notify the school immediately if their child's medication changes or is discontinued, or the dose or administration methods change.
- If members of staff trained in managing medicine or a child's specific medical condition are not available during off site activities, alternative arrangements will be made. This is always addressed in the risk assessment for off site activities.
- If a student misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

## 7. Storage of medication and related equipment

### 7.1 Safe storage-emergency medication (inhalers, Epipens, diabetes and epilepsy care)

- Emergency medication is readily available and not locked up to students who require it at all times in the Medical Room.
- If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available in the Medical Room.
- Students know exactly where to access their emergency medication.

### 7.2 Safe storage non-emergency medication (hay fever relief, paracetamol, ibuprofen)

- All non-emergency medication is kept in a lockable cupboard in the medical room. Students with medical conditions know where their medication is stored.
- Staff ensure that medication is only accessible to those for whom it is prescribed.

### 7.3 Safe storage general

- The First Aid Administrator ensures the correct storage of medication at school.
- All emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name and dose of the medication and the frequency of the dose in its original box. This includes all medication that the students carry themselves. The school will not accept or administer decanted liquids.
- Some medication at Ashlyns may need to be refrigerated. All refrigerated medication is stored in a fridge, clearly labelled in the medical room.
- Parents/carers are asked to collect all medication/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. It is the parent/carer's responsibility to ensure their child's medication is in date.

#### **7.4 Safe disposal**

- Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from their child's GP or paediatrician on prescription and are responsible for the safe disposal of them.
- Sharps boxes are kept in the medical room. Parents/carers will provide a sharps box to accompany a child on off-site visits.
- Hertfordshire County Council is the first point of contact for the disposal of sharps boxes not belonging to a student.
- Parents/carers are asked to collect all out of date medication. If parents/carers do not collect out of date medication it is taken to a local pharmacy for disposal.

### **8. Record Keeping**

Parents/carers at this school are asked if their child has any medical conditions on the enrolment form and this information is recorded on Arbor

#### **8.1 Healthcare plans**

This school uses an IHP (Individual Healthcare Plan) to record important details about individual student's medical needs including their triggers, signs, symptoms, medication and other treatments. These IHPs are kept in their file, the medical room and with their medication.

The IHP is developed with the student (where appropriate), parent/carer, First Aid Administrator, West Herts school nurses, school staff, specialist nurse (where appropriate) and relevant healthcare services. A template is available in the medical room. The IHP is written in collaboration with all parents/carers of students with a long term medical condition at;

- the start of the school year
- upon enrolment
- when a diagnosis is first communicated to the school

If a student has a short term medical condition that requires medication during school hours, a '**Consent to store medication**' form is sent home for completion.

Parents/carers are regularly reminded to inform the First Aid Administrator if their child has a medical emergency, if there have been changes to their symptoms or their medication or treatments change. This is to ensure IHPs can be updated accordingly.

## **8.2 School Healthcare Plan register**

Healthcare plans are used to create a centralised list of students with medical needs. The First Aid Administrator has the responsibility for updating this register. IHPs are also kept in the staff room, medical room and with a student's emergency medication. We ensure that all staff protect student's confidentiality.

## **8.3 Use of healthcare plans**

Healthcare plans are used by this school to:

- inform the appropriate staff about the individual needs of a student with a medical condition in their care;
- identify common or important triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of triggers;
- ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency;
- inform the school of training requirements. This school makes sure that all staff providing support to a student have received suitable training and ongoing support, to make sure that they have the confidence to provide the necessary support and that they fulfil the requirements set out in the student's IHP. This should be provided by a specialist nurse/First Aid Administrator/other suitably qualified healthcare professional and/or the parent/carer. The specialist nurse/First Aid Administrator/other suitably qualified healthcare professional will confirm their competence. An up to date record of all training undertaken is kept in the first aid folder in the medical room and updated by the First Aid Administrator.

## **8.4 Residential visits**

Parents/carers are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up to date information about the student's current medical conditions and overall health. This includes information about medication not normally taken during school hours. This information will be taken by the relevant staff member on visits and for all out of hours school activities where medication is required. These are accompanied by a copy of the student's IHP.

The school meets with the student (where appropriate), parent/carer, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements or training that may be needed. This is recorded in the student's IHP which accompanies them on the visit.

All parents/carers of students with a medical condition attending a school trip or overnight trip are asked for consent, giving staff permission to administer medication at night or in the morning if required.

### **8.5 Other record keeping**

The First Aid Administrator keeps an accurate record of each occasion an individual student is given, or supervised taking, medication. Details of the supervising member of staff, student, dose, date and time are recorded.

## **9. Accessibility Plan - Supporting pupils with medical conditions.**

**Ashlyns School has a school Accessibility Plan which ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

The school is committed to providing a physical environment accessible to students with medical conditions and students are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

The school makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's Anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

The school understands the importance of all students taking part in physical activity and that all relevant staff make reasonable adjustments to physical activity sessions to make sure they are accessible to all students. This includes out-of-school clubs and team sports.

All relevant staff are aware that students should not be forced to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising and how to minimise these. The school makes sure that students have the appropriate medication/equipment/food with them during physical activity.

The school makes sure that students with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

Staff will refer students with medical conditions who are finding it difficult to keep up educationally to the Learning mentors or Inclusion Coordinator, who will liaise with the student (where appropriate), parent/carer and the student's healthcare professional.

A risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of students with medical conditions are considered

during this process and plans are put in place for any additional medication, equipment or support that may be required.

Staff is aware of the potential for students with medical conditions to have special educational needs & disabilities (SEND). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the Inclusion Coordinator (INCo). The school's INCo consults the student, parents/carers and student's healthcare professional to ensure the effect of the student's condition on their school work is properly considered.

**Please see the Accessibility Plan for further information.**

**Please see Appendix 1 for information on students with health needs who cannot attend school**

## **10. Reducing risks**

Ashlyns School is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- The school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- Staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual student's triggers and details how to make sure the student remains safe throughout the whole school day and during out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of students with medical needs.
- The Senior Finance & Operations Manager reviews all medical emergencies and incidents to see how they could have been avoided, and if necessary suggests changes to school policy and/or procedures according to these reviews.

## **11. Roles and responsibilities**

**Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical policy.**

This school works in partnership with all relevant parties including the student (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the medical policy at this school. These roles are understood and communicated regularly.

## **Employer**

Ashlyns School has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- make sure the medical policy is effectively monitored and evaluated and regularly updated
- provide professional indemnity to staff who volunteer to administer medication to students with medical conditions

## **Head Teacher**

Ashlyns School's head teacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including students, school staff, Inclusion coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parent/carers and governors
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using student's healthcare plans
- ensure student confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply staff and new teachers know the medical policy
- update the medical policy at least once a year according to review recommendations and recent local and national guidance and legislation

## **All school staff**

All staff at Ashlyns School have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the medical policy
- know which students in their care have a medical condition
- allow all students to have immediate access to their emergency medication
- maintain effective communication with parents/carers including informing them if their child has been unwell at school

- ensure students who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of students with medical conditions who may be experiencing bullying or need extra social support
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed

### **Teaching staff**

Teachers at this school have a responsibility to:

- be aware that medical conditions can affect a student's learning and provide extra help when students need it
- liaise with parents/carers, the student's healthcare professional and Inclusion Coordinator if a student is falling behind with their work because of their condition

### **First Aid Administrator**

The First Aid Administrator at Ashlyns School has a responsibility to:

- update the school's medical policy
- organise regular training for school staff in managing the most common medical conditions in school
- provide information about where the school can access other specialist training
- ensure Healthcare Plans are completed and reviewed annually
- administer medication to students as prescribed

### **First aiders**

First aiders at this school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- when necessary ensure that an ambulance or other professional medical help is called

### **Inclusion coordinators**

The Inclusion Coordinator at this school has a responsibility to:

- help update the school's medical condition policy
- know which students have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or coursework

## **Local doctors and specialist healthcare professionals**

Individual doctors and specialist healthcare professionals caring for students who attend this school, have a responsibility to:

- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the student and their parents/carers)

## **Students**

The students at this school have a responsibility to:

- treat other students with and without a medical condition equally
- tell their teacher or nearest staff member when they are not feeling well
- let a member of staff know if another student is feeling unwell
- treat all medication with respect
- know how to gain access to their medication in an emergency
- ensure a member of staff is called in an emergency situation

## **Parents/carers\***

The parents/carers of a student at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date IHP for their child
- inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name in its original container
- ensure medication is within expiry dates
- ensure plentiful supply of snacks and drinks for diabetic students
- collect and dispose of any expired medication
- provide sharps boxes if needed and collect and dispose of them
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional

\*The term 'parent/carer' implies any person or body with parental responsibility such as foster parent/carer

**The medical policy is regularly reviewed, evaluated and updated by the First Aid Administrator, governors and head teacher. Updates are produced every year.**

## **Appendix 1 - Students with health needs who cannot attend school**

### **Key Links:**

- [HCC's Support for Children unable to attend school due to impact of medical condition](#)
- [Education support for Medical Absence \(ESMA\)](#)
- [ESMA Teaching Service Leaflet](#)

### **Early identification of students whose attendance has been affected**

- All staff take responsibility for the identification of the children/young people who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the Attendance Officer, Heads of Year and the Inclusion Coordinator and overseen by the Designated Safeguarding Lead (DSL - Dave Beattie) and key staff identified.
- All staff will support the DSL to establish, where possible, the amount of time a student might be absent and identify ways in which the school can support the student in the short term
- The DSL will have the responsibility for liaising with the Local Authority (ISL), parents or carers and various agencies where the students are too ill to attend school.
- Students are not penalised for their attendance if their absences relate to their medical condition.

### **Referrals – if a referral to the Local Authority (ISL) is required**

- The DSL will discuss a referral to ISL with the parents/carer, completing a Hertfordshire Service Request Form identifying the reason for support with supporting medical evidence from the parent/carer.
- Where students with long-term and recurrent conditions are absent, ISL will be informed and medical evidence secured. Identified school staff will communicate with other parties, attend reviews and facilitate communication between the student, the school and ISL.

### **Inclusion Room**

The Inclusion room is a specific facility in the school to assist any student struggling to achieve a full-time timetable. This includes those students unable to attend school due to medical reasons. The inclusion room can provide bespoke timetables to suit the individual student's needs and will aim to increase attendance as the student's health improves.

The Inclusion room will facilitate a student's work and access to the curriculum in a supportive and incremental way. The Inclusion team will liaise with the student, parents/carer and any external services.

### **Reintegration**

The school recognises the key role it can play in ensuring successful reintegration of students returning after a period of illness. We will provide support, together with ESMA staff, to assist a smooth reintegration back into school. We will work in partnership with parents, HCC and medical staff, to ensure a flexible approach to meeting the student's needs. We will involve the young person's peers to ensure they support the student's reintegration. We will consider exempting students from the full range of National Curriculum arrangements on a temporary basis whilst they re-adjust to normal school life.

### **Public Examinations**

The school will implement procedures for ensuring that students who are unable to attend school for medical reasons have access to public examinations, possibly as external candidates, and applications for special arrangements are made to the awarding bodies where appropriate and with advice from a medical professional.

### **Involvement of the Student**

The school will ensure that students who are unable to attend school because of medical needs are kept informed about school social events, and extracurricular activities. This will enable such students to participate, for example in homework clubs, study support and other activities. We will encourage contact with peers through visits, cards and e-mails where possible and will ensure that all procedures and arrangements take account of students' views.

### **Pregnant Schoolgirls and Schoolgirl Mothers**

The school will refer pregnant girls at any age to ESMA in order to make sure appropriate support (e.g. teaching, childcare) is available if needed. The student will remain in school for at least 29 weeks and longer if she is fit and 4 Education of Students Absent Due to Medical Reasons able to do so. If it is agreed that an alternative short term placement out of school is required this will be supported in the same way as a child with medical needs. The same curricular and exam liaison procedures will apply.

### **Appendix 2 - Form 1**

#### **First Aid and Medical Room**

First aid boxes are located in the medical room, Reception, PE office and the sports hall and with all first aid trained members of staff.

A defibrillator is located in the main Reception on the wall by the board room stairs, the Sports Centre, Paul Beard Centre, Old Year Seven Playground - Maths side, New Year Seven Playground - Science side.

The First Aid Administrator ensures that first aiders have a current certificate and that new persons are trained should first aiders leave.

If a student is unwell or injured at school they should go to the medical office, where the First Aid Administrator will provide first aid and advice. Wherever possible, the student is encouraged to go back into lessons after a short time in the Medical Room.

If a student is not well enough to stay in school, the First Aid Administrator will arrange for him/her to go home by making direct contact with his/her parent/carer. Please note that students should **not** telephone their parents/carer themselves.

Please note that if a student is unwell with vomiting or diarrhoea he/she should wait for 48 hours after symptoms have disappeared before returning to school.

If a student suffers from a chronic long-term illness or complaint such as asthma, serious allergy, diabetes or epilepsy, or is recovering from a short term illness and requires antibiotics or regular pain relief, it may be necessary for prescribed medicines to be administered in school.

In all instances when prescribed medicines or regularly required non-prescription medicines need to be administered at school, the parent/carer must complete a **Request for School to Store Medication Form (MED1)**, which is available from the school office or our website, and provide their own medication including regular paracetamol and ibuprofen.

Medicines must be in the original packaging with the dispensing label and instruction leaflet. We cannot accept decanted liquids or tablets not in their original packaging.

Paracetamol and/or ibuprofen may occasionally be provided for students who need pain relief to enable them to stay in school. We keep a small supply of these in the medical room. Although we will always call a parent/carer to ask if they want their child to receive pain relief, we will not give a non-prescribed medicine to a student unless there is specific prior written permission from the parent/carers. If you have not already signed the **Consent to give medication** form in your child's admission pack a downloadable copy is available from the main Reception or the school website.

**If you have any questions please contact the First Aid Administrator on 01442 863 605 ext 2239 or email [admin@ashlyns.herts.sch.uk](mailto:admin@ashlyns.herts.sch.uk) .**

## **Appendix 2 – Form 2**

### **Emergency inhalers**

The school has chosen to hold an emergency salbutamol inhaler for use by students who have been prescribed a reliever inhaler and for whom written consent for its use has been obtained by the parent/carer.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360585/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_October\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting students with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school holds a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written consent is sought for the use of the emergency inhaler from the parent/carer. Where consent is received the use of the emergency inhaler will be included in the student's IHP.

Parents/carers will be informed if their child has used the emergency inhaler.

The school's First Aid Administrator ensures this protocol is followed. Appropriate support and training has been provided in line with the school's policy on supporting students with medical conditions.

## **Appendix 2 – Form 2a**

### **Emergency Auto-Injectors**

The school has chosen to hold emergency auto-injectors for use by students who have been prescribed an auto-injector and for whom written consent for its use has been obtained by the parent/carer.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of adrenaline Auto-Injectors in schools.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

The use, storage, care and disposal of the Auto-Injectors will follow the school's policy on supporting students with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency Auto-Injectors in schools.

The school holds a register of children prescribed an inhaler and this list is kept with the emergency auto-injector

Written consent is sought for the use of the emergency auto-injector from the parent/carer. Where consent is received the use of the emergency inhaler will be included in the student's IHP.

Parents/carers will be informed if their child has had to use the auto-injector.

The school's First Aid Administrator ensures this protocol is followed. Appropriate support and training has been provided in line with the school's policy on supporting students with medical conditions.

## **Appendix 2 – Form 3**

### **Asthma awareness for school staff**

#### **HOW TO RECOGNISE AN ASTHMA ATTACK**

The signs of an asthma attack are:

- persistent coughing (when at rest)
- a wheezing sound coming from the chest (when at rest)
- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- nasal flaring
- unable to talk or complete sentences. Some children will go very quiet.
- the student may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

#### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

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

#### **What to do in the event of an asthma attack:**

- Keep calm and reassure the student.
- Encourage the student to sit up and slightly forward.
- Use the student's own inhaler – if not available, use the emergency inhaler if they have written consent.
- Remain with the student while the inhaler and spacer (if they use one) are brought to them.
- Immediately help the student to take 1 -2 puffs of their inhaler every 30-60 seconds for up to 10 puffs.
- Stay calm and reassure the student. Stay with the student until they feel better. The student can return to school activities when they feel better.

- Parents/carers must always be told if their child has had an asthma attack.
- Dial 999 or 112 for an ambulance if the attack is severe and one of the following occurs
  - The Inhaler has no effect
  - They become exhausted
  - The casualty is getting worse
  - Breathlessness makes talking difficult
  - Monitor and record the casualty's vital signs until help arrives
  - If there is a delay of more than 15 minutes repeat taking 1-2 puffs every 30-60 seconds up to 10 puffs..

## Appendix 2 – Form 4

### Epilepsy awareness for school staff

#### Complex partial seizures (often called petit mals or absences)

##### **Common symptoms:**

- not being aware of their surroundings or of what they are doing
- plucking at their clothes
- smacking their lips
- swallowing repeatedly
- wandering around

Ring Reception and ask for a first aider to come to the student stating their name.

##### **Call 999 for an ambulance if...**

- you know it is the person's first seizure
- the seizure continues for more than five minutes
- the person is injured during the seizure
- you believe the person needs urgent medical attention

##### **Do...**

- guide the person from danger
- stay with the person until recovery is complete
- be calmly reassuring

##### **Don't...**

- restrain the person
- act in a way that could frighten them, such as making abrupt movements or shouting at them
- assume the person is aware of what is happening, or what has happened
- give the person anything to eat or drink until they are fully recovered
- attempt to bring them round
- explain anything that they may have missed

#### Tonic-clonic seizures

##### **Common symptoms:**

The person may:

- go stiff
- lose consciousness
- fall to the floor

**Do...**

- call Reception for first aid stating the name of the casualty
- protect the person from injury (remove harmful objects from nearby)
- cushion their head
- look for an epilepsy identity card/identity jewellery
- aid breathing by gently placing the person in the recovery position when the seizure has finished
- stay with them until recovery is complete
- be calmly reassuring
- call the parents/carers

**Don't...**

- restrain the person's movements
- put anything in their mouth
- try to move them unless they are in danger
- give them anything to eat or drink until they are fully recovered
- attempt to bring them round

**Call 999 for an ambulance if...**

- you know it is the person's first seizure
- the seizure continues for more than five minutes
- one seizure follows another without the person regaining consciousness between seizures
- the person is injured
- you believe the person needs urgent medical treatment

## **Appendix 2 - Form 5**

### **Anaphylaxis awareness for school staff**

#### **ACTION PLAN FOR ALLERGIC REACTIONS**

##### **Mild to moderate Allergic Reaction symptoms:**

- tingling in the mouth
- swelling of lips, face, eyes
- hives or itchy skin rash
- breathlessness and coughing

##### **ACTION**

- call Reception and ask for a first aid stating allergic reaction and the child's name
- stay with child and monitor
- check child's care plan if they have one
- give antihistamine if child carries it or holds it in main Reception
- give inhaler if child carries it or holds it in main Reception
- call parent/carer / emergency contact
- WATCH FOR SIGNS OF ANAPHYLAXIS (life threatening allergic reaction)

##### **Anaphylaxis (severe life threatening reaction) symptoms:**

##### **AIRWAY:**

- difficulty / noisy breathing
- swelling of tongue
- swelling / tightness in throat
- difficulty talking and / or hoarse voice

##### **BREATHING:**

- difficult or noisy breathing
- wheeze or persistent cough

##### **CONSCIOUSNESS:**

- loss of consciousness or collapse
- persistent dizziness / pale and floppy

##### **ACTION:**

- call 999 and state anaphylaxis
- send a student or member of staff to Reception to collect 2nd Epipen, defibrillator and to call parent/carers
- If a student is conscious, keep them in an upright position to aid breathing. If unconscious then place in the recovery position
- If a student is conscious and alert, ask them to self-administer their Epipen. If the student is unconscious, a trained member of staff is to administer Epipen as per training. Record time of giving
- if no improvement within 5 minutes then a 2nd Epipen to be administered (or emergency epipen) if available
- keep used Epipens and give to paramedics when they arrive
- COMMENCE CPR IF THERE ARE NO SIGNS OF LIFE

## Appendix 2 - Form 6

### Diabetes awareness and treatment for staff

#### What is diabetes?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and if untreated, losing consciousness.

There are two conditions associated with diabetes - **hyperglycemia** (high blood sugar) and **hypoglycaemia** (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

#### First aid aims

##### **Hypoglycemia**

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

##### **Hyperglycemia:**

- Lower blood sugar. Monitor children for ketones.
- Get casualty to hospital if necessary

#### Hypoglycaemia (commonly referred to as a 'hypo')

##### **Causes of a hypo:**

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- sometimes no obvious cause

##### **Common symptoms:**

- hunger
- saying "I'm having a hypo"
- trembling or shaking

- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness

**DO:**

- stay with the child-do not make them walk anywhere or leave them unattended
- get them to check their sugars and if under 4 mmol immediately give something sugary such as one of the following:
  - ✓ a glass of Lucozade, coke or other non-diet drink **or**
  - ✓ three or more glucose tablets **or**
  - ✓ a glass of fruit juice **or**
  - ✓ five sweets, e.g. jelly babies **or**
  - ✓ GlucoGel (spare stored in the Medical Room)

(The exact amount needed will vary from person to person and will depend on individual needs and circumstances. Check their care plan if they are carrying it or send for it from Reception).

- get the student to check their bloods again after 15 minutes. If still under 4mmols something sugary should again be given as above.
- repeat bloods again after a further 15 minutes

**If the student is unconscious:**

- do not give them anything to eat or drink and call for an ambulance stating “diabetic coma”.
- call student Reception for the child’s **emergency Glucagon injection** (this should either be administered immediately by a trained member of staff or handed to emergency services)
- contact the child’s parents/carers (Reception)
- send for the defibrillator.
- commence CPR if the child is unconscious and not breathing.

**Hyperglycaemia**

If a student’s blood glucose level is high (over 10 mmol/l) and stays high.

**Common symptoms:**

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision

**Do:**

- check the student's care plan and call the student's parent/carer who may request that extra insulin be given (a student may feel confident to give extra insulin themselves)
- **call 999 if the following symptoms are present, then call the parent/carers:**
  - ✓ deep and rapid breathing (over-breathing)
  - ✓ vomiting
  - ✓ breath smelling of nail polish remover.
- send for the defibrillator
- commence CPR if the student is unconscious and not breathing

Source: Diabetes UK

## **Appendix 2 - Form 7**

**Head Injury** - Treatment from staff, if a student is well enough to stay in school a PARS alert must be sent to the teachers of said student, giving them the information of a student with a head injury.

All head injuries should be reported to parents/carers.

What to do?

Sit the casualty down, give a cold compress to hold against injury. If scalp wound, apply direct pressure

### **Call 999/112 for an ambulance if it is a Severe Head Injury**

Regularly monitor and record vital signs, breathing, pulse and level of response.

Is casualty alert?

Are his eyes open and does he respond to questions? Simple questions/obey commands?

Does he respond to voice?

### **Concussion (Brain being shaken inside the skull, results in bleeding causing pressure to build up inside the skull and damage brain tissue)**

- Response might be impaired
- Possible scalp wound
- Dizziness and nausea
- Dilated pupils
- Headaches
- Confusion
- Loss of memory

### **Severe Head Injury**

- Increasing drowsiness
- Persistent headache
- Confusion, dizziness, loss of balance and/or loss of memory
- Difficulty speaking
- Difficulty walking

- Vomiting episodes after the injury
- Double vision
- Seizure go to Appendix 1 form 4.

Source St Johns Ambulance