



ST MARY'S SCHOOL HAMPSTEAD

First Aid and Medicines POLICY

September 2019

Reviewed September 2019
Next Review Date: September 2020

MISSION STATEMENT

St Mary's School seeks to provide an education firmly founded on Christ and the Catholic Faith.

Spiritual and moral principles are nurtured in a way that is reflected in daily life.

Within a happy and caring environment and based on the recognition of the dignity and worth of each child, high standards are expected and pursued. Intellectual development is emphasised and fostered along with the pursuit of academic excellence.

St Mary's values the unique contribution of every child within the school community.

St Mary's aims to encourage an active partnership between home, school, parish and the wider community.

INTRODUCTION

This policy sets out the First-Aid and Medicines arrangements implemented at St. Mary's School, Hampstead including the EYFS. It should be considered in conjunction with the other key policies of the school which ensure the health, welfare and safety of its pupils, employees, staff, and all those on the premises at all times. Regard has been given to the following regulations, guidance and frameworks:

EYFS Statutory Framework

ISI Inspection Standards

DfE – Guidance On First Aid For Schools

DfE – Health and Safety: Advice on Legal Duties and Powers.

RESPONSIBILITIES

The Trust ('The Employer') is responsible, under the Health and Safety at Work Act 1974, for making sure that the School has a Health and Safety policy (H&S) which should include arrangements for First Aid. Previously, the written guidance for First- Aid and Medicines has been included in the H&S Policy but are now elaborated upon in this separate document so as to be fully compliant.

The Governing Body, in particular the Health & Safety Committee, have the responsibility of developing policies based on the specific needs of the school. Regular reviews are made to ensure provision is appropriate and adequate.

The Headmistress and Bursar are responsible for putting the Governing Body's policy into practice and for developing detailed procedures. These policies are made available to staff and parents and all those using the premises at any time.

The Headmistress and SMT are responsible for making the necessary risk assessments to ensure adequate and appropriate provision is available.

Teachers and other school staff:

As stated in the DfE guidance on 'First Aid for Schools':

"Teachers' conditions of employment do not include giving first-aid. However, Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency. "

APPOINTED PERSON and FIRST AIDERS

The Appointed Person for the school are: **Mrs Jane Kent and Mrs Sara Gibbins**

The Appointed Person will:

- 1) take charge when someone is injured or becomes ill.
- 2) ensure that an ambulance or other professional medical help is summoned when appropriate

The School Secretary is a **qualified First Aider**, who, as well as administering basic first-aid:

- Takes responsibility for first-aid equipment (restocking first-aid boxes etc.) and record keeping.
- Co-ordinates with the Headmistress (or in her absence a member of the SMT) to ensure that an ambulance or other professional medical help is summoned when appropriate.
- Works with the Headmistress, Bursar and SMT when risk assessing the First Aid needs of the school.

QUALIFIED FIRST AIDERS & EYFS PROVISION & TRAINING

It is the policy of the School that as many staff as is practicable are trained on a regular basis in First Aid so ensuring that there is a First Aider present during all on and off-site school activities and allowing for the absence of staff due to illness or leave. The level and type of training given reflects the varying levels of responsibility and regulatory requirement.

The main duties of a First Aider are to:

- 1) Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- 2) When necessary, ensure that an ambulance or other professional medical help is called.

A first aider (paediatric first aid for EYFS pupils) will accompany pupils on visits out of school

Staff are trained at least every three years and complete an approved HSE course.

The training courses are child specific and, to meet regulatory requirements for EYFS, Paediatric First Aid training (12 hr course) is given to at least one member of staff.

Whole school / group or individual training is also given, on a regular basis, for such aspects as administering Epipens and Anaphylaxis and any more specialised care that may be required to meet pupil needs.

Lists of First Aiders are updated on a regular basis and are made available in the:

1) Staffroom

2) Sick Bay

FIRST AIDERS-ST MARY'S SCHOOL 2019

Paediatric First Aid Trained – 2 Day course, 12 Hours Name	Role	Qualification Expires:
Amanda Jennings	Head of EYFS	Nov-21
Ruby Pananpa	Classroom Teacher	Jan-22
Marika Tham	School Registrar	Feb-21
Louise Shaer	Early Years Practitioner	May-20
Peta Harrison	Early Years Practitioner	Mar 22
Janna Tarto	Early Years Practitioner	May 21

Johana Boquera Pasmin	Playground Supervisor	Feb-22
Sarah Halley	Early Years Practitioner	Oct-19
Charlene Clarke	Early Years Practitioner	Feb-20
Jane Kent	School Receptionist	Mar-20

**Emergency First Aid Trained
– 1 Day course, 6 Hours
Name**

Role	Qualification Expires:	
Elizabeth Cooritz	Class Teacher	Sep-20
Pamela Day	Class Teacher	Sep-20
Sara Gibbins	Bursar	
Nicky Eaglesham	Class Teacher	Sep-20
Christine Edwards	Early Years Practitioner	Sep-20
Nasrin Eshghi	Early Years Practitioner	Sep-20
Stacie Farren-Owens	Early Years Practitioner	Sep-20
Tunjay Fehmi	Class Teacher	Sep-20
Romona Greene Bacchus	Early Years Practitioner	Sep-20
Helen Griffiths	Class Teacher	Sep-20
Katherine Halbert	Class Teacher	Sep-20
Matthew Halsall	Class Teacher	Sep-20
Peta Harrison	Early Years Practitioner	Sep-20
Joy Hsu	Librarian	Sep-20
Hannah Jarrett	Headmistress' PA	Sep-20
Ian Jeffery	Class Teacher	Sep-20
Cathy Keane	SENCO	Sep-20
Jane Lowe	Learning Support HLTA	Sep-20
Caroline Norman	Teaching Assistant	Sep-20
Ruby Panapa	Class Teacher	Sep-20
Eleni Demetriou	After School Care Coordinator	Sep-20
Eileen Sciacaluga	Class Teacher	Sep-20
Louise Shaer	Early Years Practitioner	Sep-20
Francesca Summerfield	Learning Support Teacher	Sep-20
Agnes Szelei-Kiss	Peripatetic Music Teacher	Sep-20
Jaana Tarto	Early Years Practitioner	Sep-20
Norah Wellbelove	Teaching Assistant	Sep-20
Amy Thompson	Finance Officer	Sep-20

First Aid Boxes

- First aid boxes will be provided in areas of the school where accidents are considered most likely
- A first aid box will also be taken when pupils leave the school on organised trips or participate in sports events.
- First aid boxes will be replenished as necessary
- The contents of a first aid box will be in accordance with the guidance given in HSE document "Basic advice on first aid at work" INDG 347

Defibrillator

There is a Defibrillator (Automatic) located in the Sick Bay. This is checked regularly (and checks recorded) by the Bursar and Premises Manager to ensure that the pads are in date and that it is fully charged and operational.

The following employee completed Defibrillator training on 21st August 2019:
Harriet Connor Earl - Headmistress

The following employees had Defibrillator training on 17 March 2015:

Amanda Jennings – EYFS
Cathy Keane – Learning Support
Antonia Fletcher - Nursery
Romona Greene – EYP

Whilst training is advisable, anyone can use the Defibrillator in a time of emergency as it automatically gives prompts and guidance when in use.

Adrenalin Auto-Injectors (AAI/ “Epipens”)

AAI are located in the grey cabinet on the wall of the School Secretary’s Office, marked ‘Epipens’. The cupboard is unlocked so that the Epipens can be accessed swiftly in an emergency. All Epipens have been given to the School by parents/carers who have given written permission for use. Epipens are taken with the school staff escorting the relevant child when going to off-site PE or on trips.

Salbutamol Inhalers (“Asthma Pumps”)

Asthma Pumps are located in the cupboard within the Sick Bay. They are taken with the school staff escorting the relevant child when going to off-site PE or on trips.

RECORD KEEPING

All accidents, whether or not they result in injury, should be reported to the Headmistress or in the case of her absence, to the Deputy Head /SMT. Staff responsible for witnessing an accident should write a full report in the School Accident Book which is kept in the Sick Bay (and outside in the playground). If a pupil is injured, the Form Teacher should be informed if she/he is not already aware.

The School Secretary, after consulting the Headmistress, (or SMT) should contact the parents or emergency home contact and inform them that an accident has occurred and if the child has been taken to hospital, give the address and telephone number. If a member of staff is injured, the Headmistress should contact the closest relative and follow the same procedure as for a pupil.

An investigation should be made to try and establish causes and careful consideration be given to remedial measures.

Following a serious accident or incident a formal investigation will be carried out by the Headmistress together with another member of the Senior Management Team and Premises Manager.

Procedure following day to day accidents:

The following should always be asked and answers recorded fully in the school accident book. This must be clearly signed.

- i) Where did the accident take place?
- ii) When did the accident happen?

- iii) Who was injured? (Give full name and class)
- iv) Nature and location on body of injury
- v) Who else was involved?
- vi) Who witnessed the accident?
- vii) What was the injured person doing at the time of the accident?
- viii) Were there any relevant environmental factors?
- ix) Were protective measures available and appropriate? Were they used? If not why not?
- x) Was there supervision in force?
- xi) Was a defect or design fault in the premises involved?
- xii) What first aid was given (note times, observations and whether parents have been called etc.)?

The amount of time and effort put into an investigation should be proportional to the potential severity of the consequences of a recurrence, not to the severity of injury in the case itself. All work related accidents and illnesses and reportable diseases will be reported (RIDDOR) when appropriate by the Headmistress, Bursar or Premises Manager [see below]

The School Secretary will inform parents and carers by telephone of all incidents / accidents and unwellness even if it is of a minor nature. For all accidents / incidents where a pupil sustains a head injury, parents or carers are informed by telephone and asked to collect his / her son or daughter as soon as is practicable.

All data is recorded, stored and used in an appropriate manner as required under Data Protection legislation. Accident Books are archived for at least 3 years.

The information collected is used not only as a record of an event, but can be used to help minimize and manage risk. Accident statistics can indicate the most common injuries, time, locations and activities at a particular site. These can be a useful tool in risk assessment, looking at trends and highlighting areas to focus upon and so tailoring first –aid provision. It is also essential for insurance and investigative purposes.

REPORTING INCIDENTS – RIDDOR

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. This applies to employees, pupils, staff and visitors to the school.

The School must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of event; personal details of those involved and a brief description of the nature of the event or disease.

Accidents that must be reported are:

- 1) if employee or self-employed people while working on the premises has;
 - Accident resulting in death or major injury (including as a result of physical violence); or
 - Accident which prevent the injured person from doing their normal work for more than three days
- 2) if someone who is not at work, eg a pupil or visitor has accident in which:
 - the person involved is killed or taken to hospital; and

- the accident arises out of or in connection with the work activity.

For definitions of major injuries, dangerous occurrences and reportable diseases see HSE Information sheet below.

The School must also report, in writing, any cases of work related ill health affecting your employees that a doctor notifies you about. Fatal and major injuries and dangerous occurrences must be reported without delay (e.g by telephone) and then followed up, within 10 days by a written report using Form 2508 (this can be done on-line).

MEDICINES

This includes: Over the counter medicines, prescription medicines and homeopathic remedies.

When children are unwell, the best place for them is at home with an adult. A sick child will not be able to cope with school activities and if the illness is infectious there will be a serious risk of other children and staff becoming ill.

Occasionally, a doctor regards a child fit to return to school provided prescribed medicine is taken. There are also children with long term illness who can only attend school if medication is either given during the school day or is available in an emergency. A small proportion of epilepsy sufferers require drugs at midday and children suffering with asthma or anaphylaxis need prescribed medication urgently in an attack. There are legal implications involved when agreeing to dispense drugs and therefore the following rules must be observed:

- i) The parent must be responsible for providing written consent together with the medicine in question in the pharmacist's original container with information leaflet enclosed, clearly labelled with the child's name and directions for administration and for replenishing supplies if necessary.
- ii) The medicine must be kept under lock and key with one designated member of staff (the School Secretary) being responsible for administering dosage. (Grey cabinet in School Secretary's Office and cupboards & fridge in Sick Bay)
- iii) Unused medicine should be returned to the parent, who should arrange for safe disposal at the chemist.
- iv) When a pupil suffers from any disease or any medical need all members of staff who may come in contact with the child will be made aware of the problems and of any limitations / precautions that need to be applied to the child's activities and what to do in an emergency.
- v) All asthma sufferers are supplied with the appropriate reliever with their name and dosage clearly marked on the label. The School also holds its own spare Salbutamol inhaler.
- vi) Pupils suffering from anaphylaxis are supplied with two Epipens and other medication (such as Piriton). The School also holds its own spare Epipens.

A list of pupils with specific medical needs is recorded in the staff room and sick bay medical cabinet.. Care should be taken to ensure that this data is used in an appropriate manner. Staff must ensure that they know the particular needs of their pupils. All cover staff are shown the specific medical information relating to the children in their care when they receive their induction on arrival at School Any relevant medical information for each pupil can be found on SIMS. It is also displayed in the staff room. Individual Health Care Plans can be found in the file in the first aid room cupboard and a copy is provided to the class teacher. All Epipens also have a copy of the Individual Health Care Plan stored with them.

The staff body and relevant persons are circulated electronically with the pupil dietary and medical needs on a regular basis and this list is reviewed and updated by the School Secretary and Deputy Headteacher.

A written log is kept by the School Secretary noting when, what and what dosage of medicine has been administered to any pupil together with written consent documentation. EYFS pupils are highlighted in yellow.

Parents/carers of children in the EYFS are told on the same day when medicine/treatment is administered at pick up or by a telephone call.

This file is kept in the School Secretary's Office. These records are kept for a minimum of 25 years, and are then securely destroyed.

Staff Medicines

Employees must ensure that personal medication is kept out of reach of pupils at all times. Medication must be locked in personal lockers or kept in the staffroom / pigeon holes.

Any member of staff with more complex medical needs / chronic conditions will be risk assessed and arrangements made where necessary.

ARRANGEMENTS FOR INDIVIDUAL PUPILS

Pupils with chronic conditions or complex needs have individual protocol sheets describing how their conditions need to be treated or regime the pupil requires. The protocol sheets are contained within the trays where their individual medical equipment is stored.

HYGIENE & DEALING WITH SPILLAGES OF BODILY FLUIDS

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Single-use disposable gloves are always available in the sick bay (wall mounted dispenser) and in all first aid boxes and additional gloves are sited in the EYFS toilets and Premises Manager.

Care should be taken when dealing with blood or other body fluids and disposing of dressings or equipment.

All contaminated materials must be disposed of in the Hazardous Waste Bin located in the sick bay.

Personal Hygiene (Pupils and Staff):

The DfE/DoH guidance contains the following advice:

- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild liquid soap.
- Rub hands together vigorously until soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered.
- Rinse hands under warm running water and dry with a hand dryer or clean paper towel.
- Discard disposable towels in a bin
- Encourage use of handkerchiefs when coughing and sneezing.
- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable dressings.

The School ensures that toilet areas are kept clean throughout the day and a midday cleaner is employed to clean the main toilet blocks (staff and pupil) so keeping hygiene standards high. There is a detailed cleaning regime at the end of the day whereby desks, door handles and other high-use areas are disinfected on a regular basis.

Pupils are taught the importance of hygiene as part of their day-to-day routines.

Cleaning up body fluid spills / Injuries:

The DfE/DoH guidance contains the following advice:

- Spills of body fluids: blood, faeces, nasal and eye discharge, saliva and vomit must be cleaned immediately
- When cleaning, always wear disposable gloves, disposable apron and take care not to get any of the fluid that is being cleaned up in one's eyes, nose, mouth or any open sores, cuts or abrasions.
- Clean and disinfect any surfaces on which body fluids that have been spilled.
- Ensure cuts and open wounds are covered with a waterproof dressing and if contaminated should be washed with copious amounts of soap and water, cleaned and dressed.
- Discard fluid-contaminated material, along with the gloves worn in the Hazardous Waste bin.
- Mops and buckets used to clean up body fluids should be cleaned in a cleaning equipment sink (not kitchen sink), rinsed with disinfecting solution and dried and stored appropriately. Ensure that contaminated clothing is hot laundered (minimum 60°C)

The Premises Manager maintains a stock of equipment dedicated for this type of cleaning including 'Spill Dry Powder' which quickly absorbs the contaminant, is bacteriostatic (kills germs) and instantly deodorises. Protective equipment is also available in the sick bay.

At all times staff must ensure that the privacy and dignity of a pupil is maintained. If a pupil needs to be changed then they can be taken to the sick bay where appropriate equipment is sited. If a pupil is very soiled, there is a shower available and other appropriate washing facilities in the sick bay. Parents must be called to gain permission before the latter takes place and staff should not work alone under these circumstances.

CONTRACTORS / Small and Large Maintenance Projects

All contractors working on site are made aware of the First-Aid arrangements for the School. This is highlighted in the induction paper-work that must be signed by the Contractor before work commences or formal contract for the larger maintenance and building works.

REASSESSMENT OF FIRST-AID PROVISION & Revision of Policy

The Senior Leadership and Senior Management Teams will regularly review the school's first-aid needs to ensure the provision is adequate. This policy is reviewed on a regular basis by the Governors.

GUIDANCE SHEETS (see below)

RIDDOR – HSE Guidance

Instructions for Use: EpiPen / Anaphylaxis Symptoms (Allergic Reaction)

REFERENCES Used / FURTHER GUIDANCE & READING:

NUT – Hygiene Control in Schools – Oct 11
QGP Ltd AM9 Example First Aid Policy
ISBA – Guidance on First Aid Policy – March 2010
Medical Officers of Schools Association (MOSA) – Guidance
DfE – Supporting Pupils At School With Medical Conditions – Sep 2014
DfE – Guidance on First Aid for Schools – Feb 2014

HSE information sheet Incident-reporting in schools (accidents, diseases and dangerous occurrences)
Some incidents that happen in schools, or during education activities out of school, must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). These Regulations require employers and other people to report accidents and some diseases that arise out of or in connection with work. This information sheet gives practical advice to schools on what they need to report and how to do it.

Who should report?

The duty to notify and report rests with the ‘responsible person’. This may be the employer of the injured person; a self-employed person; or someone in control of the premises where work is carried out. See the HSE website <http://www.hse.gov.uk/services/education> for more information on who the employer is in different types of schools.

What needs to be reported?

Under RIDDOR you must report the following work related accidents, including those resulting from physical violence, if they injure either your employees, or self-employed people working on your premises:

- accidents which result in death or major injury must be reported immediately (see ‘Reportable major injuries’ below); and
- accidents which prevent the injured person from continuing at his/her normal work for more than three days must be reported within ten days.

You must also report, in writing, any cases of work related ill health affecting your employees that a doctor notifies you about (see ‘Reportable diseases’ below).

Dangerous occurrences are specified events which may not result in a reportable injury, but have the potential to do significant harm. A full list is given in *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (see ‘Useful HSE publications’ for details).

Reportable major injuries

These include:

- fracture other than to fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to:
 - hypothermia, heat-induced illness or unconsciousness;
 - resuscitation or requiring admittance to hospital for more than 24 hours;
 - loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;

- either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment; or
- loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Reportable diseases

These include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis /acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such occupational cancer; certain musculoskeletal disorders; decompression illness; and hand-arm vibration syndrome.

Who do I report to?

All accidents, diseases and dangerous occurrences may be reported to the Incident Contact Centre (ICC). The ICC is a single point of contact for receiving all RIDDOR-reportable incidents in the UK.

You can report incidents by any of the following routes:

- Telephone: 0845 300 9923
- Internet: by completing the relevant form on the ICC website at <http://www.riddor.gov.uk/reportanincident.html>
- E-mail: riddor@natbrit.com
- Form F2508: by completing the relevant hard copy form and sending it to:

Incident Contact CentreCaerphilly Business ParkCaerphillyCF83 3GG

Fax: 0845 300 9924

The ICC will forward details of incidents to the local HSE office.

What about pupils and other people who are not at work?

You need to report an accident that happens to someone who is not at work, eg a pupil or visitor, if:

- the person involved is killed or taken to hospital; and
- the accident arises out of or in connection with the work activity.

Like fatal and major injuries to employees, you must notify these accidents by following the procedures given above.

How do I decide whether an accident 'arises out of or is in connection with work'?

An accident will be reportable if it is attributable to:

- work organisation (eg the supervision of a field trip);
- plant or substances (eg lifts, machinery, experiments etc);
- the condition of the premises.

What about sports activities?

Accidents and incidents that happen in relation to curriculum sports activities and result in pupils being killed or taken to hospital for treatment are reportable.

Playground accidents

Playground accidents due to collisions, slips, trips and falls are not normally reportable unless they happen out of work or in connection with work, eg because of:

- the condition of the premises or equipment;
- inadequate supervision.

What records must I keep?

You must keep a record of any reportable death, injury, disease or dangerous occurrence for three years after the date on which it happened. This must include the date and method of reporting; the date, time and place of the event; personal details or those involved; and a brief description of the nature of the injury, event or disease.

Where can I find out more?

You can find full details of accident-reporting requirements in *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* and *RIDDOR explained: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations* (see below). See also website <http://www.riddor.gov.uk/>

Useful HSE publications

A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 L73 (Second edition) HSE Books 1999 ISBN 0 7176 2431 5

RIDDOR explained: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Leaflet HSE31(rev1) HSE Books 1999 (single copy free or priced packs of 10 ISBN 0 7176 2441 2)

RIDDOR reporting: What the Incident Contact Centre can do for you! Leaflet MISC310(rev1) HSE Books 2002

Preventing slip and trip incidents in the education sector

Education Information Sheet EDIS2 HSE Books 2003

Workplace (Health, Safety and Welfare) Regulations 1992: Guidance for the education sector IACL97 (single copy free or in priced packs of 15, ISBN 0 7176 1049 7)

Document source HSE: Published by the Health and Safety Executive EDIS1(rev1) 06/05

INSTRUCTIONS FOR USE OF EpiPen:

INSTRUCTIONS FOR USE

EpiPen Auto-Injector: ENSURE THAT THE EpiPen is in date

- Grasp EpiPen® in dominant hand, with thumb closest to grey safety cap
- Pull off grey safety cap (Fig. 1)
- Jab black end of the EpiPen® firmly into outer thigh, through clothing if necessary (Fig. 2)
- Hold in place for 10 seconds (Fig. 3)
- Remove EpiPen® from outer thigh
- Massage injection area for 10 seconds
- Ensure EpiPen® is disposed of safely as the needle will be exposed (Fig. 4)
- Each EpiPen® can only be used once

BE PREPARED: Administer a second EpiPen Auto-Injector after 5-10 minutes if patient does not respond or original symptoms return.

Actions:

- 1) CALL 999 – ask for an ambulance and explain that you have a child / adult who has had an allergic reaction requiring an EpiPen and that it is an emergency case of anaphylaxis (ana-fi-lax-is).
- 2) Contact parent or Carer
- 3) Lay the child flat and raise legs (if breathing is difficult, allow to sit but do not stand)
- 4) If the child has not improved in 5-10 minutes, give second EpiPen injection.

Note // children who have an EpiPen at school will also have other drugs and inhalers to be used during a reaction. This is often the first line of medication when a reaction is mild or moderate / start of a reaction but is also used in between administering EpiPens. These drugs can include: antihistamines and salbutamol inhalers and steroids etc. SEE INDIVIDUAL PUPIL PLANS where appropriate.

Symptoms of Anaphylaxis:

Mild to Moderate allergic reaction:

- swelling of lips, face, eyes
- hives or welts (rash, blotches can be itchy)
- abdominal pain, vomiting

Anaphylaxis (Severe allergic reaction):

- difficulty / noisy breathing
- swelling of tongue
- swelling / tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and / or collapse
- pale and floppy (young children)

GUIDANCE FOR THE USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOLS ADDENDUM TO SUPPORTING PUPILS WITH MEDICATION NEEDS

The purpose of this addendum to *Supporting Pupils with Medication Needs* is to notify schools that from 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows primary and secondary schools in the UK to keep a salbutamol inhaler for use in emergencies.

The policy contained within *Supporting Pupils with Medication Needs* recommends that as well as the reliever inhaler the child or young person should bring daily to school, all parents should provide a spare inhaler to the school. The change in legislation is not a change to this policy and schools can continue to implement existing practices if they wish.

The change in legislation will allow an emergency salbutamol inhaler to be used if the pupil's prescribed inhaler and spare inhaler are not available (for example, because they are broken, or empty) and will broaden the choices open to schools as part of the pupil's wider asthma management plan. There is no compulsory requirement for schools to hold an inhaler for emergency use – this is a discretionary power enabling schools to do this if they wish.

Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler. The protocol can be incorporated into the wider medical conditions policy detailed in *Supporting Pupils with Medication Needs*.

The protocol should include the following –:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medication needs.

- Keeping a copy of the asthma register with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's medication plan.
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medication needs.
- Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

Supporting Pupils with Medication Needs already covers elements of the emergency inhaler protocol, for example ensuring appropriate support and training for teachers, arrangements for storage, care and disposal of medication, ensuring written consent for administration or supervision of administration of medication, keeping a record of administration of medication, and informing parents in relation to children's own inhalers, and therefore any protocol could simply be expanded to cover the emergency inhaler. Any school which chooses to hold an emergency inhaler may wish to consider including a cross-reference to the asthma policy in the school's policy for supporting pupils with medication needs. The use of an emergency asthma inhaler should also be specified in a pupil's individual medication plan where appropriate.

Arrangements for the supply, storage, care and disposal of the inhaler supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them. Inhalers cost approximately £4 each and spacers approximately £10 each.

The emergency kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);

- a list of children permitted to use the emergency inhaler as detailed in their individual medication plans;
- a record of administration (i.e. when the inhaler has been used).

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit. The experience of some respondents to the 2014 consultation on guidance for asthma inhalers for emergency use suggested a stock of 5 spacers would be adequate for a typical school.

Salbutamol

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

In a case where salbutamol is administered inadvertently to a child who has not been prescribed an inhaler no serious harm should occur. Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Storage and care of the inhaler

A school's asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that if possible two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach and
- replacement inhalers and spacers are available following use.

Schools will wish to ensure that the emergency inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.

The emergency inhaler and spacers should be kept separate from a child's own inhaler (which they should carry with them) and their spare inhaler (which for Primary Schools should be stored in a nearby location to the pupil preferably the child's individual classroom and a central unlocked room for Post Primary schools). The emergency inhaler should also be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs).

To avoid possible risk of cross-infection, the plastic spacer and inhaler should not be reused.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste

carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>

Children who can use an inhaler

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;

AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's medication plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Supporting Pupils with Medication Needs has recommended all schools should keep an asthma register. The asthma register is crucial as in larger schools and secondary schools in particular, there may be many children with asthma, and it will not be feasible for individual members of staff to be aware of which children these are (in primary settings, where a teacher has responsibility for a single class each year this is more reasonable). Consequently, schools should ensure that the asthma register is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered. A school may wish to include – with parental consent - a photograph of each child, to allow a visual check to be made.

The school should seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency. A draft consent form is at Annex A. As part of the school's asthma policy, when the emergency inhaler is to be used, a check should be made that parental consent has been given for its use, in the asthma register, which will enable staff to quickly check whether a child is able to use the inhaler in an emergency

Consent should be updated regularly – ideally annually - to take account of changes to a child's condition.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. *Supporting pupils with Medication Needs* requires written records to be kept of medicines administered to children.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Annex B may be used to notify parents.

Staff and Training

Within *Supporting Pupils with Medication Needs* there is no contractual responsibility for staff to administer medicines to pupils. Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so.

Staff who volunteer to help administer an emergency inhaler will fall under the term “designated member of staff” and this implies that they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school’s asthma policy as someone to whom all members of staff may have recourse in an emergency.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. *Supporting Pupils with Medication Needs* recommends that all staff, particularly PE teachers, should have training or be provided with information about asthma once a year.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>
Children with inhalers will also be able to demonstrate to their teacher how they use it; the school nurse may also be able to advise on appropriate use.

Useful links

For convenience both hot links and full URLs are given below.

Supporting Pupils with Medication Needs, (Department of Education, Department of Health, Social Services and Public Safety, 2008)

http://www.deni.gov.uk/index/support-and-development-2/special_educational_needs_pg/special_educational_needs-supporting_pupils_with_medication_needs-2.htm

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>
Access to Education and Support for Children and Young People with Medical Needs (Welsh Assembly Government Circular No: 003/2010, May 2010)

<http://wales.gov.uk/topics/educationandskills/publications/guidance/medicalneeds/?lang=en>

The Administration of Medicines in Schools (Scottish Executive, 2001),

<http://www.scotland.gov.uk/Publications/2001/09/10006/File-1>

Asthma UK Website

<http://www.asthma.org.uk/>

Education for Health

<http://www.educationforhealth.org>

School Asthma Cards

<http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals>

NHS Choices, Asthma in Children

<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

NICE Quality Standard

<http://publications.nice.org.uk/quality-standard-for-asthma-qs25>

Children and Maternal Health Intelligence Network

<http://www.chimat.org.uk/>

Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

Annex A

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

St Mary’s School, Hampstead

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and the school also holds a spare inhaler prescribed for my child.
3. In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are 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:

Annex B

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today at o'clock. This happened when.....(description of

what student was doing at the time and where he/she was)

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

The inhaler used was (please tick box that applies)

Pupil's own prescribed inhaler

Pupil's own prescribed spare inhaler

School's emergency inhaler

Number of puffs given.....

Additional information **(if emergency inhaler was used please give reason why the pupil's own or spare inhaler was not accessible).**

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

Yours sincerely,