

First Aid & Medical Policy (ISI 13a)

This Policy covers EYFS

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First Aid & Medical Policy (ISI 13a)	
Administration of Medicines (ISI 13d)	
Health and Safety Policy (ISI 11)	

Reviewed by: Head of Boarding
Applicable to: All Staff

Reviewed: January 2020



Please note that due to the current situation with **COVID-19**, in addition to this policy, the School is adhering to the following government guidance:

- *Avoiding contact with anyone with symptoms*
- *Regular cleaning of school site*
- *Minimising contact and mixing of people*
- *Maintaining a 2 metre distance between people*
- *Increased hygiene practices*
- *Where pupils are in school, maintaining a 'bubble' of staff and pupils*
- *Confidentiality with regard to withholding names of staff and pupils with either confirmed or suspected coronavirus*

The above will be reviewed in accordance with national guidelines and updated accordingly.

Feltonfleet School is an inclusive community that aims to support and welcome pupils with medical conditions. The school aims to provide all pupils, regardless of medical conditions, with the same opportunities as others at school.

We will help to ensure that all children can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

Feltonfleet School aims to ensure that **confidentiality** is adhered to at all times regarding medical matters.

The **First Aid and Medical Policy** at Feltonfleet is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

It is emphasised that the **team** consists of two matrons, both First Aid qualified and on 24 hour call, as well as other qualified First Aiders (see Appendix 2) who are **not** trained doctors or nurses.

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

PURPOSE of the Policy

- To provide effective, safe First Aid cover for students, staff and visitors at all times when there are pupils and staff on the school premises.
- To ensure that all staff and students are aware of the system in place.
- To ensure Staff feel confident knowing what to do in an emergency.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.
- To meet HSE regulations on the reporting of accidents, diseases and occurrences.

NB The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid at work certificate or equivalent such as Emergency Aid for Appointed Persons or Paediatric (twelve hour) First Aid.

RESPONSIBILITIES

MATRONS and other appointed persons for First Aid will:

- Ensure that portable first aid kits in various locations in school are checked regularly, adequately stocked and always to hand. The Matrons must be informed if any items are running low;
- Maintain a file of up to date medical consent forms for every student in each year and ensure that these are readily available for staff responsible for school trips/outings;
- Ensure that first aid needs are assessed and addressed;
- Take charge when someone is hurt or becomes ill;
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services;
- Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of all head injuries promptly. Ensure that a child who is sent to hospital by ambulance is either:
 - accompanied in the ambulance at the request of paramedics, together with the medical form. A copy of the hospital consent form is kept with the matron. They (or, in their absence, Reception) will contact the family and inform them to which hospital the child has been taken;
 - followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted;
 - met at the hospital by a relative.
- Keep a record of each pupil attended to, the nature of the injury and any treatment given, in the book provided in the First Aid Room. In the case of an accident, the Accident Book must be completed by the appropriate person. If necessary under RIDDOR, notify the Bursar. Accidents and first aid given at Pre-Prep are recorded in their own Accident Record and communicated to parents from there;
- Ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around;
- Ensure that they always obtain the history relating to a pupil not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the pupil to feel unwell. Information is available on the school's Management Information System (iSams). Matrons keep a hard copy of medical information;
- Ensure that in the event that an injury has caused a problem, the pupil **must** be referred to a Matron/First Aider for examination;
- When a pupil is referred to Matron with an ankle or wrist injury that is considered to be sprained and not in need of further medical attention or X ray, the pupil should be reassessed **again** during the course of the school day to check that the injury has not worsened;
- At the start of each academic year, provide the staff with a list of pupils who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness. The MIS (iSAMS) must be updated accordingly.

FIRST AIDERS will:

- Ensure that their qualifications are always up to date;
- Respond promptly to calls for assistance;
- Help fellow First Aiders at an incident and provide support during the aftermath;
- Act as a person who can be relied upon to help when the need arises;
- Record details of treatment given.

The First Aider need not be the member of staff to accompany the casualty to hospital. However, an appropriate person should be sent.

THE GOVERNING BODY will:

- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981;
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.

SLT will:

- Ensure all new staff are made aware of First Aid procedures in school as part of the induction process;
- Arrange periodic on-site first aid training for all staff at a basic level.

THE BURSAR will ensure that:

- First aid cover is available throughout the working hours of the school week;
- Signs indicating the location of first aid kits are prominently displayed around the school;
- First aid kits are located on walls in all working areas of the school;
- All accidents that are covered by RIDDOR are reported.

ALL TEACHING STAFF will:

- Attend whole school First Aid Training Days;
- Familiarise themselves and comply with the first aid procedures in operation and ensure that they know who the current First Aiders are;
- Are aware of specific medical details of individual students when publicised by the Matron. This information is also available on iSAMS;
- Record and report any accident which happens under their care;
- Ensure that their pupils are aware of the procedures in operation;
- Never move a casualty until they have been assessed by a qualified First Aider or the Matron unless the casualty is in immediate danger;
- If the casualty is judged to require immediate attention call for Emergency Services immediately while waiting for the Matron or First Aider;
- In the Prep School or for serious injuries in Pre-Prep, send for help to reception as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained. In Pre-Prep request assistance from a first-aider on site;
- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider or Matron arrives at the scene or instigate simple airway measures if clearly needed;
- Send a pupil who has minor injuries to matron (or a First Aider in Pre-Prep) (accompanied by another) if they are able to walk where a First Aider will see them;
- In the Prep School, send a pupil who feels generally 'unwell' to the Matron. A first-aider may be asked if a pupil's deterioration seems uncharacteristic and is causing concern. In Pre-Prep either phone the parent or consult Matron by telephone;
- Ensure that they have a current medical consent form for every pupil that they take out on a school trip which indicates any specific conditions or medications of which they should be aware. This information is available on iSAMS;
- Have regard to personal safety;
- Carry out a risk assessment if in charge of a trip and ensure suitable first aid equipment is taken;
- NOT administer paracetamol or other medications in main school, unless on school trips. Pre-Prep staff have their own arrangements for administering Calpol. All children have permission forms for medication to be given. See section on Administration of Medicines.

OFFICE STAFF will:

- Call for a Matron or qualified First Aider, unless they are one themselves, to treat any injured pupil. This should be done by telephone, giving the specific location of the casualty;
- Support the First Aiders in calling for an ambulance or contacting relatives in an emergency;
- Send pupils in the Prep School who do not feel well to Matron.

MEDICAL OFFICER

Feltonfleet School has a nominated medical officer who is a local general practitioner – at present, this is Dr Mead, Cobham Health Centre. The School Medical Officer will be available for advice, appointments and home calls during surgery hours for pupils registered with the practice

RISK ASSESSMENT and TRIPS - Day and Residential Trips

Educational outings are an important element to the education provided at Feltonfleet. A full risk assessment is undertaken before any excursion departs and the relevant paperwork is completed. A copy is given to the Assistant Head, Operations & Co-ordination well before the trip to be approved and signed. Following the trip an evaluation is carried out. **A copy of Health and Safety of Pupils on Educational Visits is available on common with Risk Assessment documents, and a copy is held by Matron.??**

During the outing the following are adhered to:

- Staff participating in school trips will be provided with a First Aid Kit.
- Members of staff taking a child with special medical needs on a trip will be advised by matron to collect any EpiPens, hypo kits or other medicine required for the trip.
- Feltonfleet School will ensure that staff taking children with special medical needs on trips are appropriately trained and have proper equipment.
- For all Pre-Prep visits a paediatric first aider always accompanies the outing. Parents are asked to indicate on the permission form any particular medical needs and medications that need to be taken.
- If a pupil has a minor accident or becomes ill, the Group leader or another member of staff will take him/her to the local hospital or clinic.
- If the accident is more serious (such as a broken leg when skiing), the school's medical insurers may arrange for the pupil, accompanied by a member of staff to be repatriated to the UK. The Group Leader will phone the pupil's parents if their child has suffered an accident or injury that is serious enough to require medical treatment – as opposed to minor cuts and bruises.
- In the event of a serious accident resulting in the death or injury of one or more of the pupils and staff, the Group Leader's first priority would be to summon the emergency services, and to arrange for medical attention for the injured.
- One of the accompanying members of staff should accompany the injured pupil(s) to hospital.

PRE-PREP

Under Early Years Foundation Stage requirements, at least one person with a paediatric first aid qualification is always on site at Pre-Prep whenever pupils are present. Similarly trips involving any Pre-Prep pupil will always be accompanied by at least one member of staff who has a paediatric first aid qualification. All Pre-Prep teaching assistants have completed a two day course in paediatric first aid led by St. John's.

In Pre-Prep, there are specific forms for recording any First Aid procedures and the table below details the forms and when to use each one. **Records of all treatment given are kept for three years. Is this correct?**

A record is also kept of each and every time a pupil's temperature is taken, detailing the date, time, symptoms, the temperature recorded, staff initials and what action was taken.

First Aid Recording Procedures in Pre-Prep January 2020 Update

Step	What	By Whom	By When
1	Complete the First Aid form	Person administering First Aid	As soon as safely possible when first aid has been administered and emergency help summoned
2	Put a first aid wristband OR a Head Injury wristband on the pupil stating date and time	Person administering First Aid	As soon as safely possible when first aid has been administered and emergency help summoned
3.	If head injury, complete the Head Injury form as well as the First Aid form	Person administering First Aid	As soon as safely possible when first aid has been administered and emergency help summoned
4	Report the first aid to the pupil's class teacher and handover the appropriate forms	Person administering First Aid	After break at collection from steps (or as it happens if not break time)
5	Report the first aid / head injury to parent	Class Teacher (or person administering first aid or Head of Pre Prep - or any staff member in an emergency)	<ul style="list-style-type: none"> • ASAP in an emergency • Before collection if facial or serious injury • Otherwise at handover if parent is expected to collect • By phone if not seeing parents at handover time (leave message to call back but NOT details of injury) • By email if no response by phone - ask for acknowledgement reply.
6	Complete the form to say the parent HAS been informed	The person who informs the parent	As soon as the parent has been informed
7	Photograph the form and upload to Google // Pre-Prep // Medical and Dietary // First Aid and Medicines // Copies of First Aid forms	Class teacher or the person who has informed the parents and has the form	At the end of the same school day
8	Sign off the form to say it HAS been uploaded	The person who uploads it	As soon as it HAS been uploaded
9	Place the form in the pupil's file	The person who uploads it	At the end of the same school day

ADMINISTRATION OF MEDICINES

During the school day on the main site:

- The responsibility for administering medication is normally confined to the school matrons. In certain circumstances for example on a school trip or in an emergency other staff may be authorised to administer medication to a child.
- Medication being bought in from home to be dispensed during the school day must be handed to matron by a parent and entered on to a medication log sheet.
- Medication being taken home at the end of the day must be collected by parents.
- Medication being kept on the school premises must be kept with matron in a locked cabinet or in the refrigerator as appropriate.
- Controlled drugs must be kept in a separate locked cabinet.
- Keys to locked medicine cabinets are to be held by the matrons.
- The dispensary is to be kept locked at all times when not occupied.
- Medication being bought in to School must be in the original packaging with full instructions as dispensed by a doctor or pharmacist written in English with the child's name.
- Medication not collected by parents or out of date medicine at the end of the school year will be logged by matron and returned to the pharmacy for disposal.
- Medication held in the school stock will be checked regularly; any out of date stock will be returned to the pharmacy to be disposed of.

Medication at Pre-Prep

- Medication to be dispensed at Pre-Prep will be kept either in a locked cabinet in the staff room or a fridge in a kitchen which is locked when adults are not present and is not accessed by the children.
- Keys to the locked areas are inaccessible to children.
- Medication to be dispensed at Pre-Prep will be given by trained first aiders and recorded accordingly.
- Medication to be dispensed at Pre-Prep must be handed in by a parent and entered on to a medication log sheet.
- Any medication handed in to Pre-Prep that is not in the original packaging, nor clearly labelled with the child's name or without clear instructions must not be dispensed.
- Matron must be contacted regarding any queries a member of staff may have regarding medication that has been handed in at Pre-Prep.
- Any controlled drugs to be dispensed for Pre-Prep pupils must be handed directly to Matron where they will be kept in a separate locked cabinet and recorded in the controlled drug book.
- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist.
- Medicines containing aspirin should only be given if prescribed by a doctor.
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.
- Staff must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.
- Medication being taken home at the end of the day from Pre-Prep must only be handed to parents or adult carers.

Non- prescription medication

The Matron may only administer non-prescription medication such as pain and fever relief if parents have already provided written consent for this to happen and only if there is a health reason to do so.

Self-dispensing

As a general principle Feltonfleet School does not allow any child in their care to self-dispense because there is always a Matron on duty to oversee the administering of medicine. In exceptional circumstances boarders allowed to self-medicate are assessed as sufficiently responsible to do so. The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be "Gillick Competent" *

**Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.*

Records

- The administration of all medication is recorded accurately each time it is given and is signed by the Matron.
- Matrons will inform parents on each and every occasion that any medication has been administered.

Storage of medicines

- All medication is stored in accordance with product instructions. Medicines are placed in a secure cupboard or refrigerated.
- Medicines brought into Pre-Prep requiring refrigeration will be stored in the fridge in the locked kitchen, where the pupils do not have access.
- Matrons are responsible for ensuring medicine is handed back at the end of the day to the parent. In Pre-Prep this is the responsibility of class teachers and assistants.
- For some conditions, medication may be kept in school. Matrons check that any medication held is in date and return any out-of-date medication back to the parent or, if more appropriate, a pharmacy.
- Emergency medicine such as asthma inhalers or EpiPens will be stored in a named plastic box in a place that is easily accessible and known to all staff. Pupils may be required to carry their medicine with them at some times during the school day. This will be decided in discussion between the School, parents and, if applicable, the child's doctor. Secondary EpiPens when necessary are kept in a locked cabinet in the Pre-Prep Staff Room (Pre-Prep) or in the Catering Manager's Office (Prep School). Other emergency medicine, such as rectal diazepam, is stored in a locked cabinet in the Pre-Prep Staffroom (Pre-Prep) and details of procedures are with it and also on the child's Health Care Plan displayed on the Staffroom notice board.

Pupils who have long term medical conditions and who may require on-going medication

- Matrons issue a Health Care Plan Form to parents to be completed by the family doctor and signed by the parent, for return to School and signed by the Headmistress or Head of Pre-Prep. The Health Care Plan also specifies measures to be taken in an emergency. In Pre-Prep, the Health Care Plans are displayed on the Staffroom notice board with a photograph of the child and also kept in the child's classroom. In the Main School Health Care Plans are kept in the dispensary, are displayed on the Staffroom notice board with a photograph of the child and where appropriate are displayed in the kitchen with the child's photograph.
- The health care plan is reviewed every year or more frequently if necessary. This includes reviewing the medication.

Managing medicines on trips and outings

- The school will encourage and make reasonable adjustments to allow pupils with medical needs to participate in safely managed visits. Risks assessments will highlight any special considerations.
- Staff supervising the excursions need to be aware of any medical conditions and the relevant emergency procedures. This information must be given to the school prior to participation in any school trip. Any medical condition must be highlighted by the parents on the consent form.
- Arrangements for taking any relevant medicines will also be taken into consideration. Wherever safe and practical, the pupil should carry their own emergency medication; however a named person will be identified to supervise the storage and administration of medication if required. A copy of individual Health Care Plans, where available, will be taken on trips in the event of the information being needed in an emergency.
- For residential trips, details of storage and administration of medicines will be provided at the time.

Emergency Procedures

- In the event of emergency medication needing to be used, e.g. EpiPens or rectal diazepam, it would be administered as set out in the Individual Care Plan, an ambulance called as appropriate, and parents contacted. If the pupil needs to go to hospital and a parent has not yet arrived at school, then a member of staff would accompany them.

Asthma Guidelines – see also Appendix 4

- The casualty may be very anxious so calmly reassure.
- Send for their inhaler (either call Matron **07985 986 869** or send another child /member of staff) or send for a generic inhaler kept in one of the designated places (see below).
- Encourage them to use their blue inhaler.
- Encourage them to breathe slowly and deeply.
- Sit them in a comfortable position leaning forward with arms resting on a table.
- Provide a good supply of air (e.g. by an open window or in a space away from others).
- Encourage them to use their inhaler again if attack lasts longer than three minutes.
- Follow the procedure as specified in the First Aid Policy.
- **If an emergency and you judge it to be a serious attack do not hesitate to dial 999.**

FIRST AID including emergencies – see also Appendix 3

- In the event of an accident requiring first aid, staff must call for matron or another first aid qualified member of staff as quickly as possible. In the case of a bone fracture or break, staff must call 999 before Matron.
- When administering emergency aid disposable latex-free gloves must be worn at all times.
- Blood soils should be placed in the designated bin in the dispensary and disposed of accordingly.
- In the case of an accident parents will be contacted immediately.
- In the case of a child needing transportation to hospital by emergency ambulance the School will ensure a member of staff is available to accompany the patient if the parents are not contactable.
- When a pupil is referred to Matron with an ankle or wrist injury that is considered to be sprained and not in need of further medical attention or X-ray, the pupil should be reassessed **again** during the course of the school day to check that the injury has not worsened.

First aid training

The School ensures members of staff with first aid qualifications update their training every three years by attending a two-day refresher course taken by a recognised organisation.

For complete list of First Aiders please see **Appendix 2**

PARTICULAR MEDICAL CONDITIONS including DIABETES

The school understands its legal obligations to be aware of how to support pupils with specific medical conditions. Accordingly, the school has in place support systems for those pupils who have, for example, diagnosed conditions such as diabetes, leukaemia and asthma.

DIABETES

- Feltonfleet has a core group of trained staff who have the skills to meet the needs of those pupils with diabetes in the school. These include the Head of Boarding, the Matrons, the Director of Sport and the Head of Middle School.
- Other staff not in this core group are required to complete on-line training on diabetes.
- A meeting is arranged with parents to discuss the medical care plan for their child and implications for school.
- Medical care plans for those pupils with diabetes (with signs and symptoms) are displayed prominently in the Staff Room.
- The First Aid Boxes that are used for games fixtures and trips carry glucose sweets to be used in the event of hypoglycaemia.
- Diabetic pupils carry their own supplies as a matter of course.
- The Matrons hold equipment to monitor blood sugar levels and insulin.

LEUKEMIA

- Pupils with Leukaemia who may be immuno-compromised due to chemotherapy have their medical care plans prominently displayed in the Staff Room.
- Similarly, the first aid kits for games fixtures involving such pupils contain a laminated medical care plan, and one member of the sports staff is assigned to monitor the pupils concerned. A system is in place for monitoring these pupils whereby a personal thermometer is kept in the Year Group Head's office, and also taken to fixtures.
- Should such pupils feel unwell, the directive is that they should **not**, unlike other pupils, be sent to Matron, because of the risk of infection from other pupils who are unwell. All staff are briefed that such pupils should be sent to their Year Group Head, who will take the necessary action and inform the parents.
- In addition, other measures in place to reduce exposure to infection include pupils having their own water bottles which they take to the Dining Room for meals, and the provision of personal cutlery at meals.
- The Matrons are required to inform the parents of any such pupil as soon as possible whenever there is a pupil in school presenting with a communicable illness or diarrhoea and vomiting.

ASTHMA (see also Appendix 4 for further information on asthma)

As a school, we recognise that asthma is a widespread, serious, but controllable condition. Feltonfleet welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring:

- ✓ an up-to-date asthma register
- ✓ up-to-date asthma policy
- ✓ an asthma lead
- ✓ all pupils have immediate access to their reliever inhaler at all times
- ✓ all pupils have an up-to-date asthma action plan agreed with parents and the pupil
- ✓ an emergency salbutamol inhaler with a spacer
- ✓ all staff have regular asthma training
- ✓ promote asthma awareness to pupils, parents and staff.

Asthma Register

We have an asthma register of children within the school, **which we automatically update annually or when necessary**. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan
- their reliever (salbutamol/terbutaline) inhaler in school
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost (see Appendix 6).

Asthma Lead

Feltonfleet's asthma lead is Ed Smith. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers and ensure measures are in place so that children have immediate access to their inhalers.

Designated Staff – Asthma

Shelley Lance
Amanda Burton Smith
Matt Rochford
Karen Emery
Elizabeth Cherry

Medication and Inhalers

All children with asthma should have immediate access to their reliever inhaler (usually blue) at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children **should not** bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their medications as prescribed. (Source: Asthma UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by Key Stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in using their inhaler.

Administering Asthma Medicines

School staff are not required to administer asthma medicines to pupils, however many children have poor inhaler technique, or are unable to use the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If there are any concerns over a child's ability to use their inhaler, that child will be referred to the Matron and advise parents/carers to arrange a review with their GP/nurse. Please refer to the Medical Policy and the Administering Medicines Policy for further details. (Source: Asthma UK)

Location of Asthma Inhalers

Pre-Prep	Inside front door of Calvi House
Reception	Shelf to left of switchboard
Staffroom	Kitchen Area
Dining Room	Kitchen Office
Boarding House	Dispensary
Lower School Block	Head of Lower School Office
Rowan Block	English Office
CC Block	Religious Studies Classroom Office
Art Room	Teacher's Desk
Science Laboratory	Laboratory Science Prep Room
Main School Fields	Pavilion
Sports Hall	PE Office
Swimming Pool	Swimming Pool Office
Year 2 House	Kitchen

VISITING PUPILS

Children from visiting schools can expect to receive the same high standard of first aid treatment and care that is available to pupils attending Feltonfleet School.

CONSENT FORMS (see also Appendices 5 & 6)

When first registering a child, parents will be asked to complete the following forms:

- **Medical form:** Containing their child's medical history and details of their registered general practitioner.
- **Hospital consent form:** Giving permission for their child to attend hospital if the need arises.
- **First aid consent form:** Permitting first aid qualified staff to administer first aid to their child.
- **Medication consent form:** Allowing homely remedies to be dispensed to their child by approved staff.
- **Care Plan:** Parents of children with special medical needs will be asked to complete a care plan form on entrance to the School supplying information regarding their child's medical condition and any action to be taken in the case of an emergency.
- **Dietary Requirements form:** Specifying any allergies, food intolerances or aversions and any cultural or religious requirements.

Medical information for children at Feltonfleet School is available to staff on the management information system (iSAMS).

A printed version of medical information is kept in the staff room.

Parents are responsible for making sure their child is well enough to attend school and participate in the curriculum as normal.

RECORD KEEPING

All visits to Matron will be logged in the dispensary book, which is checked regularly by the Deputy Head and Head of Boarding.

Every child has a 'Medicine dispensed' form kept in the dispensary and any medication dispensed during the day will be entered on to these forms.

Any serious incidents are reported in the Accident book.

Any injury which results in a bone being broken (excluding fingers and toes) will be handed to the Bursar and reported under **RIDDOR** (only if we are negligent).

The parents of children visiting dispensary during the school day will be informed of their child's visit either in the form of a letter from Matron or in the case of a child that boards a phone call home or via email.

GUIDANCE ON MEDICAL ISSUES

- **Asthma:** refer to Surrey Children and Young People Directorate, Pupil's Health and the Administration of Medicines.
- **Allergy and Anaphylaxis Care/Treatment:** refer to Surrey Children and Young People Directorate, Pupils Health and the Administration of medicines.
- **Diabetes Care:** refer to Surrey Children and Young People Directorate, Pupil's Health and the Administration of Medicines.
- **Epilepsy Care:** refer to Surrey Children and Young People Directorate, Pupils Health and the Administration of Medicines.

For guidance on the following medical issues please refer to the Surrey Children and Young People Directorate- Pupils Health and the Administration of Medicines Section B Control of Communicable diseases. A copy is held in dispensary with Matron.

- Immunisation
- Exclusion from School or Nursery
- Outbreak Surveillance
- School and Nursery Hygiene
- Food Poisoning and Dysentery
- Blood borne Infections
- Hepatitis B and C
- Meningitis and Meningococcal or Haemophilias Septicaemia
- Parvo Virus (Slap Cheek) pregnant female staff should be advised to contact whoever is giving her anti-natal care.
- Immunosuppressed Children
- Head Lice
- Scabies
- HIV/Aids
- Tuberculosis

The following information has been supplied by the Department of Health, Department of Education and Employment and Public Health Laboratory Service. (A copy may be found on the wall in dispensary)

Impetigo: A child may return to school after being supplied with antibiotic treatment from their doctor. The affected area will need to be crusted over and covered children are not permitted to take part in contact sport until fully healed.

Chickenpox: Child may return to school one week from onset of rash. Pregnant female staff should be advised to contact whoever is giving her anti-natal care.

German measles: Child may return one week from onset of rash. Pregnant female staff should be advised to contact whoever is giving her anti-natal care.

Measles: Child may return one week after onset of rash.

Ringworm: Treatment should be received from a doctor no time needed away from school.

Scabies: Child should not return to school until treated.

Scarlet fever: One week after antibiotic treatment commenced.

Warts and Verrucae: Child may swim but affected area must be covered.

BOARDERS – Medical Procedures and Care of boarders

Refer to: Boarding Staff Handbook.

SUNSCREEN

Advice will be issued to all parents in the form of a letter at the beginning of the summer term regarding sunscreen, sun hats and the importance of carrying water bottles during warm weather. Sunscreen is kept in all medical sports bags and added to first aid kits for School outings. **See Sun Safety Policy.**
NB: This needs to be lodged with the other school wide policies

APPENDIX 1

Location of First Aid Kits

Reception	Shelf to left of switchboard
Boarding House	Dispensary
Kitchen Pot Wash	End cupboard next to window
Sports Hall	On wall in Disabled Toilet
Swimming Pool	Poolside
Squash Courts	On wall in lobby
Pre-Prep House Staff Room	On wall by sink
IT/DT Rooms	On wall in lobby area
Science Laboratory	On wall behind door
Science Lecture Room	On window sill
Rowan Block	Bottom of stairs on wall
CC Block	Entrance lobby L/H side wall
Lower School Block	First Floor in photocopier area
Maintenance Shed	On top of lockers opposite door
Cricket Pavilion	On top of fridge
Mem Hall	On Wall above shelves in corridor
Ashbee Centre	The Arts Studio
Art Block	On wall in lobby behind teacher's desk
Staffroom/Coffee Machines	Next to computer table
Bursar Assistant's Office	Built-in cupboard
Year 2 House	Kitchen

APPENDIX 2

List of Staff qualified to administer First Aid

At least one qualified person is on site whenever pupils are present

Name	Qualification	Expiry Date	Location	Contact
Matron Karen Emery	First Aid at Work	08/2020	Boarding	Ext 225 Mob 07985 986869
Pre-Prep Amanda Burton Smith	Paediatric First Aid	09/2021	Pre-Prep	Ext 229
Pre-Prep Amanda Burton Smith	AED Training	02/2020	Pre-Prep	Ext 229
Pre-Prep Yvonne Ip	Paediatric First Aid (with Anaphylaxis)	08/2020	Pre-Prep	Ext 229
Pre-Prep Helen Offen	Paediatric First Aid	01/2021	Pre-Prep	Ext 229
Pre-Prep Helen Offen	AED Training	01/2020	Pre-Prep	Ext 229
Pre-Prep Louise Frayne	Paediatric First Aid	01/2021	Pre-Prep	Ext 229
Pre-Prep Dawn Hodgetts	Paediatric First Aid	06/2020	Pre-Prep	Ext 229
Pre-Prep Sarah Stapley	Paediatric First Aid	12/2020	Pre-Prep	Ext 229
Pre-Prep Amy Adams	Paediatric First Aid	10/2022	Pre-Prep	Ext 229
Pre-Prep Mirna Sabbagh	Paediatric First Aid	01/2021	Pre-Prep	Ext 229
Pre-Prep Gabriella Minerva	Paediatric First Aid	01/2021	Pre-Prep	Ext 229
Pre-Prep Nicky Cordeaux- Brooks	Paediatric First Aid	09/2021	Pre-Prep	Ext 254
Pre-Prep Elicia Leach	Emergency Aid in Schools	01/2022	Pre-Prep	Ext 254

Lower School Steph Ralston	Paediatric First Aid	01/2020	Lower School	n/a
Geog Dept Matt Rochford	First Aid at Work	12/2020	Senior School	Ext 230 Mob 07951 691572
Geog Dept Janet Woodward	First Aid at Work	03/2020	Senior School	Mob 07801 544966
PE Dept Ed Smith	First Aid at Work	03/2022	Senior School	Ext 227 Mob 07789 812640
PE Dept Sam Blewitt	First Aid at Work	12/2020	Senior School	Ext 227 Mob 07827 447069
PE Dept Mel Jackson	First Aid at Work	03/2020	Senior School	Ext 227 Mob 07811 445726
PE Dept Amanda Wright	First Aid at Work	05/2021	Senior School	Ext 230 Mob 07830 338896

APPENDIX 3

FIRST AID PROCEDURES – Reminders

Unconsciousness

- Check the airway is open and clear
- Tilt the head and lift the chin to open the airway
- Look along the chest and listen and feel for breathing
- If casualty is breathing and a spinal injury is not suspected, place them in the recovery position
- Call Matron and/or dial 999
- **If not breathing start CPR immediately**

Fainting

This is caused by a temporary reduction in the flow of blood to the brain. It most frequently occurs when someone is standing still for long periods of time.

- Sit the casualty down with the head between the knees
- Advise the casualty to take deep breaths

Severe Bleeding

- Apply direct pressure to the wound using a dressing
- Maintaining pressure, lie casualty down
- Raise and support the injured limb
- Raise legs to ease shock
- If bleeding is to the head, place casualty in a sitting position
- Call Matron and/or dial 999

Concussion following a Head Injury

- Check the level of response is alert, voice responsive, pain responsive or unresponsive
- Regularly monitor and record vital signs – level of response, breathing and pulse
- Call Matron and/or dial 999

Fractures

- Support the limb to stop any movement
- If open wound fracture press a clean pad over wound to stop the flow of blood
- If a broken leg is suspected place padding between the knees and ankles and form a splint by bandaging the good leg to the bad one at the knees and ankles and above and below the injury
- If it is a suspected broken arm, support it close to the body by using a sling
- Call Matron and/or dial 999

Choking

- Encourage the casualty to cough
- If this doesn't clear the obstruction, support their upper body with one hand and help them lean forward
- Give up to five sharp back blows between the shoulder blades with the heel of your hand
- Call Matron and/or dial 999

Asthma – the casualty may be very anxious, have difficulty breathing in and out and have blueness of the face

- Reassure and calm the casualty
- Encourage them to use their blue inhaler if available
- Encourage them to breathe slowly and deeply
- Sit them in a comfortable position leaning forward with arms resting on a table
- Provide a good supply of air (e.g. by an open window or in a space away from others)
- Encourage them to use their inhaler again if attack lasts longer than three minutes
- Call Matron and/or dial 999

Seizures – if someone has an epileptic attack or convulsions:

- If possible, try to protect them e.g. by breaking their fall
- Make space around the casualty - clear spectators and obstacles away
- Remove potentially dangerous items
- Protect the head with some soft padding
- If possible, loosen clothing around the neck
- Note the time the seizure started

- Dial 999 if convulsions last more than five minutes or the casualty is unconscious for more than ten minutes
- When convulsions stop, place the casualty in the recovery position
- Stay with the casualty until recovery is complete
- NEVER restrain the casualty, move them, try and open the mouth, wake or give any drink
- Call Matron even if you have not had to dial 999

Diabetes

The only major problem which a diabetic pupil is likely to have in school will be **Hypoglycaemia**. This is when the level of sugar in the blood unexpectedly falls due to the person missing a meal or burning up sugar during exercise

- Symptoms include turning pale, trembling, sweating, drowsiness, blurring of vision, abnormal behaviour such as being disorientated or aggressive
- Help the casualty to sit or lie down
- Give them sugar (sugar lump, sweets, chocolate or sugary drink)
- Alternatively, if they have their own hypo kit encourage them to use it
- If the casualty responds quickly give them more food and drink and encourage them to rest
- Stay with the casualty until completely recovered
- In the rare circumstance that consciousness is impaired do not give them food or drink as they may not be able to swallow; place in the recovery position and call Matron (the patient may be carrying glucose gel which can be used in this situation)

Hyperglycaemia (high blood sugar)

- High blood sugar levels over a long period can result in unconsciousness
- If the casualty is unconscious open the airway and check breathing
- If necessary give chest compressions and rescue breaths if necessary
- If the casualty is unconscious but still breathing place them in the recovery position and call Matron

Anaphylactic shock (severe allergic reaction e.g. peanut allergy)

- **Symptoms**
 - *Impaired breathing*
 - *Wheezing or gasping for air*
 - *Signs of shock*
 - *Blotchy skin eruption*
 - *Swelling of tongue and throat*
 - *Puffiness around the eyes*
 - *Anxiety*
- Check if casualty is carrying any medication for treatment. Pupils liable to this will have their own EpiPen which is an emergency syringe. It is essential this is either kept with them (older pupils) or close by with the teacher. This should be administered immediately if the pupil collapses. You may help them use it
- Place in a sitting position to help with their breathing leaning forward slightly
- If casualty becomes unconscious, open airway and check breathing. If breathing, place in recovery position
- Be prepared to start CPR
- Details of all known children with significant allergies are kept by the Matrons and are put on Staff notice boards
- EpiPens and inhalers should be kept close by the child and in the care of a teacher where appropriate. Staff have been trained in the use of an EpiPen and will know that an EpiPen can be re-administered within 30 minutes without harm.
- **IF AN EPIPEN IS ADMINISTERED THE PARENT SHOULD BE CALLED IMMEDIATELY AND ALWAYS CALL AN AMBULANCE.**

Reduction of Risk

We also have a responsibility to ensure that all people who access the building are safe. To fulfill this responsibility we undertake to:

- Ensure that the secure entry system is used properly at all times and that no one is admitted to school until their identity has been checked.
- All visitors will sign in and out and wear a visitor's badge.
- Regular fire drills are held.

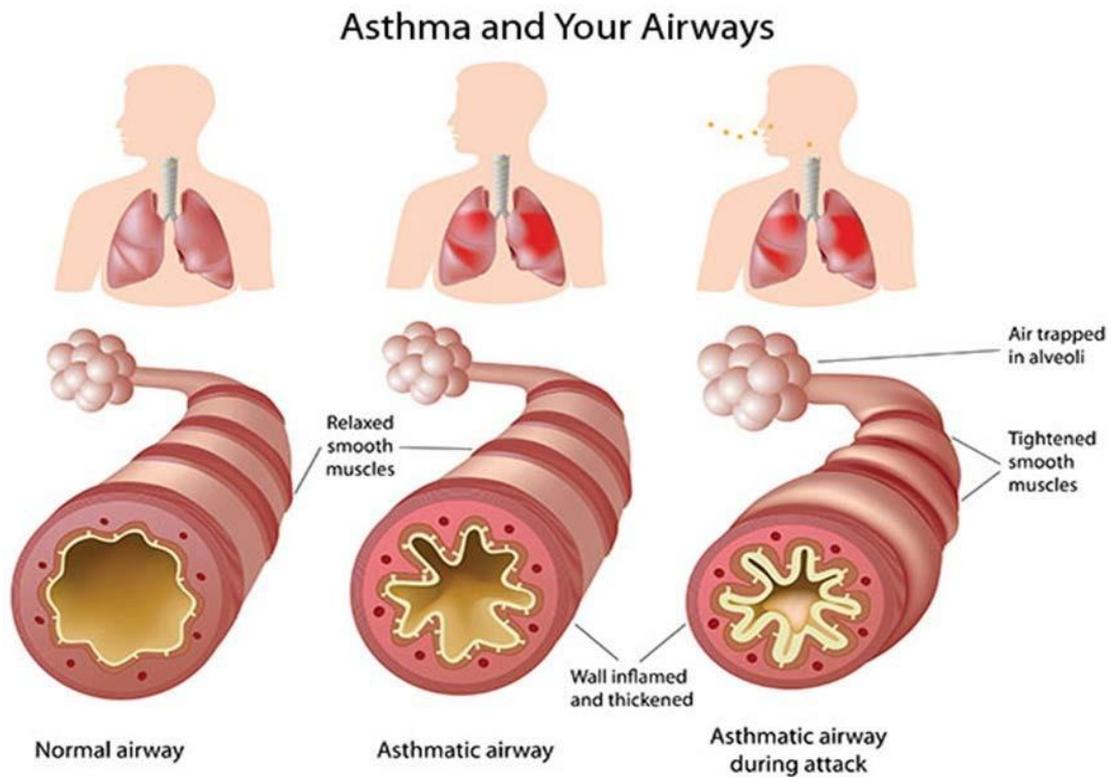
It is the responsibility of all staff to be aware of potential hazards in and around school and act appropriately to reduce danger. Good standards of hygiene and attention to detail are important aspects of risk reduction. In addition to this the following procedures will be adhered to:

- Flooring kept clean and free from obstruction, observed regularly for wear and tear.
- All equipment to be checked regularly for wear and tear.
- Adult scissors, tools to be stored safely and away from children.
- Appropriate risk assessments to be completed before all outings.
- A no smoking policy is maintained within the school site.
- All electrical equipment which is part of the building infrastructure is checked regularly by external companies that can provide certification.
- Movable electrical equipment used by staff is checked every year (PAT testing).
- Staff check daily for any potential Health and Safety risks within the school building and outside in the grounds. Where necessary any hazards are reported to the Bursar as Health and Safety Officer.
- Electrical leads are not trailing and in Pre-Prep there are child-proof socket covers.

APPENDIX 4

ASTHMA - Further information and Procedure

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK)



Asthma Action Plan

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore we believe it is essential that all children with asthma have a **personal asthma action plan** to ensure asthma is managed effectively within school to prevent hospital admissions.

Staff training

Staff will need regular asthma updates. This training can be provided during Staff safeguarding INSET sessions and led by the Matrons.

School Environment

Feltonfleet does all that it can to ensure the school environment is favourable to pupils with asthma. Pupils' asthma triggers will be recorded as part of their asthma action plans and we will ensure that, where possible, pupils will not come into contact with their triggers.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke (Source: Asthma UK)*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Pupil inhalers are stored in the dispensary but an emergency inhaler kit will be available should the need arise at every games and PE session.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involves pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is affecting a pupil's education

Feltonfleet is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on the life of a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the Matron, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

We are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). We have summarised key points from this policy below.

We have emergency kits, which are easy to access. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- 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;
- A list of children permitted to use the emergency inhaler;
- A record of administration.

We understand that 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, 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.

We will ensure that the emergency salbutamol 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.

Matron and the team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.

Any puffs should be documented so that it can be monitored when the inhaler is running out.

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by asthmatic children who have parental written consent.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma each school year (*see appendix 5*). This needs to be returned immediately and kept with our asthma register.

We recognise that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room.

Asthma Attacks

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (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
- Inability to talk or use complete sentences. Some children will go very quiet
- Child may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

- Not all symptoms listed have to be present for this to be an asthma attack.
- **Symptoms can get worse very quickly.**
- **If in doubt, give emergency treatment.**
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or child stating that the heart is beating faster.

PROCEDURE IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.

Generic Inhalers

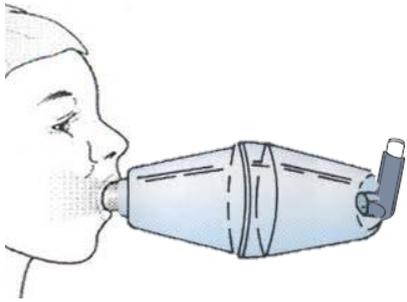
Generic inhalers can be found in the following rooms. These may be used by any asthmatic pupils with parent permission (a list can be found with each inhaler) while a member of staff sends for the matron on duty.

Pre-Prep	Sunshine Room
Reception	Shelf to left of switchboard
Staffroom	Kitchen Area
Dining Room	Kitchen Office
Boarding House	Dispensary
Lower School Block	Head of Lower School Office
Rowan Block	English Office
CC Block	Religious Studies Classroom Office
Art Room	Teacher's Desk
Science Laboratory	Laboratory Science Prep Room
Main School Fields	Pavilion
Sports Hall	PE Office
Swimming Pool	Swimming Pool Office

- Remain with the child while the inhaler and spacer are brought to them.
- *Shake the inhaler and remove the cap.
- *Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth.
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths). Pupils should be encouraged to breathe slowly.
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

Administering reliever inhaled therapy through a spacer

A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

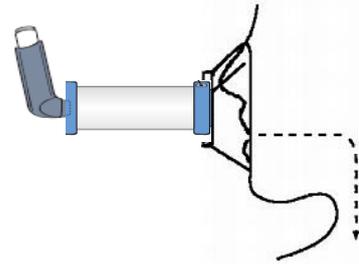


A Spacer might be

- Orange
- Yellow
- Blue
- Clear

A spacer may have

- A mask
- A mouthpiece



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal (if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response, steps 2-7 can be repeated according to response up to 10 puffs.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

- **Appears exhausted**
- **Has blue/white tinge around the lips**
- **Is going blue**
- **Has collapsed**

References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

APPENDIX 5

SCHOOL ACTION PLAN for Asthmatic pupil

Date:

Name: DoB: Allergies: Emergency contact number Drs number: Form:	Affix photo here
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What are the signs that your child may be having an asthma attack?

Are there any key words that your child may use to express their asthma symptoms?

What is the name of your child's reliever medicine and the device?

Does your child have a spacer device?* (please circle)	Yes	No	*If not, please do obtain one for use in school
Does your child need help using their inhaler? (please circle)	Yes	No	

What are your child's known asthma triggers?

Does your child need to take their reliever medicine before exercise? (please circle) Yes No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed..... Date.....

Print Name..... Relationship to child.....

APPENDIX 6

CONSENT FORM

USE OF EMERGENCY SALBUTAMOL
INHALER

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/that will be left at school (delete as appropriate).
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed

Date:

Name (print):

Relationship to child:

Child:

Form:

Parent's address and contact details:

.....

.....

.....

Telephone.....

Email.....

