

CAPENHURST SCHOOL

First Aid Policy

(Including Administration of Medicines and Use of Emergency Inhaler)

The health and safety of all children at Capenhurst is of the highest importance to all staff. This policy explains the practices in place to address the health needs of the children which may be as a result of accidents or medical conditions.

The school has fully qualified first aiders who are responsible for dealing with any serious first aid matters and can be called upon to offer advice whenever required. They are listed in the school office and reviewed on an annual basis.

Added to this most teaching staff, teaching assistants and mid-day assistants have undertaken emergency first aid training and this is monitored by office staff with renewals booked accordingly. All members of staff will administer to small cuts and bruises that are the normal occurrence in a school day.

First aid training is carried out in line with current Health and Safety recommendations. This is every 3 years to re-qualify in all first aid training.

First Aid equipment is kept in the office. Cuts are cleaned using non-alcohol wipes and if needed, plasters are available. Gloves are worn by staff when dealing with blood and these are located next to the plasters and wipes.

Ice packs are kept in a cupboard in the school office and can be used to reduce the swelling for bumps and suspected strains and sprains but will not be applied to any injuries to the head that do not show signs of swelling – instead a cold compress will be used. If ice packs are used, then these are first wrapped in a paper towel to prevent contact with the skin.

All medical waste is disposed of in a small medical waste bins located in each classroom.

Small first aid packs are available in all classrooms and are used by the midday assistants and staff on playground duty. All teachers taking children out of school for a trip or residential visit are equipped with a first aid pack and will carry any medication needed for individual children.

The first aid equipment is regularly checked and managed by all staff.

All accidents are recorded in a minor accident book and these are stored in each classroom. Any head bumps are recorded in the same book and parents are informed by phone and advised if they need to collect their child from school.

Accidents of a more serious nature and requiring a visit to the hospital are recorded on PRIME via the intranet. Paper copies can be kept in school but they are usually stored centrally once submitted. This is in line with Local Authority Health and Safety Guidelines.

Medical information about a child is gathered through the data collection sheets, which are issued annually, as well as through information provided by parent or carer. All important medical information is provided for class teachers and kept in classrooms in their class files. Records about those children with particular medical conditions or allergies are kept on the notice board in the staff room.

All emergency phone numbers are kept on SIMs. When on trips, emergency contact details are taken with the class teacher and shredded on return.

Capenhurst C of E School will not discriminate against pupils with medical needs.

In certain circumstances it may be necessary to have in place an Individual Health Care Plan. This will help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk. These plans will be drawn up in consultation with parents and relevant health professionals. They will include the following:

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

Administration of medicines

Regular dose medication for life-long conditions

For medication that has been prescribed to treat life-long conditions and needs to be administered during school hours, an individual health care plan will be drawn up (see Medical Needs Policy and previous section) which will identify the dose that is to be administered and the time of day for administration. A record sheet will be kept with the medication and this will:

- name members of staff who are able to administer/observe administration of the medication
- note the medication, dosage and time dose is to be administered
- be signed by two members of staff (the person administering and the person who has observed the administration) each time the medication is administered

Once the medication has been administered, an email will be sent via ParentMail to parents/carers informing them of the dose and time of dose. These medications will be kept in a closed container in a cupboard in the classroom and out of reach of all children.

If no named member of staff is available to administer the medication, the headteacher will make arrangements for other staff to administer or for parents to administer on that day.

Medicines, that have been prescribed by a medical practitioner for use in these instances, should always be provided in the original container as dispensed by a pharmacist with the pupil's name on the label and include the prescriber's instructions for administration.

We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

Controlled drugs are a special category of medicines which are subject to separate legislation which defines how they should be prescribed stored and administered. Examples are morphine, diamorphine, and

methylphenidate (also known as Ritalin). They are subject to special legislation because they are either extremely toxic or subject to misuse or both.

A nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed. School will keep this medication in a locked box out of children's reach within the child's classroom. Only named staff will have the access code to the padlock. A record of every administration should be kept along with the amount of tablets/ volume of drugs received. The record book should always be available for external inspection.

Incidental medication that has been prescribed for short-term use such as to treat common, childhood illnesses

Medicines that have been prescribed by a doctor, dentist or nurse prescriber should always be provided in the original container as dispensed by a pharmacist with the pupil's name on the label and include the prescriber's instructions for administration. **We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.** Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents should be encouraged to ask their prescriber about this.

It is preferable that parents, or their nominee, administer prescribed medicines to their children, this could be affected by the young person going home during a suitable break or the parent visiting the school. However, this may not be appropriate. In such cases a request must be made for prescribed medicine to be administered to the young person at school using the appropriate form which can be collected from the school office. Once the request has been completed and includes clear instructions regarding dosage and time of dosage, the request and medicine can be left with the school office who will make staff aware of it. The request forms are kept in the red magazine file on the windowsill in the staffroom.

In December 2015, the Department for Education produced the guidance 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.' It states that: 'no child under 16 should be given prescription or non-prescription medicines without their parent's written consent' and also 'schools should set out the circumstances in which non-prescribed medicines may be administered'. In May 2018, NHS West Cheshire Clinical Commissioning Group (in partnership with other local NHS CCG's) requested that schools reviewed their policies to enable parents to give written consent for the use of over-the-counter (OTC) medicine for minor conditions without requesting a prescription be written. This would also support the Clinical Commissioning Group's self-care policy.

At Capenhurst, we encourage good attendance for all our pupils and will consider each request to administer OTC medicines on their individual merits and checked as to whether it complies with the details above.

Requests to administer medication can be refused if school feel that it is not appropriate for the medicine to be administered at school, if there is any doubt advice will be sought from the school health department.

A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Medicines brought into school are kept in the school office or in the fridge in the staffroom, both areas are out of bounds to all children. Medicines stored in the fridge must be placed in the main body of the fridge and not in the door. They are stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff ensure that the supplied container is clearly labeled with the name of the young person, name and dosage of the medicine and the frequency of administration.

All Medicines, including controlled drugs, will be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Educational Visits

Prior to any residential visit taking place medical forms will be completed by the parents/carers of all pupils. This will allow the school to consider what reasonable adjustments may need to be made to enable young people with medical needs to participate fully and safely on visits. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions will always be aware of the medical needs and relevant emergency procedures of pupils in their care.

With regards the administration of non-prescribed medication such as Calpol or Piriton, should the need to administer an emergency dose of either arise following an incident such as a plant sting, or knock then consent will be sought for emergency administration from all parents prior to the visit as well as a phone conversation at the time of administration. If parents would prefer that their child did not receive medication in this way, then they are to indicate their preference on the medical consent form sent home prior to the trip.

Copies of medical forms will be taken on the visit and relevant information also stored in school.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school will seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

Asthma

Parents of asthmatic children are asked to complete a school asthma card and to ensure that their child is equipped with a labelled inhaler. We also request that school is provided with spare inhaler. Inhalers are stored in the classrooms and the child has access to them at all times.

A list of children in school with asthma is kept on the wall in the school office and in each class's red folder These are updated regularly.

We encourage children with asthma to participate in all aspects of the curriculum including PE. The school does all that it can to ensure that the environment is favourable to pupils with asthma. It has a definitive no-smoking policy. Prior to the arrival of the school dog, information about allergies was sought from all parents and this will be reviewed annually and whenever new pupils start school.

Use of an emergency inhaler

On 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. (see appendices for sample letters home and consent forms for emergency use)

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The governing body of Capenhurst CE Primary School have approved the purchase and use of an emergency 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 the school does not intend to profit from it. *Please note that pharmacies are not required to provide inhalers or spacers free of charge to schools: the school must pay for them as a retail item.*

School will provide a written request to the pharmacy, signed by the head teacher and on letter-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.

At point of request, school will discuss with the community pharmacist the different plastic spacers available and what is most appropriate for the emergency kit.

The emergency kit

An emergency asthma inhaler kit will include:

- a salbutamol metered dose inhaler;
- at least two plastic 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 (i.e. when the inhaler has been used).

Salbutamol

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.

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.

Storage and care of the inhaler

Claire Green and Clare Auld are responsible for maintaining the emergency inhaler kit. They 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;
- that 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.

The emergency inhaler kit will be kept in the school office. This is known to all staff, and all staff have access at all times. The inhaler is out of the reach and sight of children but not locked away. It is 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 kit is clearly labelled to avoid confusion with a child's inhaler. The inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. School will need to 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>

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 individual healthcare 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.

The school should seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency.

Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated annually to take account of changes to a child's condition.

Responding to asthma symptoms and an asthma attack

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason, the emergency 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 whose parents have given consent for an emergency inhaler to be used.

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Education for Health is a charity providing asthma training with the most up to date guidelines and best practice

<http://www.educationforhealth.org>

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

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

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

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

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

What to do in the event of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

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. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. There is a sample letter at the end of this policy outlining what should be sent home.

Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. 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.

One member of staff have attended the 'Managing Medical Needs in School' training course run by CWP Healthcare Trust: Claire Green.

It would be reasonable for **ALL** staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

All first aid trained members of staff are designated in administering the emergency inhaler. A list of children whose parents have consented to the use of emergency inhaler shall be kept in the box with the inhalers. Another member of staff will be asked to observe and support the administration of the emergency inhaler. Parents will be informed each time the emergency inhaler has been used with their child.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

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.

In a number of areas, local asthma teams have provided training for school staff in supporting children with asthma, including use of the inhaler, and schools could contact their local NHS Hospital Trust for information on how children with asthma are supported, and improving links between the NHS and the school.

Liability and indemnity

Governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however, schools will need to agree any such indemnity cover directly with the relevant authority or department.

Useful information

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>

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>

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
[Insert school name]**

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.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-mail:

.....

.....

**SPECIMEN LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE**

Child's name:

Class:

Date:

Dear,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened when.....

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

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

[Delete as appropriate]

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

Yours sincerely,