



**MARTIN PRIMARY SCHOOL**

# **Medical and First Aid Policy**

Reviewed and ratified by the Wellbeing Committee: spring 2026  
Reviewed every year

## **Statement of intent**

Martin Primary School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

## **UN Rights of the Child**

This policy links with the following articles from the UN Rights of the Child Charter:

### **Article 3**

The best interests of the child must be a top priority in all things that affect children.

### **Article 24**

Every child has the right to the best possible health. Governments must work to provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.

### **Article 27**

Every child has the right to a standard of living that is good enough to meet their physical, social and mental needs. Governments must help families who cannot afford to provide this.

## 1. Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2023) 'Statutory framework for the early years foundation stage'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

The policy is implemented in conjunction with the following school policies:

- Health and Safety Policy
- Data Protection Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Educational Visits Policy
- Pupil Welfare Policy

## 2. Roles and responsibilities

The Governing Body is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.

The headteacher is responsible for:

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents/carers are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.

- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

The SENCo is responsible for:

- Overseeing the drawing up and implementation of health care plans that meet the needs of individual children.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aiders are responsible for:

- Completing and renewing training as dictated by the Governing Body.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

The Welfare team is responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Maintaining injury and illness records as required.
- Partaking in appropriate training

### **3. First aid provision**

The school will routinely re-evaluate its first aid arrangements through a risk assessment, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings

- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

The Welfare team will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

#### **4. First aiders and Welfare team**

The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that training and retesting of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the SBM.

Appointed first aiders will be responsible for ensuring all first aid kits are properly stocked and maintained.

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

In line with government guidance, and taking into account staff to child ratios, the school will ensure that there is at least one member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times during school hours when Nursery and/or Reception pupils are present, and accompanying those pupils on any and all outings taken.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe.

## **5. Health Care Plans**

When a pupil has a chronic illness, medical or potentially life threatening condition, the school will ensure it holds a health care plan to meet individual needs and support the pupil. It is the responsibility of the SENCo to oversee the drawing up and implementation of a health care plan. Health care plans are written for children with epi-pens or children with specific medical needs which are usually referred to the school by parents/carers, the school nurse or a hospital. Health care plans are drawn up by health care professionals in consultation with the child's parents/carers and will contain the following information:

- definition and details of the condition
- special requirements e.g. dietary needs, pre-activity precautions
- treatment and medication
- what action to take/not to take in an emergency
- who to contact in an emergency
- staff training where required
- the role the staff can play
- consent and signed agreement.

Health care plans are private and confidential and are reviewed and updated as necessary.

## **6. Automated External Defibrillators (AEDs)**

The school has procured two AEDs through the NHS Supply Chain; they are located in the school office and outside the Premises Manager's office.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis.

## **7. Accommodation**

The school's welfare room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The welfare room will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. It will not be used for teaching purposes.

The welfare room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.

- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

## **8. Emergency procedures**

If an incident, illness or injury occurs, the most senior member of staff in the school at that time will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aid administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent/carer as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent/carer arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least two staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent/carer is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent/carer arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The parents/carers of the victim(s)
- The headteacher.

Responding to an incident can be stressful for the first aider. Following the incident, the first aider may require support such as a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page '[Promoting and supporting mental health and wellbeing in schools and colleges](#)'.

### Head Injuries

Pupils who sustain a head injury MUST be reviewed by two First Aiders in school who will agree on one of the following procedures:

- if it is a minor head injury, i.e. there is no mark and the child seems to have had no adverse reaction, the child will stay in the welfare room with a cold compress applied to the area that was injured. They will be checked again after 10 minutes and if there is still no mark and the child is fine they can return to their normal activities
- if it is not a minor injury, i.e. there is a visible wound, swelling or adverse reaction, the parents/carers must be called immediately (see above) and the injury must be reported on CPOMS with an alert to the SSLT team.

## **9. Reporting accidents and record keeping**

In the event of incident or injury to a pupil, a parent/carer will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, the pupil's parent/carer will be contacted as soon as possible. A list of emergency contacts will be kept at the school office.

The Welfare team will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name of the first aider or person dealing with the incident.

The headteacher will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner. All records will be filed and stored in line with the Records Management Policy.

## **10. Offsite visits and events**

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.

- 2 pairs of disposable gloves.

For more information about the school's educational visit requirements, please see the Educational Visits Policy.

## **11. Receiving, storing and disposing of medication**

### Receiving medication from parents/carers

The parents/carers of pupils who need medication administered at school will be asked to sign a consent form which will include clear details of the medication and dosage; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils. A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present. Staff may administer non-prescription medication if the parent/carer provides their written consent. Staff will usually administer only one daily dosage of medication at the school.

Parents/carers will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen. It is up to the parents and carers to ensure that the medication for their child has not exceeded its expiry date.

### Storing pupils' medication

The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored. Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAls, will be stored in a way that allows it to be readily accessible to pupils who may need it and can self-administer, and staff members who will need to administer them in emergency situations. All other medication will be stored in a place inaccessible to pupils, e.g. a locked cupboard.

Medication stored in the school will be:

- Kept in the original container alongside the instructions for use.
- Clearly labelled with:
  - The pupil's name.
  - the name of the medication.
  - The correct dosage.
  - The frequency of administration.
  - Any likely side effects.
  - The expiry date.
- Stored alongside the accompanying administering medication parental consent form.

Medication that does not meet the above criteria will not be administered.

### Disposing of pupils' medication

The school will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupil's doctor or pharmacist, parents/carers will be asked to collect these for this purpose.

Needles and other sharps will be disposed of safely and securely, e.g. using a sharps disposal box.

## **12. Administering medication**

Medication will only be administered at school if it would be detrimental to the pupil not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the pupil each time it is administered, as well as when the previous dose was taken.

Medication will be administered in a private, comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be the Welfare office. The room will be equipped with the following provisions:

- Arrangements for increased privacy where intimate contact is necessary
- Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
- Available PPE will be available for use where necessary

Before administering medication, the responsible member of staff should check:

- The pupil's identity.
- That the school possesses written consent from a parent.
- That the medication name, dosage and instructions for use match the details on the consent form.
- That the name on the medication label is the name of the pupil being given the medication.
- That the medication to be given is within its expiry date.
- That the pupil has not already been given the medication within the accepted frequency of dosage.

If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent/carer or a healthcare professional, documenting any action taken.

If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent/carer, following advice from a healthcare professional.

Where appropriate, pupils will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, where relevant, and parents/carers will be informed so that alternative options can be considered.

The school will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible. Records will be stored in accordance with the Data Protection and Data Retention policies.

### **13. Medical devices**

#### Asthma inhalers

Asthma inhalers belonging to the children for whom they are prescribed are stored safely in the Welfare medical cupboard. Children will visit the Welfare room to have their inhaler administered, if and when required.

#### Epi-pens

Epi-pens are stored safely in the classrooms of the children for whom they are prescribed. A second Epi-pen is also kept in preparation for the event that the original is misplaced, unavailable or not working. There is a stock of Epi-pens, that are replenished when used or out-of-date, that will be kept in the welfare room.

Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of spare epi-pens in emergency situations. The spare epi-pens will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation has been obtained, this will be recorded in the pupil's care plan.

### **14. Illnesses and allergies**

When a pupil becomes ill during the school day, their parent/carer will be contacted and asked to collect their child as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent/carer to pick them up. Pupils will be monitored during this time.

The school will manage any emergencies relating to illnesses and allergies in accordance with the [Emergency procedures](#) section of this policy.

### **15 Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

The school will:

- encourage the children to carefully wash their hands after they have used the toilet and before meals
- encourage the children to use tissues when they cough or sneeze and ensure they dispose of the tissues correctly
- keep surfaces clean
- ensure that there is adequate ventilation
- remind parents and carers about the importance of following the guidance about when children should be kept at home when they are unwell.

Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **16. Consent**

Parents/carers will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details

of allergies and chronic conditions. They will be asked to provide the school with any relevant updates.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind.

# Appendix 1: Medical conditions and procedures

This includes information about the following conditions:

1. Anaphylaxis
2. Asthma
3. Cystic Fibrosis
4. Diabetes
5. Epilepsy
6. Sickle Cell
7. Myalgic Encephalomyelitis (MLE)

## 1. Anaphylaxis

### Definition

Anaphylaxis is a severe and potentially life threatening allergic reaction. It may be triggered by allergens, or allergy provoking proteins that more commonly include foodstuffs such as eggs, cow's milk, shellfish, fish, exotic fruits, nuts and particularly peanuts. Following testing, to identify which allergens provoke more serious attacks and how severe a response is produced, children may be prescribed a variety of management plans. Severe cases can be potentially fatal and are generally prescribed a preloaded adrenaline injection to be administered into the muscle tissues in an emergency.

Staff will need to complete minimum one-hour training on the management of allergy and administration of adrenaline Epi-Pens, as provided by the School Nursing Service, NHS Barnet, to be deemed competent and be covered by the authority's indemnity.

### Key Issues in School

- Staff training must be appropriate and updated annually, where necessary.
- Individual treatment plans must be complete.
- Pupils with uncontrolled asthma are at greater risk of anaphylaxis.
- The use of foodstuffs or food packaging in lessons or activities undertaken by pupils with allergies should be risk assessed.
- Meals prepared in schools (most caterers for schools now have a nut free policy) or any sharing of food e.g. social occasions must be appropriate.
- Photos of any children with food allergies must be clearly displayed in the dining hall.
- The avoidance of non-food allergens where identified as causing a response e.g. animals, latex, silicone.
- Medication to be taken on school outings by pupils.
- Trained member of staff with a mobile phone to go on school outings.
- Informing staff, including temporary staff, to be aware of these children and their needs.
- Setting should undertake a risk assessment, to include a policy for emergency procedures e.g. who phones for ambulance, how adult help is summoned in an emergency in any area of the building or grounds, access to emergency medication [including inhalers for asthmatics].
- If anaphylaxis occurs the casualty **must** be transferred to hospital, even if they appear to have recovered following receiving adrenaline.
- Schools are strongly recommended to allow pupils to carry their medication with them at all times if appropriate. The more quickly the adrenaline is given the better the outcome. Pupils are safer if they understand their allergy management.

### Emergency epipens

The school has two emergency epipens which are kept in the Welfare Room

### **After an incident**

Use of the emergency epipen will 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/carers will also be informed in writing so that this information can be passed onto the child's GP.

## **2. Asthma**

### **Definition**

Asthma is a reversible inflammatory condition of the respiratory system in which constriction and swelling in the lower airways and excess mucus production occurs in response to a trigger factor.

**Symptoms of Asthma** include:

- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- tight chest
- persistent cough when at rest
- tiredness due to disturbed nights and difficulty breathing
- noisy breathing or wheezing sound coming from the chest when at rest
- reduced exercise tolerance
- nasal flaring
- unable to talk or complete sentences
- may try to tell you that their chest feels tight (younger children may express this as tummy ache)

Symptoms are treated with a 'reliever' inhaler [usually blue]. If a child is using their reliever inhaler more than 2 or 3 times a week their asthma is not controlled. They should see their G.P. in case a 'preventer' inhaler [usually brown but not always] is needed. These are rarely prescribed for more than 2 doses a day, which are taken at home not in school. Children should use a spacer device with metered dose inhalers.

### **Key Issues in School**

Avoidance of trigger factors, which may include:

- pollen
- gas fumes
- solvents
- aerosols
- animals
- feathers
- dust
- exercise
- heightened emotions

This list is not exhaustive and will vary from child to child. It is important that known trigger factors are clearly indicated in the health care plan and that staff are aware of them. The following precautions should be taken:

- Lessons involving activities where trigger factors form part of the curriculum e.g. PE, science and art should be planned to minimise risk to the asthmatic.
- 'Reliever' inhalers should be in the child's classroom.
- Health care plan if child has frequent **acute** attacks, needs a nebuliser in school, has been hospitalised for acute asthma attacks or has brittle asthma.

- Medication to be taken on school outings.

If the pupil does not respond to their normal dose of 'reliever' inhaler do not hesitate to give more 'puffs' and if their condition deteriorates then transfer to hospital. There is a suggested emergency plan on next page. This can be displayed in the medical room. Schools are strongly recommended to allow pupils to carry their own medication with them at all times, where appropriate.

**The following page has been written by the Department of Health**

#### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

1. Keep calm and reassure the child.
2. Encourage the child to sit up and slightly forward.
3. Use the child's own inhaler – if not available, use the emergency inhaler, if the parent/carer has given their permission.
4. Remain with the child while the inhaler and spacer are brought to them.
5. Immediately help the child to take two separate puffs of salbutamol via the spacer. The child can return to school activities when they feel better.
6. If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
7. Stay calm and reassure the child. Stay with the child until they feel better.
8. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
9. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

**Remember asthma can be fatal. Asthma must be treated promptly.**

**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.

#### **The use of emergency salbutamol inhalers**

The school has four emergency salbutamol inhalers which are used only for children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. This information should be recorded in the child's health care plan, if they have one. 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.

#### **Location of the emergency salbutamol inhalers**

The school has four emergency salbutamol inhalers, three of which are kept in the medical room and one is kept in the nursery.

#### **Maintenance of the emergency salbutamol inhalers**

The emergency inhaler includes:

- 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).

The inhalers will be checked at least once a month to ensure that:

- the inhalers 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.

### **Procedures for the use of the emergency salbutamol inhalers**

Staff should follow the procedures outlined above. The emergency salbutamol inhaler should be used only if the child's own inhaler is not immediately available. **It should be used only for children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.** It can be administered by any member of staff who is a first aider.

### **After an incident**

The school will ensure that the inhaler is ready for use again by carefully washing and drying the plastic inhaler housing and replacing the spacer, where possible.

Use of the emergency inhaler will 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/carers will also be informed in writing so that this information can be passed onto the child's GP.

## **3. Cystic Fibrosis**

### **Definition**

Cystic Fibrosis is an inherited condition affecting the lungs and digestive process. Affected individuals produce abnormally thick mucus that is difficult to clear from the airways without regular physiotherapy. The pancreas is affected requiring medication to be taken before each meal / snack. The severity of the disease varies with each individual.

### **Key Issues in School**

- A physiotherapy programme, which is usually undertaken by school staff, may reduce time spent in class (although this is not always the case).
- A private area would be needed for physiotherapy.
- Pupils may tire easily.
- Regular exercise is important for lung function and general fitness.
- Pupils may become breathless on mild to moderate exercise.
- Pupils may be prone to fits of coughing.
- Pupils may require access to medication before mealtimes.
- There may be repeated absences from school due to infection and / or hospital admissions.
- Medication may need to be taken on school trips as advised by parent/carer / carer.

**N.B.** There can be big differences in the severity of the condition and prognosis between individuals. Do not make assumptions about future outcomes. Some children and young people are not fully aware of the possible implications of their diagnosis. Be guided by parents/carers as to how pupils' questions should be answered.

## **4. Diabetes**

### **Definition**

Type 1 - the type most commonly seen in children and young people. A condition in which the pancreas produces insufficient insulin to regulate blood glucose. It is treated with insulin administered by subcutaneous injection. There are usually 4 injections a day under the skin. Sometimes insulin is administered continuously via a pump through a small needle under the skin.

Type 2 - the body has become insulin resistant. It is generally treated by a combination of diet, exercise and tablet medication, although insulin will sometimes be needed. The Paediatric Diabetes Specialist Nurse for a child or young person should be consulted with regard to their needs in school and training needs. The Attached school nurse should negotiate a health care plan with the family and school.

### **Key issues in school / setting:**

- Pupils may require access to water or snacks between meals / during class times.
- Pupils require rapid access to glucose / sugary foodstuff if blood sugars are low, 4.0mmols or less (hypoglycaemia). Pupils must carry a form of glucose with them at all times, e.g. sweets, biscuit.
- All pupils must have opportunity to monitor blood sugar as needed at school (young children will require assistance / supervision).
- Pupils may need to administer insulin by injection at school with help if necessary.
- There must be a protocol for the safe disposal of needles used for injections / blood sugar monitoring.
- All staff must be aware of the pupils' needs and potential diabetes related problems and appropriate action. The health care plan must be known by all staff and freely available for consultation.
- Pupils may need to leave class to access the toilet more frequently than other pupils.
- Symptoms of hypoglycaemia include hunger, sweating, poor pallor, glazed eyes, drowsiness, shaking, poor concentration, irritability, poor or inappropriate behaviour.
- If pupils with diabetes complain of feeling unwell they should never be sent to seek help. If they require assistance with treating a hypo help should come to them.

## **5. Epilepsy**

### **Definition**

Epilepsy is a state of recurrent episodes of loss of consciousness or altered awareness. These episodes are unpredictable in their pattern of occurrence, although stereotyped in nature in an individual, i.e. the same type of attack occurs again and again in that person. One in two hundred people have epilepsy, making it the most common serious neurological disorder in the UK. Epilepsy is a general term. There are over 40 different types of seizure and seizure syndrome. It is a very individual condition. Seizures can be divided into two main categories: generalised seizures where the whole brain is affected and focal seizures, when only a small portion of the brain is affected. The focal seizures can be again divided into simple focal seizures or complex focal seizures depending on the function on the area of the brain affected. Focal seizures can

generalise over the whole brain. Seizures are named according to the behaviour exhibited. Only the more common ones are outlined here.

#### Absence Seizure:

The person suddenly appears blank and stares. Fluttering of eyelids may occur. The head may be floppy. An absence seizure could only last a fraction of a second.

**N.B.** A pupil experiencing absence seizures will generally be able to continue within the class. However, s/he will not have been able to learn /participate during the seizure and will need to be retaught what has been missed.

#### Myoclonic Seizure:

These seizures are abrupt and very brief. Involuntary flexion or jerking movements which may involve the whole body or just one arm or the head.

#### Tonic Clonic Seizure:

At the onset of the seizure (the tonic stage) the child becomes rigid and falls to the ground. Breathing ceases and a blue tinge may be seen around the lips and the cheeks. In the second stage, the (clonic stage) the child will develop clonic or jerking movements. Breathing will be noisy and laboured. The child salivates and may bite his/her tongue. Loss of bladder or bowel control may occur. The child may sleep or remain very drowsy or unresponsive.

Most tonic clonic seizures are self limiting and should last no longer than five minutes. If a seizure is prolonged with a potential to last more than thirty minutes the sufferer is said to have "status epilepticus" which is a life threatening disorder. These seizures may be terminated by the administration of rectal diazepam or buccal midazolam.

#### Atonic Seizure:

Tone is lost in all the muscles causing the person to collapse in a heap.

#### Tonic seizure:

Tone is increased in all muscles causing the person to become stiff and collapse rigidly to the floor.

#### Simple focal Seizures:

These seizures involve isolated twitching of a limb and sensory disturbance. The child will be aware of their surroundings and may respond to questions.

#### Complex focal Seizure:

The child may pluck at clothing or even undress and may fiddle with objects. Lip smacking, chewing movements and aimless wandering may occur. The child will be unaware of their surroundings and will not respond to instruction. These seizures are followed by confusion and may progress to a secondary generalised seizure. [Engel,2001]

### Key issues

- The child must be assessed and diagnosed by a specialist paediatrician.
- Sometimes it takes a long time to get a diagnosis as it is important to avoid misdiagnosis.
- It is vital to accurately record any seizure activity witnessed.
- Not all children with a diagnosis will need medication.
- Anti-epileptic medication must not be stopped unless advised by a doctor.
- Anti-epileptic medication can affect a child's behaviour and learning.

- There must be a healthcare plan.
- Some pupils will have specific triggers which provoke seizures; these should be included in their health care plans and risk assessments.
- There are not many activities that a child with epilepsy cannot do.
- There must be staff training for the use of emergency rescue medication (Engel, J. Jr. [2001] A Proposed Diagnostic Scheme for People with Epileptic Seizures and With Epilepsy: report of the ILAE Task Force on Classification and Terminology. *Epilepsia*, Vol. 42, pp 796-803).

## 6. Sickle Cell disease

### Definition

Sickle cell disease is an inherited disorder of the red blood cells. It is characterised by 'crisis' episodes during which the normally round blood cells become sickle shaped, reducing capacity to carry oxygen. The abnormal cells clump together disrupting the flow of blood particularly through joints resulting in extreme pain. Sufferers are also extremely sensitive to the cold.

### Key Issues

- Pupils may need to wear extra clothing to maintain body heat.
- It is not advisable for pupils to be outdoors for PE or breaks in the school day in very cold or wet weather.
- Pupils may require regular extra drinks.
- Pupils may require regular visits to the toilet.
- Pupils need rapid access to painkillers if in pain.
- Pupils may need regular blood transfusions.
- Pupils may be tired if transfused overnight in hospital (lack of sleep).
- Pupils may be generally hospitalised for 'crises'.
- It often involves pupils having time off for regular hospital appointments.
- Pupils will need a health care plan.
- Advice will need to be taken regarding care on residential trips and swimming; Pupils usually take prophylactic antibiotics at home; these will need to be taken on residential trips. Residential trips are issues in themselves, also swimming.
- Some individuals are affected more severely than others, some will need psychological support.

## 7. Myalgic Encephalomyelitis (ME)

### Definition

M.E. is a syndrome [a group of related symptoms] precipitated by a viral infection in an individual who has previously been fit and attended school regularly.

Symptoms may include:

- chronic fatigue made worse by minimal physical or mental exertion, with a prolonged recovery time
- painful or tender muscles
- poor concentration
- recall difficulties – verbal and numeric
- difficulty assimilating new information
- reversals of sleep rhythms
- emotional lability [can include hyperactivity followed by exhaustion]
- disturbances of appetite, taste and smell
- hypersensitivity to light and sound

- clumsiness
- impaired body temperature regulation
- 30% chance of cardiac symptoms

Diagnosis can be complex and take time. Information from staff about the nature of symptoms in a setting can be invaluable in this process.

### **Key Issues**

- limited energy, involve the young person in planning their workload
- need to prioritise learning due to poor concentration skills
- absences, co-ordination between subject teachers so as not to overload with catch up work
- selective P.E. participation e.g. gentle swimming maybe better than running
- use of a lap top may be helpful
- may need strategies to cope with forgetfulness
- may need to eat frequently
- may have difficulty with fumes in labs
- may need extra clothing at times
- could need longer between lesson changes, help with carrying books etc.
- may need emotional support
- may have problems with peer relationships
- may need extra time for tests and exams.