

Rutlish School



Supporting Students in Schools with Medical Conditions Including First Aid Procedure

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Responsible	Deputy Headteacher & Inclusion Manager
This policy will be subject to ongoing review and may be amended prior to the scheduled date of next review in order to reflect changes in legislation, where appropriate.	

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1. Introduction

Rutlish School is an inclusive community that supports students with medical conditions. Students with medical conditions will be supported so that they have full access to education, including school trips and physical education. No young person will be denied admission to Rutlish School because arrangements for their medical condition have not been made.

School staff will consult with health and social care professionals, the student and parents/carers to ensure the needs of the student with medical conditions are properly understood and effectively supported. We will make reasonable adjustments where appropriate.

This policy should be read in conjunction with the following policies:

- Safeguarding and Child Protection
- Equal Opportunities
- Special Educational Needs

2. Medical Care Plan

All young people with a medical or allergic condition will have an individual Medical Care Plan, which explains what help they need on a daily basis and in an emergency.

At Rutlish School we will do all we reasonably can do to assist students with complex or long term conditions which would require a Medical Care Plan. The Medical Needs Co-ordinator or School Nurse will liaise with the parents/carers on an annual basis in order to review this Medical Care Plan. As part of enrolment, parents are asked if their child has any medical or allergic conditions.

A Medical Care Plan is used to record the medical support an individual student might need. The Medical Care Plan is written with the student, parent/carer, a member of staff (usually the Medical Needs Co-ordinator for non-complex cases) or school nurse (where appropriate) and relevant healthcare services (where appropriate). School staff will be made aware of students who have Medical Care Plans via quick notes and information is store on SIMs. Student confidentiality will be protected and permission from parents will be sought before sharing any medical information with any other party.

The Medical Needs Co-ordinator will hold a central register of Medical Care Plans. Medical Care Plans will be reviewed at least annually or whenever the student's needs change.

If a student needs to attend hospital, a member of staff (preferably known to the student) will stay with them until a parent arrives, or accompany a student taken to hospital by ambulance. Staff will not take students to hospital in their own vehicles. If a student requires hospital treatment that does not warrant calling an ambulance, and the parent is unable to get to school in a reasonable time, the school will provide a taxi to take the child with a member of staff to the hospital.

3. Administering medicines

Rutlish School has clear guidance on providing care and administering medication whilst at school. We have a robust system for storing medication and specialist medical equipment. (All student medication is stored as follows: In a clear plastic wallet, clearly labelled with student's, name and DoB, with medical/allergy care plan and in date medication.

A record is completed by staff every time medicine is administered to a student. This information is shared with parent via the Rutlish App.

Staff will not give medication (prescription or non-prescription) to any student without a parent/carer written consent. This must be done via the Rutlish App.

Prescribed and over the counter medicines (including eye drops) must be in the original packaging or they will not be accepted by the school. Medication must be handed in to the Medical Needs Co-ordinator (or to a member of the office

staff in her absence), clearly marked with the student's name and tutor group. If a student refuses to take medicine that their parents have requested, the refusal should be recorded and parents informed.

Some students may self-administer medication, e.g. Inhaler for asthma, if this has been directed by the parents/carers when completing a 'Parental Agreement' form. The school will not deal with any requests to renew the supply of the medication. If a student misuses their or someone else's medication, parents/carers will be informed.

4. Storage of medicines

- Medication that requires storage in a fridge will be stored in a lockable fridge in the Medical Needs Co-ordinator's office.
- Tablets and any form of pain relief will be stored securely with the Medical Needs Co-ordinator, or in the office in the Manor House if the Medical Needs Co-ordinator is unavailable, with limited access.
- Adrenaline Auto-injectors should be clearly labelled and in date and be easily accessible in the Manor House, as well as the student carrying one on their person
- Asthma inhalers should be with the student on their person. One can be kept at Manor House if required.
- Students should not be carrying any medication without parent/carer first contacting the Medical Needs Co-ordinator.
- Medicines that have expired are to be returned to parent/carer or disposed of safely.
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5. Emergencies

Rutlish School makes sure that all relevant staff understand what constitutes an emergency for an individual student and makes sure that an emergency plan and medication/equipment is readily available whenever the child is in the school, or taking part in off-site activities, and is not locked away. Students may carry their emergency medication with them if this is appropriate or they should know exactly where to access it.

The school has been provided with a spare emergency asthma pump and adrenalin auto-injector. Where permission has been given by the parent/carer in advance, these will be used if the student does not have their medication in school and parents will be contacted.

6. Trips and visits

Students with medical needs are given the same opportunities as others to attend school visits. When planning a visit or trip, staff will make sure that sufficient first aid provision is in place. Staff will consider what is necessary for all students to participate fully and safely. This will be included in their Medical Care Plan.

Staff should discuss any concerns about a young person's safety with parent/carer; this will be included in the risk assessment written by the visit leader. This information should also be included in the student's Medical Care Plan which accompanies them on the visit.

7. Monitoring and Evaluation by the Senior Leadership Team and Governors:

- All staff who administer medicine will be appropriately trained to do so.
- The Medical Needs Co-ordinator, First Aid staff and other staff where relevant will receive regular training, e.g. First Aid, Adrenaline Auto-injector and Defibrillators.
- The Medical Needs Co-ordinator and Inclusion Manager will have regular meetings with the school nurse where appropriate.
- Parents will receive annual request for updated information.
- When evaluating this policy, feedback from key stakeholders and views of students and parents will be sought.
- An SLT member and the Medical Needs Co-ordinator will ensure all staff are aware of students with medical conditions and their specific needs.
- School staff will seek advice and guidance from health and social care professionals where appropriate.
- Governors will make sure that there is the appropriate level of insurance and liability cover in place.
- Governors will ensure that the arrangements put in place are sufficient to meet their statutory responsibilities.

- Governors and SLT will ensure that students with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Governors and SLT will ensure that school staff are able to access information and other teaching support materials to meet the needs of a student with medical conditions.

Appendix 1

First Aid Procedure

1. Introduction

First Aid is the initial assistance or treatment of someone who is injured or suddenly unwell, with the aim to stop their condition worsening until medical help arrives or treating minor injuries which do not require medical help.

First aid does not normally include giving medicines.

2. Responsibilities

Rutlish School ensures that appropriate first aid provision is made so that first aid can be administered in a timely and competent manner. We achieve this by ensuring a number of staff are trained and qualified first aiders, including in mental health first aid.

We ensure training is kept up to date and refresher courses are attended as necessary.

The school will ensure the appropriate personal protective equipment is available to all first aiders.

Office Manager

The office manager is responsible for ensuring sufficient staff are trained to administer first aid to staff, students and visitors.

First Aider

The first aider is responsible for ensuring they give immediate help for common injuries or illness. Where necessary they will use their judgement as to whether an ambulance needs to be called.

They must ensure their first aid kit is kept well stocked.

The first aider will follow all appropriate advice on what personal protective equipment to use.

3. First aid kits

First aid kits will be supplied to first aiders and kept well stocked.

There is no definitive list of what should be in a first aid kit, but they should include.

- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary)
- sterile eye pads
- individually wrapped triangular bandages, preferably sterile
- large sterile individually wrapped un-medicated wound dressings
- medium-sized sterile individually wrapped un-medicated wound dressings
- disposable gloves.

Trips and visits first-aid kits

Again there is no mandatory list of items to be included in first-aid kits for travelling staff but they might typically contain:

- individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary)
- individually wrapped triangular bandages, preferably sterile
- safety pins
- large sterile un-medicated dressing
- individually wrapped moist cleansing wipes
- disposable gloves.

4. Medication

First aid does not include administering medication. This is covered under the Supporting Students with Medical Conditions Policy.

It is recommended that medication is not kept in first aid kits.

5. Recording first aid treatment

It is necessary to record any first aid treatment that is given. A record should be made on SIMS by the first aider to include:

- the date, time and place of the incident
- the name of the injured or ill person/student/pupil/child
- details of the injury or illness and what first-aid was given
- what happened to the person/student/pupil/child immediately afterwards, eg went back to work/class, went home, went to hospital

6. Automated External Defibrillators (AEDs)

AED's are provided around the school, in the following locations:

- Main building foyer – near the canteen
- Innes building foyer – outside the Attendance Office
- Pavilion – kitchen area, 1st right

Training in the use of AEDs can provide additional knowledge and skills and may promote greater confidence in the use of a defibrillator where it is provided.

Appendix 2 HOW TO RECOGNISE AN ASTHMA ATTACK

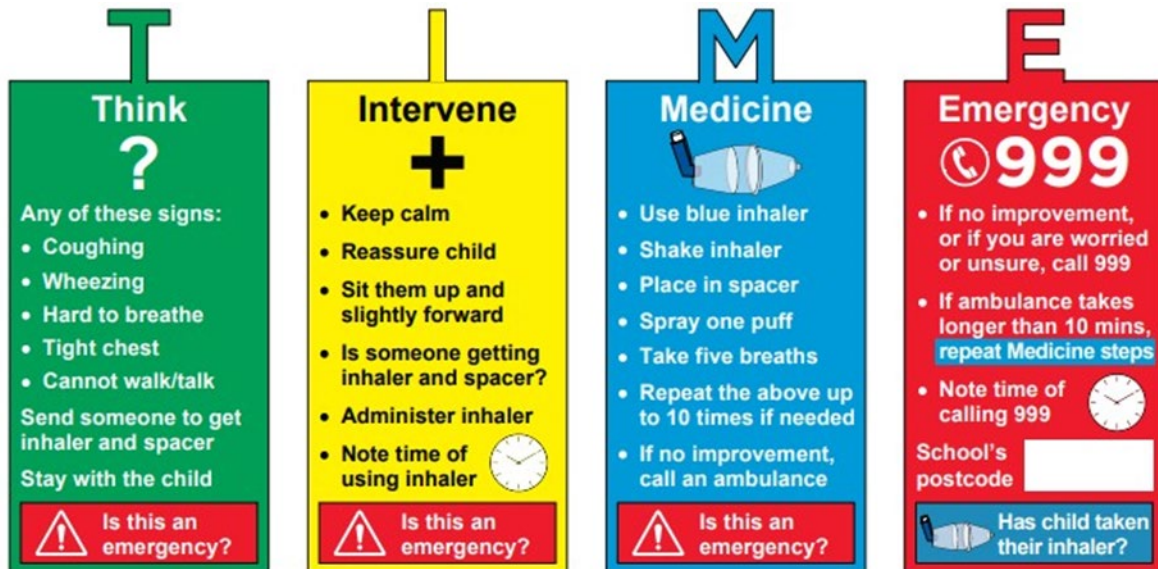
The signs of an asthma attack are:

- 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



The child's Parents or Carers should be contacted after the ambulance has been called. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Use of Emergency Inhalers

In September 2014, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. From the 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

It 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. Consent should be updated regularly to take account of changes to a child's condition. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a student's individual healthcare plan where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save their life
- Parents or Carers are likely to have greater peace of mind about sending their child to school

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- 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 (see below);
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- 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.

Storage and care of the inhaler

The Medical Co-Ordinator has responsibility for ensuring that:

- 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 inhalers and spacers are labelled and kept in the main office. An 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. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

Recording use of the inhaler and informing Parents or Carers

Use of the emergency inhaler should be recorded on SIMs. This should include where and when the attack took place, how much medication was given, and by whom. The child's Parents or Carers must be informed in writing via the Rutlish App so that this information can also be passed onto the child's GP.

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

Appendix 3: Managing Anaphylaxis in School

- Medication to treat anaphylactic reactions includes antihistamines, or an adrenaline injection.
- The adrenaline auto-injections (AAI) most commonly prescribed are EpiPen, Jext, the device looks like a fountain pen which is pre-loaded with the correct dose of adrenaline.
- The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.
- Medication for an individual student must be kept in a secure location in the main office.
- If a student has an AAI it is particularly important that this is easily accessible throughout the school day.
- Medication must be clearly marked with the student's name and should be updated on a regular basis. It is the Parents' and Carers' responsibility to ensure that any medication retained at the school is within its expiry date. It is advised that Parents or Carers provide the school with 2 AAIs for children that are prescribed an AAI.
- It is important that staff working directly with the child are aware of the student's condition and of where the student's medication is kept, as it is likely to be needed urgently.
- It is not possible to overdose using an AAI as it only contains a single dose. In cases of doubt, it is better to give a student experiencing an allergic reaction an injection rather than hold back.
- All students who have anaphylaxis will require an individual Medical Care Plan. The Medical Care Plan should indicate whether in some circumstances the student should be allowed to carry medication on his/her person around the School.
- Staff receive regular training on how to use an adrenaline auto-injector and manage anaphylaxis in an emergency.

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

Mild-moderate symptoms are usually responsive to an antihistamine. The student does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms. Reactions are usually immediate however they can be delayed. If a staff member becomes aware that a child who is prone to anaphylaxis has come into contact with a known allergen, the child should be monitored closely for signs of allergic reaction/anaphylaxis for the rest of the day. Parents or Carers should be informed of that contact so that they can continue to monitor at home.



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)  
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS 

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box above, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

You should administer the student's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do **NOT** move the student. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The student should lie down with their legs raised. If breathing is difficult, allow the student to sit. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Use of Emergency AAls

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). **The school's spare AAI should only be used on students known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.** The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay.

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a student's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,¹ and any spare AAI(s) held by a school should be in addition to those already prescribed to a student.

A number of different brands of AAI are available in different doses depending on the manufacturer. As a school, we choose to purchase the brand most commonly prescribed to students. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g., using an EpiPen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g., using an EpiPen (0.3mg), Emerade 300 or Jext 300 microgram device).

The emergency anaphylaxis kit

It is good practice for schools holding spare AAls to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors.
- A list of students to whom the AAI can be administered.
- An administration record to SIMs

Storage and care of the Emergency AAI

The Managing Medical Co-Ordinator has responsibility for ensuring that:

- on a monthly basis the AAls are present and in date.
- that replacement AAls are obtained when expiry dates approach

The emergency AAls are labelled and kept in the main office.