



MAGDALEN COLLEGE SCHOOL

FOUNDED IN 1480
BY WILLIAM OF WAYNFLETE

First Aid Policy

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FIRST AID POLICY

Magdalen College School accepts the widespread definition of first aid as being ‘to preserve life’, ‘to limit worsening of the condition’, and ‘to promote recovery’. The school seeks to meet its obligations under the Health and Safety Regulations (1981) by:

- Providing trained and qualified personnel to act as First Aiders during the school day (07.30 am–6.00 pm) and whenever pupils are present on the school premises.
- Displaying a list of these personnel in the reception areas, the Bursary, the Common Room, the Junior School office, and other key areas within the school. Ensuring that those trained are updated yearly via TES or every three years via classroom teaching.
- Providing and maintaining adequately stocked First Aid kits (both on-site and for off-site activities).
- Ensuring that all First Aid actions are recorded.
- Organising the speedy provision of any medical treatment and advising pupils’ parents of any such arrangements.
- Promoting a safe and caring environment within the school.

THE USE OF MEDICATION IN GIVING FIRST AID IS NOT SCHOOL POLICY

IF A FIRST AIDER (which does not include the Nurses) ADMINISTERS OR ADVISES THE USE OF MEDICATION WHEN GIVING FIRST AID, THE CASUALTY MAY BE PUT AT RISK, AND THAT FIRST AIDER COULD FACE LEGAL OR CIVIL ACTION AS A CONSEQUENCE.

Where regular over-the-counter medication is required, please refer to our medicines policy.

Please note: throughout this document, the word ‘parent’ is understood to include ‘parent(s)’ and/or ‘guardian(s)’.

The Medical Centre is located in the 1928 Building (07.30am – 6.00pm) Monday to Friday term time and Saturdays for open days, entrance exams, and some home sporting fixtures during Michaelmas term.

Medical Centre (direct line): 01865 253410 ext. 180, 211, 225,

School Office: 01865 242191 ext. 100/101

Nurses emergency Mobile: 07766 522829

John Radcliffe Hospital: 01865 741166



Burn kits (and rolls of cling film) are situated in the Chemistry Prep Rooms, the Physics Prep Rooms, the Technology Office and the treatment rooms in both Medical Centres.

Eyewash stations are located in the Art Department, the Biology Prep Rooms, the Chemistry Prep Rooms, the Dark Rooms and the DT Science Room Labs, outside the 1928 medical centre

AEDs (Automated External Defibrillators) are situated in the **OUTSIDE WALL OF the SPORTS HALL IN A WEATHERPROOF CABINET, the MEDICAL CENTRE IN the 1928 BUILDING, the JUNIOR SCHOOL CORRIDOR** (opposite ground floor staff room), **the SCHOOL FIELD PAVILLION, AND the MARSTON ROAD ASTRO PITCH PAVILION.**

The devices instruct the users, so people with no first aid training can use these machines. The machine then analyses whether a shock is required and advises accordingly.

ARRANGEMENTS FOR TRIPS – REFER TO TRIPS POLICY

ACTION IN AN EMERGENCY – MEDICAL OR ACCIDENTAL

Care of Casualty

In the event of a pupil being injured and requiring First Aid, a responsible staff member should:

- Assess the situation quickly and safely.
- Protect themselves, the casualty and others at the scene from possible danger.
- Identify the injury and level of consciousness. Dial 999/112 if applicable (see below).
- Deliver First Aid at the scene if required/appropriate.
- Accompany the injured person to the Medical Centre in the 1928 Building if appropriate or wait for the emergency services.

If the casualty is unable to move:

- Inform the Nurse of the situation by telephone: dial internally 180 or 07766 522829 for the emergency phone.
- Remain with the casualty until help arrives. Once the casualty has been dealt with or dispatched appropriately.

Care of Pupils who require Hospital Treatment

Aims:

- To ensure that the pupil is transferred to hospital as soon as possible.
- To ensure that the pupil's parents are informed as soon as possible.

Procedure:

- Once it has been determined that the medical problem requires hospital attention:
- Explain to the pupil exactly what action is being taken.
- Arrange transport to the hospital by taxi accompanied by an escort, e.g., Nurse or teacher
- Contact the pupil's parents.
- Inform the school office of the situation and the immediate action being taken. The pupil's tutor and the Master will be informed.
- Ensure that the pupil is accompanied until a member of their family arrives at the hospital.

A&E at the JR Hospital (Headington): 01865 741166

RECORDING AND INFORMING

Information for Parents and Visitors

The Medical Centre is located in the 1928 Building, Mrs Sue King (RN) Senior Nurse, Mrs. Emma-Jayne Muir (RN) and Mrs Alison Willis (RN) Mental health practitioner and Zoe Lines (RN) are the staff on duty.

There is a qualified nurse on duty in the 1928 Medical Centre from 07:30am – 6pm every day during term time and on Saturdays by arrangement, who are available to administer first aid, deal with any accidents or emergencies, administer medications, or help if anyone on site is taken ill Monday to Friday, subject to change. We also have a number of members of the teaching/support staff who are trained and qualified as First Aiders. They are capable of giving first aid if, for example, your child is injured during sport. There is always at least one qualified first aider on site when pupils are present.

First aid boxes are placed in every part of the school where an accident is considered possible or likely (such as the Sports Hall). First aid bags are always provided when groups of pupils go out of school on organised trips (see the Trips Policy) or participate in sporting events. An AED (automated external defibrillator) is available outside the sports centre and is stored in an unlocked weatherproof cabinet, the Medical Centre in the 1928 building, the Junior School (outside Matron's office), and the School Pavilion. An additional AED is situated at the astro pitch site on Marston Road.

All new pupils (and staff) are given information on where to go for help in the event of an accident as part of their induction into the school. There are first aid notices around the school.

The school will always contact you if your child suffers anything more than a trivial injury, if he/she becomes unwell, or if we have any worries or concerns about his/her health. Please do not hesitate to contact the Nurse via the matron@mcsoxford.org email address or by telephoning the Medical Centre on 01865 253410 between 7:30am – 6pm Monday-Friday.

MANAGEMENT OF SPORT INJURIES

Aims:

- To assess the injury quickly and give First Aid treatment as appropriate.
- To prevent any worsening of the injury.
- To seek further medical advice/treatment if necessary.

Guidelines for teaching staff members:

- Ensure First Aid kits and mobile phones are taken to the pitch for all games lessons/training sessions/matches.
- Administer First Aid at time of injury (e.g. use of ice pack, control blood loss) in accordance with training or instruction received.
- If able, escort pupil to the Nurse for further assessment, advice and treatment.
- If an ambulance is required, dial 999 first, send a runner to meet the ambulance and then inform the Nurse
- Ensure that Nurse or the school office contact his/her parent.
- The Nurse will, if necessary, accompany the pupil to hospital and stay until his/her parent arrives.
- Complete accident form on MCS intranet.

MANAGEMENT OF HEAD INJURY

Aims:

- To ensure that appropriate first aid actions are carried out and recorded.
- To organise the speedy provision of appropriate medical assessment and treatment.
- To ensure that the pupil's parent is informed as soon as possible.
- To ensure that the pupil does not engage in contact sport until cleared to do so by a medical doctor.

Most head injuries do not lead to serious complications. However, if you experience any of the following symptoms, you should contact your GP immediately, call 111 or visit an emergency department.

- Severe or worsening headache (a mild headache is normal after a head injury)
- Vomiting (being sick)
- Confusion or feeling unusually sleepy
- Fits (collapsing or passing out suddenly)
- Any change in your eyesight or vision
- Dizziness or lack of coordination
- Weakness in one or both of your arms or legs
- Clear fluid coming from your ears or nose
- Bleeding within the eyes
- New bleeding from one or both ears
- The inability to remember what happened (amnesia)

What you should not worry about

- Mild headache. It is safe to take a painkiller such as paracetamol (please read the manufacturer's instructions).
- Feeling sick or not feeling hungry. This can be helped by drinking clear fluids such as water and avoid all alcohol.
- Difficulty concentrating.
- Feeling more tired, which might then make you irritable or anxious.

These symptoms should disappear over the next two weeks. However, if they do not or you are concerned about how you are feeling, please seek further medical advice.

General advice

- Try to avoid stressful situations as this may make the symptoms worse
- Do not return to normal school, college or work activity until you feel you have completely recovered.
- You should not drive a motor vehicle or operate machinery for at least 24 hours after the injury.
- Do not work on a computer or play on computer games until you have completely recovered, as spending time concentrating on images may make symptoms worse.
- Your ability to tolerate alcohol is reduced after a head injury, so you should not drink alcohol until completely recovered.
- Do not play contact sports for at least 3 weeks and without consulting your GP first.

More information about head injuries can be found online at:

www.nhs.uk/conditions/head-injury-minor/pages/introduction.aspx

www.patient.co.uk/health/head-injury-instructions

Long-term problems

Most people recover quickly from their accident and experience no long-term problems; however, you must contact your GP if you:

- Are still experiencing problems two weeks after your accident
- Are concerned as to whether you are fit to drive a car or motorbike
- Develop new problems after a few weeks or months
- Your GP will reassure you of your recovery or refer you for further investigations.

Who to contact for further advice

- If you have any concerns or require further advice or reassurance, you may call the Nurses at the school Medical Centre.
- Magdalen College School Medical Centre 01865 253410 direct line or via switchboard 01865 242191
- John Radcliffe Hospital 03003 047777
- Horton General Hospital 03003 047777
- Alternatively contact your GP practice or call the NHS 111 service

References

Based on the National Institute of Clinical Excellence (NICE 2014).

TREATMENT OF ANAPHYLAXIS

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy.

An allergy is the body's unexpected reaction to something it has encountered. Something that triggers an allergic reaction is called an allergen. People develop allergies because their body's immune system mistakes the allergen for a threat, like an infection, and tries to fight it off.

A severe allergic reaction can develop within seconds of contact with the allergen. It can affect the whole body and, if not treated quickly enough, can potentially lead to death.

These are the key things to look for:

1. Difficulty breathing (e.g. tight chest and wheezing)
2. Swelling of the tongue and throat
3. Itchy or puffy eyes
4. An outbreak of blotchy/itchy skin
5. Anxiety or confusion
6. Signs of shock
7. Loss of Consciousness

Aims and Objectives:

Magdalen College School seeks to care for pupils who are at risk of anaphylaxis by:

- Removing the risks (as far as possible) that could lead to anaphylaxis.
- Ensuring that all staff and other appropriate adults are aware of those pupils who are known to be at risk.
- Liaising with pupils and parents/guardians to keep information up to date.
- Maintaining accurate records and care plans of the pupils at risk.
- Storing medication for use in an emergency.
- Caring appropriately for a pupil who experiences problems at school due to his/her allergy.

What is the treatment?

Adrenaline (also known as epinephrine) is the front-line treatment for anaphylaxis and is available in a pre-filled **Adrenaline Auto Injector (AAI)**, also known as an EpiPen. During an allergic reaction, blood vessels leak and bronchial tissues become swollen which leads to breathing difficulties. Adrenaline acts quickly to reverse this process by relaxing smooth

muscles in the lungs to improve breathing and stimulate the heartbeat to help stop the swelling around the face and lips. If someone is having an anaphylactic reaction, an EpiPen could save his or her life. It is essential that an EpiPen is available at all times, and that family members, friends and school staff are aware of how and when to use the EpiPen.

Instructions for the administration of Adrenaline via the EpiPen Auto-Injector:

1 **Pull off Blue Safety Cap.** Grasp EpiPen® in dominant hand, with thumb nearest blue cap and form fist around EpiPen® and pull off the blue safety cap. Remember: "Blue to the sky, orange to the thigh".

2 **Position Orange Tip.** Hold the EpiPen® at a distance of approximately 10cm away from the outer thigh. The orange tip should point towards the outer thigh.

3 **Jab Orange Tip.** Jab the EpiPen® firmly into outer thigh at a right angle (90° angle). Hold firmly against thigh for 3 seconds. EpiPen® should be removed and safely discarded. The orange needle cover will extend to cover the needle.

4 **Dial 999.** Dial 999, ask for ambulance and state "anaphylaxis".

Jext®: Instructions For Use

- 1.**  Grasp the Jext® injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
- 2.**  Pull off the yellow cap with your other hand.
- 3.**  Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh.
- 4.**  Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.
- 5.**  Massage the injection area for 10 seconds. Seek immediate medical help.

Treatment Quick Guide

ANAPHYLAXIS

Use your Jext® and immediately after using your Jext® dial 999 in UK or 112 in Ireland, ask for an ambulance and say 'anaphylaxis'



Use a second Jext® after 5-15 minutes if the symptoms do not improve

www.jext.co.uk
www.jext.ie

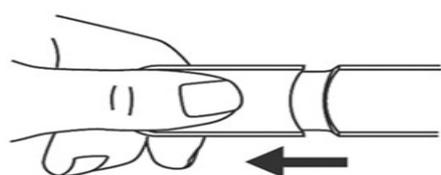
Emerade AAI:

Method of administration

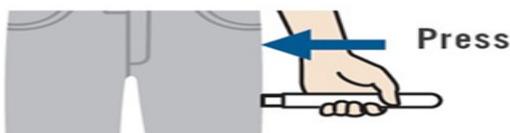
The instructions for use must be carefully followed in order to avoid accidental injection.

It is recommended that your family members, carers or teachers are also instructed in the correct use of Emerade.

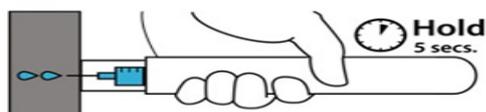
Emerade should only be used for injection in the outer thigh. The injection occurs when Emerade is pressed into the thigh. This can be done through clothing.



1. Remove the needle shield.



2. Place and press Emerade against the outer side of the thigh. A click can be heard when the injection goes into the muscle.



3. Hold Emerade against the thigh for about 5 seconds. Lightly massage the injection site afterwards.

Seek immediate medical help.

The patient must go to A&E because a relapse can occur and/or further management may be required.

Pupils are encouraged to carry their own EpiPen with them at all times when at school and school trips/activities.

The Medical Centre holds a spare EpiPen for the majority of students. These are 'Prescription Only Medication', dispensed by a pharmacy for the individual pupil. Parents are responsible for providing these.

What you need to do – Allergic reactions

If you notice these symptoms and you think someone is having an allergic reaction then you need to get emergency help to get them to hospital as fast as you can (even if the symptoms are mild or have stopped).

Contact the Medical Centre as soon as possible so that the Nurse is aware and can offer assistance.

Dial 999 or 112 straight away. Tell them you think someone is having a severe allergic reaction and give any information you have on what may have triggered it (e.g. an insect sting, or certain food, like peanuts).

If the person knows what their allergy is, they may have medication with them, like an auto-

injector (AAI) (for example EpiPen®, JEXT® or Emerade®). Check if they have one, and if they do, help them to use it or do it yourself following the instructions.

Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.

If they become unresponsive, open their airway and check breathing. Follow the instructions for treating someone who is unresponsive.

Storing EpiPens

From October 2017, the Human Medicines (amendment) Regulations 2017 allows schools to purchase AAI's without a prescription for emergency use in children who are at risk of anaphylaxis but their own device is not available, not working/broken or out of date. These are situated in: Senior School Reception, Junior School opposite the Nurses office, outside on the wall of the 1928 Medical Centre and on the wall of the tuck shop to the right of the entrance. They are not a replacement for the child's prescribed AAI.

Ref: www.gov.uk/government/publications/Supporting-pupils-at-school-with-medical-conditions--3.

Pupils prescribed EpiPens are stored in the treatment room in the Medical Centre in the 1928 Building and in the Junior School Staff Room. However, outside of school hours, the doors to the Medical Centre are locked in order to provide safe storage when the office is closed.

Expiry dates are checked each term and parents informed of any medication that needs to be replaced.

Documentation

Parents are asked to inform the school of any new serious allergies, which may give rise to the possibility of an anaphylactic reaction.

The Nurse will ask for a detailed 'care plan' to be completed by the pupil and parents, giving information about the history of the problem and the treatment prescribed. A copy of the care plan will be stored in the relevant school staff room. Teaching and catering staff will be informed of the pupils who are at risk of anaphylaxis.

An incident report will be filed in the event of an emergency.

TREATMENT OF DIABETES

Type 1 Diabetes: the name given to a condition in which the pancreas stops making insulin. Insulin allows glucose (energy) to be used by the cells. Without insulin, the glucose collects in the blood and cannot be used for energy. People with 'Type 1' Diabetes need to have insulin injections by a syringe, an insulin pen or an insulin pump.

People who have diabetes and insulin injections are at risk of hypoglycaemia (a 'hypo'); this means low blood glucose. (i.e. blood glucose < 4 mmol/L) or hyperglycaemia (a hyper), high blood glucose (i.e. Blood glucose >11mmol/L).

Aims and objectives:

Magdalen College School seeks to care for pupils who have diabetes by:

- Making all teaching staff and other appropriate adults aware of those pupils who are diabetic;
- Liaising with pupils and parents to keep information up to date;
- Caring for the diabetic who experiences low or high blood glucose;
- Storing spare medication (Insulin and Glucagon) provided by parents for use when required.

Care required during a Hypoglycaemia episode (low blood sugar)

One or more of the following may occur:

- Wobbly or shaky
- Pins and needles
- Faint and/or hungry and/or sleepy
- Cross and irritable and or/tearful
- Headache and/or abdominal pains and/or blurred vision
- Looking pale and/or sweating and cold, clammy skin
- Uncooperative and/or lack of concentration and/or unusual behaviour

Aims:

- To raise the sugar content of the blood as quickly as possible
- To obtain medical help, if necessary
- To inform parents of an emergency as soon as possible.

Action:

- Give a sugary drink (e.g. 150ml can of coke or a small carton of orange juice) or dextrose tablets;
- Give a sugary/fast acting carbohydrate snack (Half a banana, honey, jelly babies x 4, 5 x small sugar cubes)
- GlucoGel (formally known as HypoStop) can be squeezed inside the cheek and gently massaged to aid absorption.
- **Follow with a carbohydrate snack to prevent a further hypo.**
- If the casualty becomes unconscious, dial 999/112
- Draw up (if confident & competent) & administer Glucagon, if available, for the casualty. This is a 'Prescription Only Medication' and must be dispensed by a pharmacy for the individual pupil. Parents are responsible for providing these.

Repeat blood glucose test after 15 minutes – if blood sugar levels still below 4mmols, give further 15-20 grams of sugary snack/dextrose tablet.

Care required during a hyperglycaemic episode (high blood sugar):**One or more of the following may occur:**

- Increased thirst and a dry mouth
- Needing to pee frequently
- Tiredness
- Blurred vision
- Tummy pain
- Feeling or being sick
- Breath that smells fruity

Action:

Ensure individual has washed and dried hands before blood glucose test as this can elevate results.

If food has been eaten within last 90 minutes – do nothing and retest blood glucose in 1 hour.

Check insulin pump (if present): pump working correctly, is there insulin in the pump, check for leakage/damage. Change cannula and re-prime giving set.

Check for ketones – if 0.7mmol/L or above – this requires urgent attention.

Ask individual to administer a correction dose of insulin. If no insulin available, contact

parents and seek medical attention.

Storing Medication

- Dextrose tablets and GlucoGel are kept in the Medical Centre
- Glucagon, if supplied, is kept in the medicine fridge in the Medical Centre &/or with the pupil
- Spare insulin, if supplied, is kept in the medicine fridge in Medical Centre;
- Expiry dates are checked every term and parents are informed of medication needing to be replaced.

Documentation

- Parents are asked to inform the school of their child's medical conditions, including diabetes;
- The Nurse will require a detailed 'care plan' to be completed by the pupil and parents/diabetic nurse
- The House Tutor and the Master will be given a copy of the care plan;
- Teaching staff will be notified of diabetic pupils by way of the Medical Circumstances File on ISAMS, The Care List and the Pupils with Sever Allergies and Illness List (on intranet
- Care plans will be reviewed annually.

TREATMENT OF ASTHMA

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

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

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

Asthma register

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

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

Asthma lead

This school has an asthma lead who is named above. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

Medication and inhalers

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

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

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

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

Asthma actions plan

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

Staff training

Staff will need regular asthma training updates and the school nursing team can provide training.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers include:

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

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

Exercise and activity

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

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during lessons, they will be encouraged to do so. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of

exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

When asthma is affecting a pupil's education

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

Emergency Salbutamol Inhaler in school

We have emergency asthma inhaler kits, which are stored in:

- The Medical Centre in the 1928 Building – both inside the Medical Centre and on the door outside
- The alcove outside the ground floor staff room in Junior school.
- Senior School Reception
- On the wall outside the sports staff office ground floor
- The school field pavilion

Each kit contains:

- A salbutamol metered dose inhaler;
- A spacer compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler:
- A record of administration.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to

be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given only use the emergency salbutamol inhaler.

The school's asthma lead and team will ensure that:

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

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

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

Children and young adults will only use the emergency salbutamol inhaler, if they:

- Have been diagnosed with asthma and prescribed a reliever inhaler
- OR have been prescribed a reliever inhaler
- AND for who written parental consent for use of the emergency inhaler has been given.

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

Common 'day-to-day' symptoms of asthma

As a school, we require that children with asthma have a personal asthma action plan, which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma each school year (*see appendix 1*). This can be requested from the school. ***This needs to be returned immediately and stored with our asthma register.***

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

Asthma attacks

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

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

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

Symptoms of an asthma attack

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

Cough – A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain – This may be described by a child in many ways including a ‘tight chest’, ‘chest pain’, tummy ache.

Shortness of breath – A child may say that it feels like it is difficult to breathe, or that their breath has ‘gone away’.

Wheeze – A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing – This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking – The child may not be able to speak in full sentences.

Struggling to breathe – The child may be gasping for air or exhausted from the effort of breathing.

Not all symptoms have to be listed for this to be an asthma attack.

Symptoms can get worse very quickly.

If in doubt, give emergency treatment.

Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is being faster.

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

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

Administering reliever inhaled therapy through a spacer

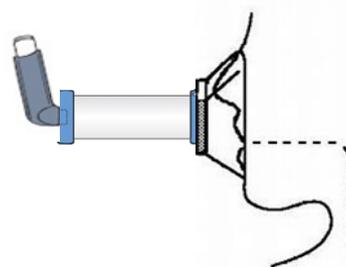
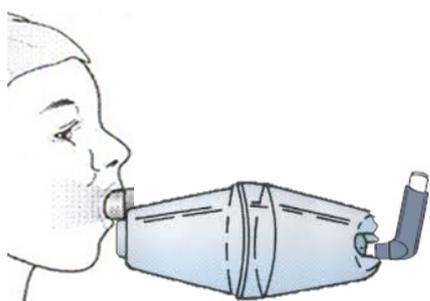
A metered dose inhaler can be used through a spacer device. If the inhaler has not been used for 2 weeks, then press the inhaler twice into the air to clear it.

A spacer might be:

- Orange
- Yellow
- Blue
- Clear

A spacer may have:

- A mask
- A mouthpiece



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 60 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

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

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

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

References

Asthma UK website (2015)

Asthma UK (2006) School Policy Guidelines

BTS/SIGN asthma Guideline

Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

TREATMENT OF EPILEPSY

Epilepsy is a physical and neurological condition resulting in a person's brain processes being disrupted. When this happens, a person may suddenly have a seizure. Many people will have a single seizure at some point in their lives, but this does not mean they have epilepsy.

Aims and objectives

MCS seeks to care for pupils who have epilepsy (or who are undergoing investigations into possible epilepsy, or who experience a seizure at school) by:

- Making all teaching staff and other appropriate adults aware of those pupils who have epilepsy;
- Liaising with pupils and parents to keep information up to date;
- Caring for any pupil who experiences a seizure;
- Informing parents as soon as possible in the event of an emergency.

Care during a seizure

Recognition

One or more of the following may occur:

- Sudden loss of consciousness
- Rigidity and arching of the back
- Convulsive movements
- Muscle relaxation
- Regaining of consciousness
- Grey-blue tinge to skin

Aims

- To protect the casualty by easing the fall, if possible, and by clearing the area of potentially dangerous objects
- To calm and reassure
- To obtain medical help

Actions

- Inform the Nurse
- Dial 999/112 for a Paramedic if any of the following are true:
 - The casualty is unconscious for more than 10 minutes
 - The casualty is having repeated seizures

- It is the first seizure
- Protect head and loosen any tight clothing from around the neck
- Once the seizure has stopped, place the casualty in the recovery position
- Check airway and monitor until help arrives
- Arrange for parents to be informed

Documentation

- Parents are asked to inform the school of their child's medical conditions. This includes pupils already diagnosed with epilepsy and those undergoing investigations related to seizures.
- The Nurse will ask for a detailed 'care plan' to be completed by the pupil and parents. A copy of the care plan will be given to the House Tutor and the Master.
- Care plans will be reviewed as and when necessary/annually.
- An incident report will be filed in the event of an emergency.

DEALING WITH BODY FLUID SPILLAGES

Precautions

- Wear disposable gloves (any skin cuts/abrasions should be covered first).
- Clear away spillage immediately.
- Cleans splashes of blood or body fluid on the skin with soap and cold water immediately.
- Broken glass should never be picked up by hand. Use a paper/plastic scoop and dispose of in a clinical sharps box.

Cleaning procedure

- Wear disposable gloves and apron (if appropriate) and ensure adequate ventilation.
- Absorb spillage with disposable paper towels. Use Emergency Spillage Compound as directed on the package.
- Clean the area thoroughly with warm water and detergent using a disposable cloth.
- Dispose of gloves, paper towels, cloths and apron in a yellow clinical waste bag. Secure bag with a knot.
- Dispose of bag with clinical waste collection or double bagged with normal collection.
- Clinical waste is collected every four weeks.

Contents of Spillage Kit (located in the lockable cupboard, Medical Centre, School House)

Disposable plastic aprons/bucket

Emergency spillage compound

Detergent

Disposable gloves

Disposable paper towels

Yellow plastic clinical waste bags

Dealing with contaminated clothing

- Send pupil's clothes home in a plastic bag.
- Wash any school property using the pre-wash cycle, then a hot-wash cycle.

REPORTING OF INJURIES, DISEASES & DANGEROUS OCCURRENCES REGULATIONS (RIDDOR)

Responsibility for the reporting of injuries, diseases & dangerous occurrences regulation (see below*) (RIDDOR) belongs to **Mr. Harold Caldwell**, H&S Officer.

*Deaths and major injuries; over 3-day injuries; diseases; dangerous occurrences (near misses); gas incidents; reportable gas incidents.

www.hse.gov.uk/riddor

Last Review: September 2025

By: Senior Nurse

Next Review: September 2026