



Policy Number: 20																																					
Title: Medical policy																																					
Responsibility of: Medical Department																																					
First Issue Date: June 2010																																					
Reviewed by: Medical Department																																					
Reviewed Date: March 2019	To be reviewed: March 2020																																				
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Date ratified by Governors: 1.7.19

Signed:



Health care at Mary Hare School

1. The Medical Department is staffed by two Registered General Nurses (RGNs), who are responsible for the health care of all pupils whilst at school. Opportunities are provided each day for the pupils to come to the surgery to seek advice, treatment and reassurance. The surgeries are covered by the nursing staff or by the care staff in their absence. The Nurses are also available to see any pupil outside of surgery times if they are unwell.
2. At Mary Hare School, suitable accommodation is provided in order to cater for the medical and therapy needs of pupils, in accordance with the *School Premises Regulations 2012*, and Part 5 of the revised *Education (Independent School Standards) (England) Regulations 2010 [amended in 2012]*. If a pupil's illness is likely to continue for more than a day or so they may benefit from recovery at home; this would be arranged between the Nurse and the pupil's parents.
3. All pupils are encouraged to register with Dr Degnan, a local GP and also the school Medical Officer. During school holidays the pupil may attend his or her family doctor if necessary as a temporary resident. Dr Degnan visits the school once a week to see any pupil who needs medical advice or treatment. Emergency appointments can be made as and when necessary at the GP's surgery.
4. All new pupils will be seen in the Medical Department by one of the School Nurses for new pupil checks, to have baseline observations recorded (weight, height etc.)
5. The Community School Nurses offer a vaccination programme. This includes:
 - Diphtheria/Tetanus/Polio & Meningitis ACWY Year 9.
 - HPV Year 8 Girls.
 - Optional Flu vaccinations for all pupils.
 - Travel vaccinations can be organised on request.
6. The School Nurses are available to staff for out of hours advice Monday to Thursday. In addition to this, the local out of hours GP service 111 can also be accessed for medical advice. In the event of accidents and emergencies there is a minor injuries unit at West Berkshire Community Hospital, in Newbury open every day from 08:00 – 22:00. The Royal Berkshire Hospital in Reading, and Basingstoke Hospital have larger, busier casualty departments which are open 24 hours a day, every day. In the event of an emergency, 999 or 112 should be called.



7. We ask that all routine dental checks and treatment be carried out annually during school holidays. Regular sight checks should also take place during school holidays. Orthodontic treatment should also be accessed through the pupils' local provision in their home area.
8. Parents have a responsibility to inform the Medical Department after any holiday period or weekend if the child is returning with any medication or treatment, or if any illness or appointments have occurred while away from school, including any immunisations given.

Procedure for ordering, storage and administration of medication

9. This procedure relates to the ordering, storage and administration of medication by nursing and care staff at Mary Hare Primary and Secondary Schools. Mary Hare School recognises the professional pharmaceutical guidance provided by *The Royal Pharmaceutical Society of Great Britain – The Handling of Medicines in Social Care*.

Consent

10. Consent from a parent or guardian to administer medication or First Aid is given to the School Nurse, via a confidential medical form, when a pupil enters Mary Hare School. No medication or First Aid will be administered without consent.

Ordering/Disposal of medication

11. Medication is both ordered and disposed of by the School Nurse. For those pupils not registered with the school GP, medication is supplied by the parent/guardian. All stock levels of medication are recorded and monitored by the School Nurse. Surplus, unwanted or expired medicines are returned to the Nurse for safe disposal through the local pharmacy. All medication which has been disposed of is clearly recorded by the School Nurse. Recorded expiry date checks of medication take place each half term in surgery and the boarding houses.

Storing of medication

12. All medication is stored securely, protecting against theft and damage caused by heat or dampness and accessible only to the appropriate persons and not posing a risk to anyone else. Medication is stored, where possible, in separately named containers, so as to avoid mixing up other individuals' medication. Where medication requires refrigerated storage, this will be indicated on the yellow sheet produced by the Nurse and on the patient information leaflet that is supplied with the medication. The medication will be stored in an individual re-sealable box, in the main compartment of a fridge that is secure. The fridge temperatures are recorded daily; the normal range is between 2



and 8 degrees Celsius. The action to be taken if the temperature is outside the normal range is as follows:

- Check power supply
- Ensure door shuts correctly
- Check thermostat control – adjust if necessary.

13. **Report any continuing temperature issues to the Nurse and maintenance team.** If the fridge breaks down seek alternative storage to reduce waste.
14. Good hygiene and maintenance should be followed; any spillages are dealt with at the point of discovery, regular cleaning and defrosting are scheduled for exeat weekends and any damages are reported immediately.
15. Prescribed medicines are kept securely either in the Medical Department or the relevant boarding house and pupils attend published surgery times to take them. Written records are kept of all attendances at surgery and all administration of medication and parents are contacted with any health and well-being concerns.

Administering medication

16. Anyone administering medication or first aid must employ hygienic practice. This involves washing of hands, wearing gloves, where necessary, and the use of sanitising hand cleanser. The surfaces must be maintained to a high level of cleanliness and be clutter free.

17. All staff are expected to follow the procedure documented below:

- Only one pupil in the medical room at a time to reduce distractions
- Check the name of the pupil you are dealing with
- Check the pupil does not have any allergies, either by referring to the published allergy list or asking the individual pupil.
- Know whether there are any special precautions, for example, give the medicine with food.
- Check that the pupil has not recently received medication, either by the individual's medical sheet, information from the Nurse/Care staff or asking the individual.
- Prepare the correct dose for the time of day.
- Administer medication in accordance with instructions (see below), always offering a drink of water:
- Document appropriately (see below).
- In the case of non-prescribed medication, care staff should notify the medical department that medication has been given if they are going off duty.



- The nurses will notify boarding houses of any medication that has been given which affects when next dose can be administered.

18. In the case of prescribed medication:

Read the yellow medication sheet for instruction on administration. Identify the medication correctly. The individual medication must be clearly labelled, by the pharmacist or dispensing GP, with the pupil's name, the name and dose of medication and the frequency of dose. If the medication is in a foil strip, then check that this matches the box details. Check the expiry date of the medication.

19. In the case of non-prescribed medication:

Follow the white medication sheet for instructions on administration. Check the medication packet or bottle for uses and doses and be sure it is appropriate for that pupil. Check expiry date of medication.

20. In the case of applying medicine to the skin:

Check the medication tube or box for instructions and follow the pupil's topical medication application care plan. It is very important to use gloves both for your own protection and also to prevent cross-infection. These medicines are absorbed through the skin. If you do not protect yourself, your body will also absorb the medicine. Where possible encourage the individual to apply their own medication, only assisting for appropriate and hard to reach areas. Always use a clean glove when touching the dispensing area of the topical medication container, this may mean changing gloves if more cream is required.

Prescribed pupil medication (including antibiotics)

21. Prescribed medication for individual use is passed from surgery to the boarding houses in a sealed bag, along with an individual yellow medication sheet. Every new box of medication will be accompanied by a new yellow sheet. The sheet specifies the pupil's name, the medication, instructions on dosage and the amount of tablets enclosed (where applicable). All prescribed medication is to be clearly labelled with the pupil's name; this is done by the dispensing pharmacy. Each house has a secure medicine cabinet and medicines are stored in it, unless the pupil is self-medicating, in which case secure storage is agreed with them.

22. At the time of administering medication staff are required to record the date, time, medication given, including dose and amount administered and their signature/initials on the sheet. The remaining stock level of medication is then recorded after it has been accurately counted. Yellow sheets are only to be used to record the administration of the medication documented on the top of the sheet.



23. Medicines that have been prescribed and dispensed for one person should not, under any circumstances, be given to another person or used for a purpose that is different from the one they were prescribed for.
24. Refusal to take prescribed medication by a pupil, or medication dropped or contaminated, must also be recorded on the individual's sheet and reported to the School Nurse. In the case of refusal, it is worthwhile waiting for a short time before going back to the individual and again offering the medication. You must never force anyone to take medication, but it is essential to contact the Nurse for further advice.
25. Stock levels must be accurately recorded. If a pupil returns home, this period should be recorded on the yellow sheet; the stock level is then considered; if the pupil should require their medication, then the remaining stock should be appropriately recorded. If the pupil leaves all medication at school, then this stock level is indicated on the yellow sheet.

Controlled drugs

26. All controlled drugs are stored securely in the relevant boarding houses or surgery. Administration of controlled drugs should follow the *Administering medication* procedure above. All controlled drugs must be checked, administered and signed for by two members of staff trained and assessed as competent to administer medication. Stock levels and details of administration are recorded in the house or surgery's hard bound Controlled Drugs book, as well as on the yellow sheet, as with prescribed pupil medication.

Non-prescribed medication

27. Boarding houses keep over the counter medication and 'homely remedies' applicable to the age of pupils. The list of GP approved non-prescribed medication is attached to this policy; see Appendix 1. These may be administered to pupils deemed by staff to require them. Any administration of non-prescribed medication must be recorded on the individual pupil records, held in boarding houses and surgery. Staff are required to record the date, time, condition, medication given and their signature.

Stock recording of non-prescribed analgesic medicine; paracetamol (Including tablet, soluble and suspension) and ibuprofen.

28. Each boarding house and the surgery have log books for keeping stock records of any analgesic medication. Each time analgesic medication is administered, the date, name, the amount given and the stock amount remaining, must be recorded in this log book. New stock may be ordered from the surgery and the stock book returned there. All new



stock is added to any current stock in the log book by the School Nurse.

Self-medication

29. Where possible pupils are encouraged to take responsibility for their own medicine. This preserves independence and prepares individuals for looking after their own medicine when leaving school.
30. A risk assessment is completed by the School Nurse for all students who wish to self-medicate. A copy of this risk assessment is kept on the individual's file in surgery and in the relevant boarding house. Staff in boarding houses will be informed if a pupil is self-medicating, along with details of the risk assessment and safe, secure storage.
31. The only exception to this is where pupils request to use the female contraceptive pill. This decision rests solely between the student and the GP, but a record is made in the individual's file by the School Nurse.
32. For pupils who self-medicate, initial progress is reviewed by the School Nurse and care staff weekly, followed by ongoing education and support.

Record checks

33. Checking of all records related to ordering, storing and administering of medication is done regularly by the School Nurse and any discrepancies and action taken are recorded in a file kept in the surgery. Checks are also made each half term by the Care Standards Officer, who records discrepancies and action taken in the Internal Monitoring File, kept in the Head of Care's office.

Training

34. All staff involved in administering medication receive induction training on ordering, storing and disposal of medication, along with the safe administration of medication. This involves either a face to face, or online on how to administer medication, the accountability, responsibility and confidentiality of our process, reading and signing that they understand the Medical policy and a practical induction to handling medication; this includes observing other staff administering medication on two occasions and then being observed administering medication themselves on ten occasions. This also includes guidance on quality assurance and record-keeping. Reduced observations are required for staff members only administering analgesics. Following this the School Nurse will sign a declaration to state that the member of staff is competent to administer medication properly. Since January 2014, no newly appointed member of staff has been permitted to



administer medication without completing this process.

35. All staff receive annual training on administering medication as well as how to manage severe allergic reactions and the use of an auto adrenaline injector and the emergency salbutamol inhaler. These staff training records are kept by the School Nurse and the Care Standards Officer.
36. Staff involved with pupils who have individual medical needs are given appropriate training and support from the Medical Department and where necessary from external agencies. See policy 17 'Chronic conditions and disabilities' for more information.

First Aid

37. All Heads of Houses and Team Leaders hold up-to-date First Aid at Work certificates. Other members of care staff are trained to Appointed Person level on a rolling program. Records are kept by the School Nurse and the Care Standards Officer.

Mistakes or Incidents

38. Errors can occur in the prescribing, dispensing or administration of medication. Most errors do not harm the individual although a few errors can have serious consequences. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.
39. **Any error or incident must be immediately reported. This will be to your line manager and the School Nurse. An incident report must then be completed within 24 hours of the incident.**
40. The cause of the error or incident will be investigated by the Medical Department and a member of the Care Leadership. Appropriate action will be determined, a report written and sent to the Vice Principle CARE. This action could include, further training, suspension of medication administration and team discussion.



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Appendix 1

Mary Hare Schools Homely Remedies List

Paracetamol 500mg tablets
Soluble Paracetamol 500mg
Paracetamol suspension 250mgs/5mls
Ibuprofen 200mg tablets
Ibuprofen suspension 100mgs/5mls
chlorphenamine maleate 4mg
Cetirizine 10mg tablets
Ceterizine oral solution 1mg/1ml
Pholcodine cough linctus
Milk of Magnesia liquid
Indigestion relief tablets and suspension
Hyoscine Hydrobromide Travel sickness tablets
Lactulose
Bach Rescue Remedy
Sodium Chromoglycate eye drops for itchy eyes
Olive oil liquid and spray
Tea tree oil
Bazuka gel
Cold sore gel
Magnesium Sulphate Ointment
Vaseline
E45 itch relief
Cooling burns Gel
Anthisan cream
Antiseptic cream – Savalon and Germoline
Hydrocortisone Acetate cream 1%
Arnica cream
Muscle/Heat rub
Mouth Ulcer/Teething gel
Aqueous cream
Epaderm Ointment
Dermol cream
Doublebase cream

The above over the counter medications can be administered to the pupils if considered necessary for their general well being.

Signed.....

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Dr Matt Degnan, School Medical Officer
March 2019



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Appendix 2

Emergency management of severe allergic reactions

MARY HARE SCHOOL

EMERGENCY MANAGEMENT OF SEVERE ALLERGIC REACTIONS

SCHOOLS INFORMATION



Securing the future of deaf children and young people

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Compiled by: School Nurse and Care Standards Office	
First Issue Date: April 2015 (Replacing policy June 2010)	
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Introduction

1. We have written this guidance focusing on the individuals that we are aware of who may suffer from a Severe Allergic Reaction (SAR), due to known allergies. It is intended to provide a guide to good practice in prevention of and reaction to any SAR. The information has been sourced from allergyuk.org (2015).

Responsibilities

2. A Health Certificate form should be completed by all parents/guardians at admission or reception of pupils. If a pupil is known to have allergies and has been prescribed an auto adrenaline injector, the parent/guardian will be asked to complete a Consent to Emergency Treatment form. They should also make available any Emergency Treatment Plans, derived from an Allergies Specialist. They should supply any auto adrenaline injector required or liaise with the School Nurse to do so.
3. The School Nurse will keep up-to-date SAR registers and maintain all Injection Kits, ensuring they are stored safely. They will also provide yearly training to an appropriate number of staff, across the school and care environments.
4. All SAR incidents will need to be recorded on the individual's medical record and an incident form completed.

Description of Anaphylaxis

5. Anaphylaxis is a life-threatening reaction; it is typically a sudden event taking place seconds or minutes after exposure to a substance to which the individual is allergic, but the reaction can be delayed. Typical signs and symptoms should be treated even if there is a delay following exposure. Avoidance of relevant substances would be ideal but absolute avoidance may be difficult to achieve.

Meeting the needs of the individual

6. Individual pupils vary in their reactions, some aspects of which may be specific to them. If they have suffered a previous reaction, they almost certainly will recognise the significance of their symptoms and this recognition should be respected.
7. It is important to discuss a pupil at risk of a reaction with the parents, teachers and the School Nurse, to ascertain their specific symptoms, the substance(s) to which they are allergic and the management of an allergic reaction, incorporating any Emergency Treatment Plans provided. Some symptoms (outlined below) necessitate the immediate administration of auto adrenaline injector by injection; resuscitation may also be required.

8. A copy of written instructions, signed parental consent to treatment and personal details will be kept with the auto-injection kit.

Auto-injector

9. Adrenaline auto-injector devices (“adrenaline pens”) are medical devices which deliver a single dose of adrenaline (epinephrine). They have been designed to be easily administered to a person who is having a severe allergic reaction (anaphylaxis).

Auto-injection Kit

10. Every child who has been prescribed an auto adrenaline injector will have an Auto-injection kit. This is a clear plastic wallet, which is clearly labeled and has been stored safely, and readily available for emergency use. These can be found in *Blount Hall, The Medical Department Surgery* and the pupil's *boarding house*. The pupil should also carry an auto-injector with them.

11. The contents of the kit include:

- Photograph and name of child – clearly visible
- Prescribed auto adrenaline injector
- Current signed parental consent - Emergency Treatment Form
- Emergency Treatment Plan if provided
- Emergency Action Plan
- Secure container for disposal of used injector

Signs and symptoms which require immediate treatment

12. Anaphylaxis may be preceded by less severe symptoms of an allergic reaction:

Mild-moderate symptoms	Severe symptoms (Anaphylaxis)
Swelling of face, lips and eyes	Swelling of tongue and/or throat
Skin rash (hives, welts, urticarial)	Difficulty in swallowing or speaking
Tingling mouth	Vocal changes (hoarse voice)
Runny/itchy nose, sneezing	Wheeze or persistent cough
Stomach cramps, nausea, vomiting	Difficult or noisy breathing
	Dizziness/collapse/loss of consciousness

13. Severity of symptoms may increase after each exposure. Symptoms of anaphylaxis are usually quite dramatic and there is rarely any doubt.

Treatment

14. **The majority of allergic reactions are not anaphylactic.** Most allergic reactions present with mild or moderate symptoms, which can be relieved by anti-histamines taken at the first sign of a reaction. However, these take time to work and in a more severe anaphylactic



attack, anti-histamines are not an adequate treatment.

15. The first line treatment for severe symptoms is **adrenaline (epinephrine)** given by Intramuscular injection into the upper outer muscle of the thigh. Adrenaline given in this way is a safe treatment and you should not hesitate to use it if required. It starts to work within minutes, reducing swelling, relieving wheeze and improving blood pressure. It is also the only medicine which can stop the cells activated in an allergic reaction from releasing further mediators (chemicals) into the blood. So, the earlier it is given, in an anaphylactic reaction, the better the outcomes.

Emergency Action

16. The following procedure is required for immediate treatment:

Step one

- Stay with person and give reassurance (if alone, make them comfortable, by sitting them down in a position that most relieves any breathing difficulties. Then go for help and the auto adrenaline injector Kit)
- If any severe symptoms are present, proceed immediately to *Step three*.
- Give any medication for mild reactions that the person has been prescribed e.g. anti-histamine.
- Send for auto adrenaline injector kit and additional help, read the instructions in the kit.

Step two

- Continue to watch for any one of the following signs of anaphylaxis:

Severe symptoms (Anaphylaxis)
Swelling of tongue and/or throat
Difficulty in swallowing or speaking
Vocal changes (hoarse voice)
Wheeze or persistent cough
Difficult or noisy breathing
Dizziness/collapse/loss of consciousness

- If any one of these symptoms are present, proceed immediately to *Step three*.

Step three

- Lay the person flat (if breathing is difficult, allow them to sit but do not let them stand or walk)
- Use the auto adrenaline injector; encourage them to do it themselves; if they are unable to so, follow instructions below and with the kit.
- Send for an ambulance (call 999) and give the following details:
 - + Name



- + Address and access to school
- + Information that a pupil is having a SAR. Give any information on the cause of the casualty's condition.
- Note the time auto adrenaline injector was given.
- Further adrenaline doses maybe given (if a second auto adrenaline injector is available) where there is no response after 5 mins.

**Place the casualty in the recovery position if collapsed/unconscious.
Be prepared to commence resuscitation if necessary.**

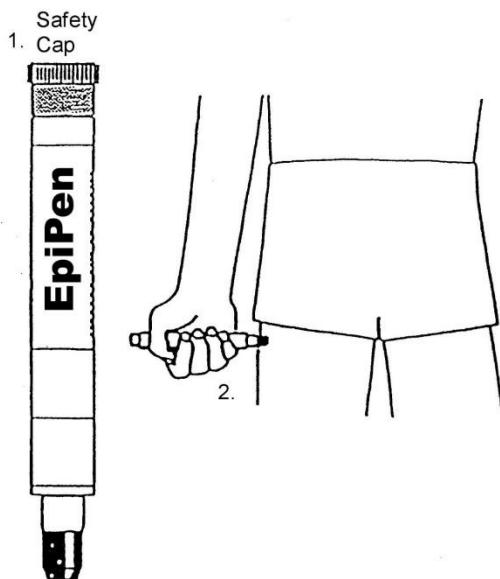
After Care

17. If casualty is breathless allow them to sit up. If they are asthmatic, administer reliever inhaler.
At any stage the casualty starts to feel faint/dizzy, lie them flat with legs raised.
Keep casualty warm until ambulance arrives and make available to the ambulance crew the time auto adrenaline injector was administered and the used auto adrenaline injector for safe disposal.
You must inform the School Nurse as soon as possible (if not already informed). The parent/guardian of the pupil must be contacted as soon as possible.
18. Anyone who has had an auto adrenaline injector administered must be taken by ambulance to hospital and be accompanied by an adult regardless of the circumstances.
19. An incident form must be completed within 24 hours of the SAR.
20. The School Nurse will organize a replacement auto adrenaline injector kit as soon as possible.
21. **Emergency Adrenaline auto-injector (AAI)**
The AAI can be used in emergencies without a prescription if available but only to a pupil at risk of anaphylaxis where both medical authorisation and parental consent for use of the spare AAI has been provided.
22. In the event of possible severe allergic reaction in a pupil who does not meet these criteria emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.
23. **If any accidental puncture of the skin from exposed needle occurs follow the first aid procedure on page 17.**

DIRECTIONS FOR USING AUTO ADRENALINE INJECTOR

24. The following is a description of how to use an auto-injector:

- Pull off safety cap (illustration 1).
- Place tip on thigh, at right angle to leg (illustration 2).
- Always apply to thigh. Injection can be given through clothing.
- Press hard into thigh until auto-injector mechanism functions, and hold in place for 10 seconds.
- The auto adrenaline injector unit should then be removed and placed in a container.
- Massage the injection area for 10 seconds.



The auto-injector comes in two strengths:

0.3mg of adrenaline

0.15mg of adrenaline (Junior)

The pupil will have been prescribed the correct strength by their doctor.

FIRST AID PROCEDURE FOLLOWING NEEDLE STICK INJURY

25. If an accidental puncture of the skin occurs from the exposed needle follow the first aid procedure.

ACTION

If needle is unused

- Irrigate wound with running water



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- Encourage controlled bleeding
- Cover with appropriate dressing
- Contact Occupational Health Department (see below) as soon as possible

If needle has been used - follow instructions above.

In addition: -

- Contact the School Nurse for advice
26. The local out of hours GP service 111 can also be accessed for medical advice. There is a minor injuries unit at West Berkshire Community Hospital, in Newbury, or an Accident and Emergency at The Royal Berkshire Hospital in Reading and Basingstoke Hospital
27. Further advice on any aspect of the management of this procedure can be obtained from the School Nurse.
28. **An accident report form must be completed within 24 hours of the SAR.**



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MARY HARE SCHOOLS

CONSENT TO ADMINISTRATION OF AN AUTO INJECTOR IN THE EVENT OF A SEVERE ALLERGIC REACTION

Name of Establishment	
Pupil's Name	
D o B	
Address	

Parent/Guardian's Name	
Emergency Contact Number	
General Practitioner	
Address	
Telephone Number	

Allergy to	
Prescribed Emergency Treatment & Dose	
Hospital Consultant	
Hospital Address	

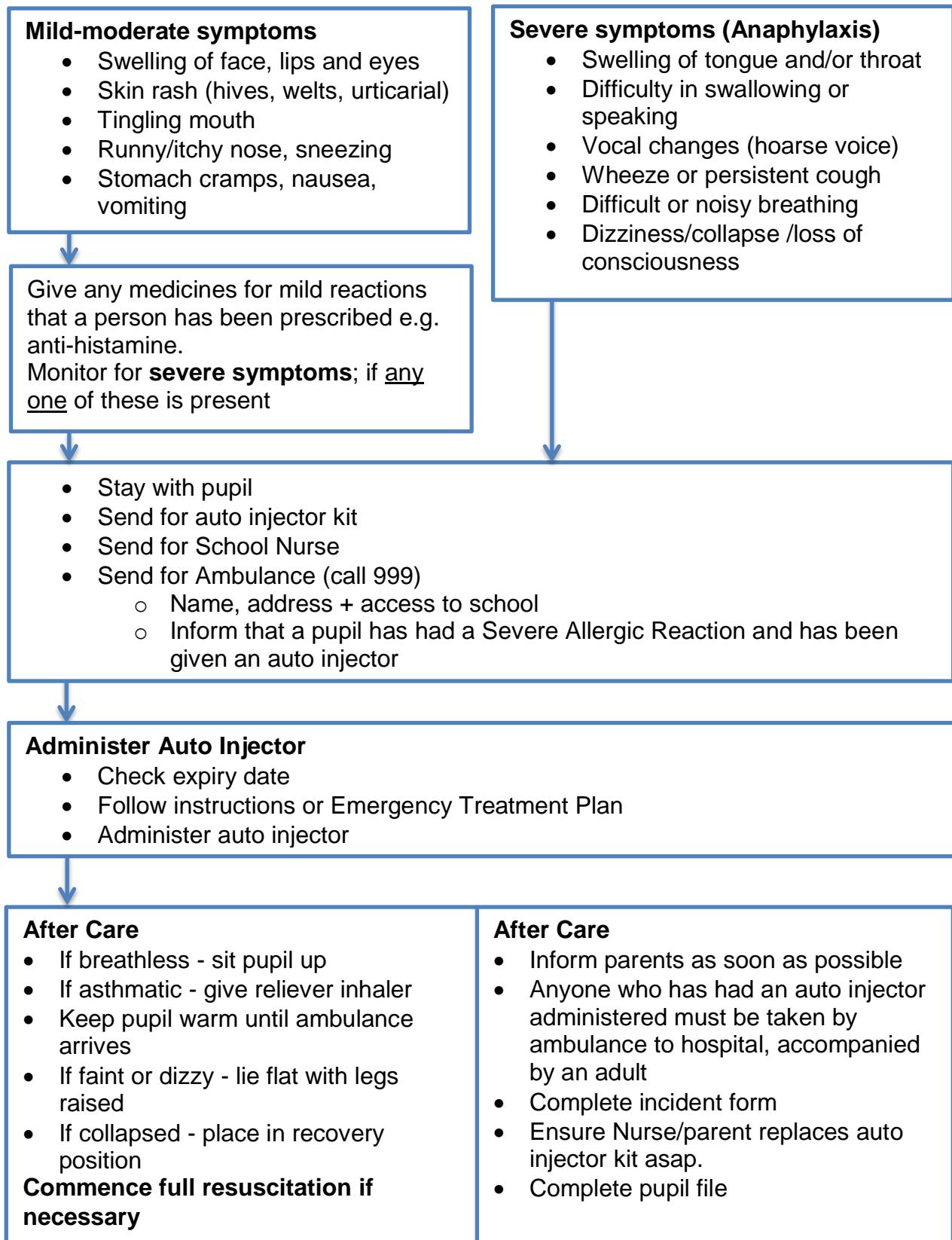
Parents' agreement to administration of prescribed emergency treatment by trained school staff.

Signature

Date

Emergency Action flow diagram

29. The following diagram explains what action should be taken if you are concerned a pupil may be having a Severe Allergic Reaction.





ASTHMA POLICY

This policy has been written with advice from DfE *Supporting pupils at school with medical conditions – Dec 2015* and DoH *Guidance on the use of salbutamol inhalers in schools March 2015*, the National Asthma Campaign and the School Nurse and has been approved by the governing body.

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

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

DISABILITIES AND MEDICAL CONDITIONS

1. The school encourages all pupils including those with disabilities or medical conditions to achieve their potential in all aspects of school life. This policy provides a clear understanding of our approach to the care of those pupils with asthma for the school staff, their employers and the pupils. All staff that come into contact with pupils with asthma have access to information on asthma from the School Nurse. Pupils and staff are aware that the School Nurse is available during the day and for emergency advice or attention overnight. First aid trained staff are available at both school sites.

MEDICATION

2. Immediate access to reliever inhalers is vital. Pupils are encouraged to carry their own, named reliever inhaler as soon as the parent, School Nurse and class teacher agree that they are mature enough. The reliever inhalers for pupils at the Primary School are kept in individual named pouches within the pupil's classroom. Named, spare inhalers for all the pupils with asthma at Mary Hare Schools are kept in the medicine cupboards in the Nurse's surgeries. Staff will always allow pupils to use their inhalers and report concerns about overuse to the Nurse. For offsite activities the older pupils will have their own reliever inhaler with them. The staff accompanying younger pupils will hold inhalers for them.

RECORD KEEPING

3. All use of medications, including inhalers, are recorded in the surgery record sheet or the boarding houses' medication record cards. A record of visits to the doctor and prescription details are noted in each child's medical record card kept in the surgery.

COMMUNICATION

4. Communication between parents and the School Nurse ensures that review of asthma treatment and concerns regarding progress are monitored and attended to promptly and pupils are referred to the doctor as needed. Parents are required to inform the School Nurse of any illness, exacerbation of asthma or changes in treatment which occur during school holidays so that medical record cards can be adjusted and altered dosages of medication can be continued.

PE

5. Taking part in PE is an essential part of school life. PE teachers are aware of which pupils have asthma and those pupils are encouraged to participate fully in PE. Teachers will remind those pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a couple of short sprints over 5 minutes before the lesson. Each child will either have their reliever inhaler with them in their kit bag or the teaching staff will have access to their inhalers.

6. There is a Salbutamol inhaler available-for use in emergencies available in school.
7. The emergency Salbutamol inhaler should be only used by children:
 - Who have been **diagnosed with asthma** and prescribed a reliever inhaler,
 - OR have been prescribed a reliever inhaler,
 - AND for whom written parental consent for use of the emergency inhaler has been given.
 - This inhaler can be used if a pupil's own prescribed inhaler is not available.
 - The School Nurse will be responsible for the supply, storage, ordering, care and disposal of the inhaler and spacer
 - There will be an up to date list of all those pupils who have been diagnosed with asthma and prescribed a reliever inhaler.
 - Written consent will be obtained from parents for use of the emergency inhaler and included in part of the pupil's care plan
 - A record will be kept in the pupil's file if the emergency inhaler is used. Parents and School Nurse will also be informed