

DUMPTON SCHOOL

20 – Sick Child and Administration of Medicine Policy

Person(s) responsible:	Matron
Last updated:	September 2025
Review period:	12 months
Next review:	September 2026

Supporting Pupils with Medical Conditions

Dumpton School supports pupils with medical conditions. Medical conditions include physical and mental health needs. Pupils might have medical conditions such as asthma, diabetes and epilepsy. Some medical conditions are long term whilst others are short term. Some are very serious and can be life threatening. They may affect a pupil's quality of life and impact on their ability to learn. We will give our pupils with medical conditions the right support so that they can achieve well in school.

To support our pupils with medical conditions we will work in partnership with:

- pupils
- parents and carers
- healthcare professionals
- the local authority
- other professionals

Each person's role and responsibilities are set out in Appendix A of this policy. The person responsible for this policy and making sure it is carried out is the Matron Department

Our commitment

All pupils with medical conditions are welcome and fully included at Dumpton. When a pupil joins our school, we will ask their parents or carers if they have a medical condition. A Google form is sent out annually to allow updates. If they do, we will follow the procedures set out in this policy. We will also do this where an existing pupil develops a medical condition. We will provide appropriate support for our pupils with medical conditions so that they can:

- remain healthy
- stay safe
- make a positive contribution
- enjoy school life and achieve their academic potential

We want our pupils and their families to have confidence in the support we arrange. To achieve this, we will:

- put appropriate support in place, including suitable back-up arrangements
- seek and adhere to guidance from medical professionals
- involve the pupil, and their parents or carers, in planning and reviewing support

We will make sure that all staff at the school understand and work to this policy. We will provide them with relevant training about medical conditions. This will cover the impact they can have. We understand that not all pupils with the same medical condition will have the same needs. We will make sure that all relevant staff are aware of an individual pupil's medical condition. Staff will be knowledgeable and confident in supporting pupils with medical conditions. This includes in an emergency. We will raise awareness of different medical needs and disabilities through our curriculum. We will build meeting these needs into the culture and ethos of our school. We will use resources and materials that represent medical needs in a positive light. We will plan transition to the next school or setting as early as possible.

Legislation and advice

We must 'make arrangements for supporting pupils at school with medical conditions'. The Children and Families Act 2014 tells us to do this. This policy explains how we will achieve this. In doing so, we will follow [Supporting pupils at school with medical conditions](#) (Department for Education, 2015). We will also follow [Supporting children and young people with medical conditions: Local area guidance](#) (Dorset Council and NHS Dorset, 2022). Some pupils with medical conditions are also considered to have a disability. If this is the case, we will make sure we follow our duties under the Equality Act 2010. If a pupil with a medical condition also has a special educational need, we will follow our duties under the [Special Educational Needs and Disability \(SEND\) Code of Practice](#) (Department for Education, 2015).

Staff training

We will train all staff so that they know about the legal duty to support pupils with medical conditions. We will also make sure that all staff are aware of this policy. This includes new staff who join the school. Some staff will undertake Continued Professional Development (CPD) training about supporting medical conditions. We will provide general training to all staff about common medical conditions. This includes those that we are already supporting, and those that we will soon be supporting. We will update this training every year or as recommended. Individual staff will undertake appropriate training before they:

- administer medicines
- perform healthcare procedures
- use medical devices

We will identify the training required when developing the IHP. We will ask relevant health professionals where to source this and when to update it. In some instances, formal training will not be needed. Training will be given to enough staff to ensure cover is always available. This includes situations such as staff absence and school trips. We will keep records of all training undertaken. .

Planning

Individual Healthcare Plans

Some pupils will need regular support or monitoring during the school day because of their medical condition. If this is the case, we will develop an Individual Healthcare Plan (IHP) for them. We will also develop an IHP for pupils who need help in an emergency due to their medical condition. The IHP will include the following information:

- the pupil's medical condition
- what should be done to help them in school (including emergency protocols)
- when and where this needs to happen
- who should provide the support

It will also include information about any support required for the pupil's educational, social or emotional needs, if required. We will write our IHPs together with:

- the pupil (where appropriate)
- parents or carers
- relevant school staff
- appropriate healthcare professionals (such as a specialist or community nurse)

School staff will not make clinical decisions when developing an IHP. This includes decisions about medication or healthcare procedures. These decisions will be made by healthcare professionals. Any cultural and religious views made known to us will be reflected within the IHP. If a pupil has an Education, Health and Care (EHC) Plan, we will attach their IHP to this, or incorporate it into the EHC Plan, at the pupil's next Annual Review. IHPs will be shared with, and followed by, all relevant staff. This includes our first aiders and supply staff. We will review our IHPs on an annual basis. We will do this sooner if the pupil's medical condition or support required changes in any way. The persons responsible for developing and reviewing Individual Healthcare Plans (IHPs) at Dumpton are the Matrons.

Intimate Care Plans

If a pupil needs scheduled intimate care during the school day, we will develop an Intimate Care Plan for them. Intimate care is any care which involves washing, touching, or carrying out a procedure to private parts of the body. More information is included in our Intimate Care Policy.

Medical Risk Assessments

In some circumstances, we will undertake a medical risk assessment. This is to make sure that any activities we do are safe for a pupil with a medical condition to take part in. We will often use them when planning for school trips. Medical risk assessments look at what might cause harm to a pupil and what we can do to make activities safer.

We will write our risk assessments together with:

- the pupil (where appropriate)
- parents or carers
- relevant school staff
- appropriate healthcare professionals (such as a specialist nurse)

Medical risk assessments will be shared with, and followed by, all relevant staff. This includes our first aiders and supply staff. We will review our risk assessments on an annual basis. We will do this sooner if the pupil's medical condition changes in any way.

Safe Administration of Medicines

We expect that parents or carers will administer most medicines at home, for example, before and after school, and before bed. We will only administer medicines at school where a pupil's health or school attendance would be adversely affected if we didn't do this. This applies to prescription and non-prescription medicines. But we will not administer homeopathic or alternative remedies in school. This is in line with NHS advice.

We will administer medicines:

- where we have written parental consent in advance
- that are in date and labelled
- provided in the original container as dispensed by the pharmacist
- in line with the prescriber's instructions

We will not give a pupil under 16 aspirin unless prescribed by a doctor. We will encourage pupils to apply creams or ointments themselves. Where this is not possible, staff will do so wearing non-sterile gloves. Consent for the application of sunscreen is obtained on admission.

Consent to administer medication

Medicines will not be given to pupils under 16 without their parent or carer's consent. Parents and carers must complete a consent form for all medicines to be administered at school. This includes:

- prescription medicines (signed on the day at the time of handing to Matrons)
- non-prescription medicines (signed on entry)
- emergency medicines (adrenaline auto-injectors and salbutamol inhalers) purchased by the school, **for use by diagnosed pupils only.**

We ask that medicines are handed over to a member of staff by parents or carers, not by the pupil. Parents and carers should also let us know if there are any issues or symptoms that we need to be aware of. We will check with parents or carers when the last dose was taken before administering any over the counter medication. This is to make sure the maximum dosage is not exceeded. If this is not possible, we will only administer the medication where enough time has passed for the pupil to safely take the next dose.

If we have any doubts about administering medicines, we will consult with parents or carers before doing so.

Over the counter/Non-Prescription Medication

If used on a regular basis, we will accept non-prescription medicines for use as requested. We hold a small stock of paracetamol, ibuprofen and antihistamine. This is only administered where we have parental consent in advance. We also keep a small supply of throat sweets (Soothers (non medicated), Strepsils) for pupils.

Storage of medicines

Prescribed medicines are stored at room temperature in a locked non-portable container in Matrons room.

Medication requiring refrigeration is stored in a locked fridge. Fridge temperature checks are kept daily and should be between 2 and 8 C.

Controlled drugs are stored in a lockable container within the locked non-portable cupboard as per regulations. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations.

Staff medication. Staff who bring medication or over-the-counter medications to school, or on school trips, for personal use, must ensure that their medicines are securely stored, in EYFS personal medication is locked away. Staff working in EYFS must seek medical advice if they are taking medication which may affect their ability to care for children.

Regular medication. Staff and pupils if age appropriate will know where their medication is and who to ask for this.

Emergency medication and equipment is not locked away. Pupils can carry their emergency salbutamol inhalers with them if this is agreed appropriate.

Self-management

We encourage and support our pupils to manage their medical condition themselves as they get older. But we do not expect older pupils to take complete responsibility for this. We will agree which aspects of their medical care the pupil can do themselves. We will decide this by working with the pupil, their parents or carers and relevant healthcare practitioner.

The pupil's IHP will include details of these arrangements, including how much prescription medication they will bring into school. We will supervise pupils administering their own prescription medicines for safeguarding purposes. The format of supervision will depend on each individual pupil and will be set out in their IHP. Parents and carers must complete a consent form to enable their child to carry their own medicines in school. This includes non-prescription medicines. Pupils are requested not to carry non-prescription medicines. If a pupil misuses their medication, or anyone else's, we will inform their parents or carers as soon as possible. We will also follow the school's disciplinary procedures.

School trips to include match away days

Pupils with medical conditions will be able to access all school trips unless medical advice states otherwise. If parents or carers would prefer for their child not to attend a school trip

due to medical reasons, we ask that they discuss this with us. We will plan school trips in advance, using a medical risk assessment. This will take the form of a meeting with:

- the pupil (where possible)
- their parents or carers
- a relevant healthcare practitioner (if required)

The risk assessment will look at any extra support needed for the school trip. We will add these arrangements to the pupil's IHP, and copies will be taken on the trip. All trips in EYFS have at least 1 PFA present. If medication is required during a school trip, it can be carried by the pupil if this is normal practice. If not, it will be carried by an authorised member of staff who would have met with Matron to review all medical details and requirements in administration. Online administration of medicine training is available through the National College (<https://nationalcollege.com/courses/certificate-in-administering-medication-2024-2025>) and may be completed, if required. During residential trips, nominated staff will hold a small stock of over the counter medications, as agreed by Matrons. This will only be administered where we have received written parental consent to do so in advance of the trip. Any medicines administered on the trip will be recorded as per this policy. These records will then be stored with our main records upon return to the school. Parents or carers must check what rules apply to taking their child's medicine out of the UK for overseas trips.

Emergency medication

We will make sure that all staff know what action to take in an emergency and update staff annually. In the event of a medical emergency, our staff will always call 999 and summon a qualified first aider following the Dumpton School Triage process.

Some pupils have a medical condition which might need emergency intervention. Where this is the case, we will make sure that the IHP clearly states what an emergency is, and what to do, this plan is located with the emergency medication. Emergency medication or equipment is always available and is situated in an unlocked cupboard or fridge in Matron's office. All emergency medication accompanies the child on off-site activities. Emergency medication and equipment is not locked away. Pupils can carry their emergency medication with them if this is agreed appropriate. Staff will receive regular training in the emergency procedure. This will include how to administer any medication. Staff know where to access a copy of the pupil's IHP and supporting information. They can pass this on to the emergency services, should an ambulance need to be called.

Please see Appendix D for Administration of Emergency Medication pertaining to specific medical conditions.

We will review all medical emergencies and incidents to see if they could have been avoided. If necessary, we will change our school policy as a result.

Staff duty of care.

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and or taking action in an emergency. This duty of care extends to staff leading all activities offsite.

Record keeping

We will keep an accurate record of all medicines administered to our pupils. Two members of staff check prescription medication, one member of staff must have completed appropriate administration of medicine training.

Staff will:

- Check the child's name
- Check consent obtained; prescription medication consent/administration form completed. Parents contacted and verbal consent obtained for non-prescription medication.
- Wash hands
- Check name of medication and original container
- Check expiry date
- Check prescribed dose and method of administration
- Check time/frequency of administration
- Check time medication last taken
- Check any other written instructions

Records will state:

- Child's name
- Name and strength of medicine administered
- Prescribed dose and method administered (topical/oral)
- Date and time administered
- Name and signature of staff administering the medicine
- Name and signature of staff checking the medicine

We will inform parents or carers if we administer non-prescription medicines. We will do this on the day and in advance where possible. In EYFS parents/carers should acknowledge receipt of this information, a record should be made of all verbal conversations.

Refusing medication

If a pupil refuses to take their prescribed medicine, we will record this as 'refused'. We will also inform the parents or carers immediately. We will not force pupils to take their medication if they do not wish to do so. If a refusal to take medication results in an emergency, the school's emergency procedures should be followed.

Unable to take medication

We will inform parents or carers if a pupil is unwell and unable to take their medication. We will do this immediately. We will also do this if a pupil is sick or has diarrhoea soon after taking their medication.

Medication errors

If we make a mistake when administering medicines, we will take urgent action to ensure the pupil's health is not at risk. We will inform the parent or carer so that they can advise us of next steps. If we cannot reach them, we will contact the healthcare practitioner named in the IHP, if applicable. If this is not possible, we will contact the GP or the local Accident and Emergency Department. The Headmaster and Bursar will be informed and the relevant documentation completed; an accident report will be recorded on the Smartlog software.

Medication disposal

If a medication is about to expire, we ask the parent/carers to provide new and in-date medication and once received, return the expired medication to them for disposal. We will dispose of needles and other sharps, using sharps boxes provided by parents or carers. Sharps boxes are securely kept at school and will go with pupils on off-site visits. Sharps boxes are returned to parents or carers for safe disposal.

Sharps injuries

Sharps injuries occur when a sharp instrument, such as a needle, penetrates the skin. This could happen when managing medical conditions such as Type 1 Diabetes. To prevent this, we will work with relevant healthcare practitioners to:

- provide appropriate training
- use safe sharps where possible
- prevent recapping of needles
- place instructions for safe disposal of sharps and sharps boxes in the work area

We will also make sure that our staff are fully aware of the procedures to follow if a sharps injury does occur. These are covered in [Supporting children and young people with medical conditions: Local area guidance](#) (Dorset Council and NHS Dorset, 2022).

Medical devices

Some medication requires medical devices to deliver medicine. We will perform checks of any medical devices to make sure they work and are ready to use when needed. We will perform these checks in line with guidance and/ or training from relevant health practitioners. We will keep records of all checks undertaken. Medical devices which need power to operate are kept fully charged. This is so they can be used in event of a power cut or emergency evacuation.

Considerations for Pupils with Medical Conditions

Ensuring access to education

We know that absences due to medical conditions can affect educational attainment. We will provide extra support to pupils returning to school following a period away. This is so that

they don't fall behind in their learning. We will be flexible in how we offer this support to help each pupil individually. We will work in partnership to decide how to support the pupil's return to school. We will work together with:

- the pupil (where appropriate)
- their parents or carers
- relevant school support staff
- healthcare professionals

Where a pupil will be absent for an extended period as defined in the School's Attendance policy, the school will complete a sickness return to the local authority. Transition between school/settings

For pupils with medical conditions, we will plan the transition to the next school or setting in advance. We will ask for parental consent to share the pupil's IHP with the receiving school or setting. We will provide them with details on how we are supporting the pupil. We will hold a planning meeting in either the spring or summer term prior to transfer. This meeting will involve:

- both schools or settings
- the parent or carer
- the pupil (where possible)
- any relevant healthcare practitioners

At the meeting, we will update the IHP for use in the new school or setting.

Unacceptable practice

We will make sure that pupils with medical conditions are treated fairly. We will make sure that their needs are properly supported. We will generally not:

- prevent them from accessing or administering their medication
- assume that pupils with the same condition need the same treatment
- ignore the views of the pupil or their parents or carers, or medical advice
- send pupils with medical conditions home frequently because of their medical condition
- prevent pupils from staying for normal activities, unless this is specified in their IHP
- send an unwell pupil to the school office or medical room unaccompanied or with someone unsuitable
- penalise pupils for their attendance record if their absences are related to their medical condition
- prevent pupils from drinking, eating, or taking toilet or other breaks when they need to, to manage their medical condition
- require parents, or make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent pupils from participating, or create barriers to pupils participating in any aspect of school life, including school trips

Confidentiality and data protection

We will protect the confidentiality of our pupils. We will always get permission from parents or carers before sharing medical information with any other party. This includes other staff within our school and the emergency services. We will make sure that medical information about a pupil, including their IHP, is not 'on view' within the school, but they may be accessed in emergency situations. Pupil medical information is recorded on iSAMS. A **Red Alert list** with all pupils with serious conditions listed is kept in the staffroom and in the Emergency Folder in Matrons room, and on Teams – accessible to all. This updated on a regular basis.

Liability and indemnity

Our Headteacher and governing body will make sure that we have the right insurance in place to support pupils with medical conditions. Most medical conditions are covered under standard liability insurance. We will contact our insurance provider separately if we need medical malpractice insurance. This is usually only required for any complex or invasive healthcare procedures.

Complaints

Dumpton School complaints procedure covers the supporting pupils with medical conditions policy.

Monitoring

This policy will be reviewed each year and updated if needed. It will be monitored throughout the academic year. When evaluating the policy, we will seek feedback from:

- our pupils
- their parents and carers
- school staff
- relevant healthcare professionals
- our governing body
- other relevant professionals

Care of the Sick Child

Dumpton School recognises its responsibility to promote a culture where health issues are discussed in an open and positive way to achieve high standards. The health and wellbeing of children is of paramount importance to enable them to learn. Children who are unwell are best cared for at home.

Purposes

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- To protect children and adults from preventable infection
- To enable staff and parents to be clear about the requirements and procedures when children are unwell.

Guidelines

If a child is thought to be unwell it is important to assess the condition of the child, this should be done in a calm and reassuring manner. All staff are responsible for identifying unwell children.

1. Signs of illness include:

- Skin colour abnormal.
- Behaviour abnormal.
- Temperature.
- Sickness.
- Diarrhoea.
- Pain/discomfort
- Desire to sleep.

2. If it is felt a child is unwell the adult responsible for the child will assess initially and if necessary contact Matron, if within Matron's working hours, who will manage the care of the child. If Matron is not available, the responsible adult will manage the care. (All teaching staff are first aid trained)

3. Staff communication is vital – other members of staff will be asked if they have noticed any signs/symptoms.

4. If a child has specialist medical needs/special educational or a healthcare plan needs these will be considered.

5. Parents will be contacted as soon as practically possible and informed about illness or infections identified in school.

6. If a child is to be sent home a member of staff will stay with the child and make them as comfortable as possible and the parent/carer will be contacted.

7. A record is kept on any child sent home, so that we have a record of children sent home and their symptoms.

7. Responding to children who are infectious:

- Parents are expected to notify the school immediately if they suspect or are aware that their child is infectious.
- Parents are obliged to share any information about child illness or infections with Matrons.
- Necessary steps will be taken to prevent the spread of infection. Reporting of notifiable illnesses should be communicated to all Head of Departments. If there is an apparent

infectious disease passing through the setting, or if a number of children are away ill with the same disease, then the local health protection team will be informed in accordance with Public Health England guidelines. Health Protection in children and young people settings, including education guidance is followed which is a practical guide for staff on managing cases of infectious diseases in children and young people settings, including education. <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

The school will follow best practice in cases of vomiting or diarrhoea, and observe the 48 hour rule of absence, following the last episode of either.

Appendix A: Roles and responsibilities

We will work with others to support pupils with medical conditions at Dumpton School. This means working in partnership with:

- pupils
- parents and carers
- healthcare professionals
- the local authority
- other professionals

Each person's role and responsibilities are explained below:

Pupils

Pupils contribute to discussions about their support at school. Their views help to inform the Individual Healthcare Plan (IHP).

Parents and carers

- Parents and carers should provide the school with up-to-date information about their child's medical needs. They contribute to the development and review of the IHP. They will provide any medicines or equipment needed, unless otherwise agreed. They will make sure that they or another nominated adult can always be contacted. Information from all families will be collected via a Google form before the beginning of each academic year.

School staff

All members of school staff will know what to do when a pupil with a medical condition needs help.

Staff who perform medical duties will undertake suitable training before doing so. Medical duties include administering medicines and providing medical care. Staff will be competent to perform these duties.

Headteacher

The Headteacher will make sure that:

- this policy is implemented
- all staff are aware of the policy and understand their role in carrying it out
- all staff who need to know are aware of a pupil's condition
- enough staff are trained to carry out the policy and support all IHPs, including in emergency situations
- IHPs are developed
- school staff are properly insured

Governing body

The governing body of Dumpton School will 'make arrangements' to support pupils with medical conditions. This is so that they can participate as much as possible in all aspects of school life. This duty includes making sure:

- this policy is developed and implemented
- enough staff are trained and competent to support pupils with medical conditions
- staff can access information and other teaching support materials as needed

School and children's community nurses

School nurses may tell the school when a pupil has a medical condition which will need support. They may support the school in implementing a pupil's IHP and by providing advice. They might also talk to local lead clinicians about support for a pupil and training for staff.

Children's community nurses can also help schools seeking advice and support in relation to pupils with a medical condition. They might help to write the pupil's IHP.

Other healthcare professionals and health services

Other healthcare professionals, such as GPs and paediatricians, may tell the school nurse when a pupil has a medical condition that will require support. They may also provide advice on developing IHPs.

Health services can provide valuable support, information, advice and guidance to schools, and their staff.

We liaise with the local health authority who provide vaccinations and vision screening on site.

Integrated Care Boards (ICBs)

NHS Dorset is the public name of NHS Dorset Integrated Care Board (ICB) and has undertaken the statutory responsibilities of the NHS Clinical Commissioning Group (CCG). The ICB is responsible for planning to meet the health care needs of people and communities

in Dorset. This includes ensuring that commissioning is responsive to children and young people's needs and works to support health services to co-operate with schools supporting pupils with medical conditions.

Local authorities

The local authority (Dorset Council) commissions school nurses for maintained schools and academies. It will also provide support, advice and guidance to schools to support pupils with medical conditions.

Appendix B: Emergency salbutamol protocol

We have purchased a supply of salbutamol inhalers. These are for emergency use with pupils experiencing an asthma attack. In doing so, we will follow the [Guidance on the use of emergency salbutamol inhalers in school](#) (Department of Health, 2015).

Emergency salbutamol inhalers can be used if a pupil's own inhaler is not available, for example, because it is broken or empty. We will keep an up-to-date register of all pupils who have asthma.

We will only administer an emergency salbutamol inhaler to pupils who:

- have been diagnosed with asthma and prescribed a reliever inhaler, or
- have otherwise been prescribed a reliever inhaler, **and**
- where we have written parental consent to do so

We will record this information on the pupil's IHP.

Emergency salbutamol inhalers are securely stored in our Matrons office but not locked away. Our emergency inhaler box is clearly labelled and kept separate from pupils' own inhalers. The box contains:

- 12 salbutamol metered dose inhaler
- 2 plastic spacers (tubes with a mouthpiece to administer the salbutamol) compatible with the inhaler
- 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 list of children permitted to use the emergency inhaler
- a record of use – recorded in medications folder in Matrons office

The person(s) responsible for maintaining the emergency inhaler kit are Matrons.

Every month, they will make sure that:

- the inhaler and spacers are present
- they are in working order
- there are enough doses available

A record will be kept of these checks. These members of staff will also:

- obtain replacement inhalers and spacers in good time
- clean, dry and return the plastic inhaler housing to storage following use

At Dumpton all staff will:

- receive training to recognise the symptoms of an asthma attack
- be aware of this policy
- know how to check if a pupil is on the asthma register (ISAMS)
- know how to access the emergency inhaler
- be aware of who the designated members of staff for the emergency inhaler are

All first aid trained members of staff will 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

We will keep an accurate record of when the emergency inhaler has been used. This will include details of where and when the attack took place, how much medication was given, and by whom.

We will inform the pupil's parents or carers that we used the emergency inhaler. This will be in writing, so that the information can be passed onto the GP.

Plastic spacers will be disinfected to prevent the risk of cross-infection. We will return used inhalers to our local pharmacy for recycling.

The person responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation, and maintaining the asthma register is Matron.

The next section of this protocol contains information on how to recognise and respond to an asthma attack (including use of the emergency salbutamol inhaler).

How to recognise and respond to an asthma attack (including use of the emergency salbutamol inhaler)

How to recognise an asthma attack

The signs of an asthma attack are:

- persistent cough (when at rest)
- 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
- child may 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 their lips
- is going blue
- has collapsed

What to do in the event of an asthma attack

1. Help the child to sit up straight and keep calm
2. Use the child’s own inhaler – if not available, use the emergency inhaler (where parental permission given)
3. Remain with the child while the inhaler and spacer are brought to them
4. Help the child to take one puff of salbutamol every 30 to 60 seconds, up to 10 puffs - using a spacer if available
5. **Call 999 if the child feels worse at any point, or if they don’t feel better after 10 puffs**
6. 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

7. If the ambulance has not arrived after 10 minutes and symptoms are not improving, repeat step 4
8. If symptoms are no better after repeating step 4 and the ambulance has still not arrive, **contact 999 again immediately**

Taken from [Asthma+ Lung UK](#).

Appendix C: Emergency adrenaline auto-injectors

We have purchased a supply of adrenaline auto-injector (AAI) devices. These are for emergency use with pupils at risk of anaphylaxis. In doing so, we will follow the [Guidance on the use of adrenaline auto-injectors in schools](#) (Department of Health, 2017).

Anaphylaxis is a severe and often sudden allergic reaction.

Emergency Adrenaline auto-injectors are for use when a pupil's own device is not available or not working. We will only administer them if we have received medical agreement and written parental consent to do so. We will record this information on the pupil's IHP.

We will keep an up-to-date register of all pupils with allergies and those who are at risk of anaphylaxis. This will be shared with all relevant staff. The register will include:

- known allergens and risk factors for anaphylaxis
- whether the pupil has been prescribed an adrenaline auto-injector, and if so what type and dose
- whether parental consent has been given for use of the spare adrenaline auto-injector if their own is not available
- a photograph of each pupil to allow a visual check (with parental consent)

We will always call 999 if a pupil appears to be experiencing a severe allergic reaction. We will tell the emergency services of any allergies that we know the pupil has and the time and dose of any adrenaline administered.

If a pupil without a known allergy appears to experience a severe allergic reaction, when contacting the emergency services, we will inform them that we hold an emergency adrenaline auto-injector on site.

Emergency adrenaline auto-injectors are securely stored in our Matrons office but not locked away. They are clearly labelled and kept separate from pupils' own devices. Adrenaline auto-injectors will always be accessible and available within 5 minutes.

Our emergency anaphylaxis kit includes:

- 2 adrenaline auto-injectors (1 x 0.15 mg and 1 x 0.3mg)
- instructions on how to use the device(s)
- instructions for storage of the device(s)
- manufacturer's information
- a checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- arrangements for replacing the injector(s)
- a list of pupils to whom the adrenaline auto-injector can be administered
- a record of use

The person(s) responsible for maintaining the emergency adrenaline auto-injector kit are Matrons.

They will check that the adrenaline auto-injector(s) are present and in date each month and keep a record of this. They will buy replacement devices when expiry dates approach.

We will keep an accurate record of when an emergency adrenaline auto-injector is used. This will include details of:

- where and when the reaction took place
- how much medication was given
- who gave the medication

We will contact parents at the earliest opportunity.

Used adrenaline auto-injectors will be given to the paramedics on arrival or disposed of in a sharps bin.

At Dumpton all staff will:

- receive training to recognise the range of signs and symptoms of an allergic reaction
- understand how quickly anaphylaxis can progress to a life-threatening reaction
- understand that anaphylaxis may occur with prior mild symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs
- be aware of this policy in relation to anaphylaxis
- know how to check if a pupil is on the allergy register
- know how to access the emergency adrenaline auto-injector
- know who the designated members of staff for anaphylaxis are, (Matrons/SLT) and how to get their help

Designated members of staff will receive training in:

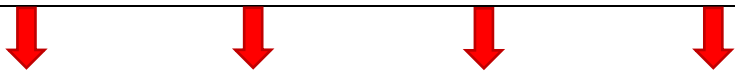
- recognising the range of signs and symptoms of severe allergic reactions
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering adrenaline auto-injectors according to the manufacturer's instructions
- making appropriate records of allergic reactions

We will undertake a risk assessment for any pupils at risk of anaphylaxis who are taking part in a school trip. A member of staff trained in administering adrenaline auto-injectors will attend the trip.

The person responsible for overseeing the protocol for use of the emergency adrenaline auto-injector, monitoring its implementation, and maintaining the allergy register is Matrons.

The next section of this protocol contains information on how to recognise and respond to an allergic reaction/ anaphylaxis (including use of the emergency adrenaline auto-injector).

How to recognise and respond to an allergic reaction/ anaphylaxis (including use of the emergency adrenaline auto-injector)

Recognition and management of an allergic reaction/ anaphylaxis	
Mild-moderate allergic reaction	Signs and symptoms include: • 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 auto-injector(s) • Give antihistamine according to the child's allergy treatment plan • Phone parent/emergency contact	
	
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 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 auto-injector without delay 3. Dial 999 to request ambulance and say anaphylaxis If in doubt - give adrenaline auto-injector	
After using adrenaline auto-injector: 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 auto-injector device, if available

Anaphylaxis may occur without initial mild signs: **always use adrenaline auto-injector first in someone with known food allergy who has sudden breathing difficulty** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

Taken from [Guidance on the use of adrenaline auto-injectors in schools](#) (Department of Health, 2017).

Appendix D: ADMINISTRATION OF EMERGENCY MEDICATION

EMERGENCY MEDICATION - Kept in Matrons – situated in left unlocked cupboard on entering Matrons office or in the fridge (hypostop and dextrose) adjacent to Matrons desk.

All emergency medication must accompany the child when going off site.

Adrenaline Auto Injectors (AAI. Eg: “EpiPen®”)

Instructions for use (Anaphylactic care plan) are kept with the individuals AAI. There are 2 generic AAI on site. They are located in Matrons. NB: If junior/adult required –weight dependent.

Annual consent is obtained to permit emergency AAI usage.

Matron is responsible for regularly checking the AAIs.

All first aid trained staff receive training in Anaphylaxis.

Annual updates are provided by Matron.

Asthmatics - Inhalers

Instructions for use (Asthma care plan) are kept with the individuals inhaler.

There are generic Ventolin inhalers on site. These are located in Matrons and allocated to First Aid bags for outdoor activities, matches and trips.

Annual consent is obtained on ‘The School Asthma Card’ to permit emergency inhaler usage.

Matron is responsible for regularly checking the inhalers.

All first aid trained staff receive training in Asthma.

Annual updates are provided by Matron.

Diabetes – Hypostop and Dextrose

In the event of a diabetic becoming hypoglycaemic, the child’s prescribed Hypostop and Dextrose is kept in the medical fridge with instructions for use (Diabetic Care Plan).

Matron is responsible for regularly checking the Hypostop and Dextrose.

All first aid trained staff receive training in Diabetes.
Annual updates are provided by Matron.

Epilepsy - Anti-convulsants

Instructions for use (Epilepsy care plan) are kept with the individuals medication.
Matron is responsible for regularly checking care plans and medication.
All first aid trained staff receive training in Epilepsy.
Annual updates are provided by Matron.