



Mary Hare Policy: RCP005

Medical Policy

Policy Owner: Medical Team

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Securing the future of deaf children and young people



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1. The Medical Department is staffed by Registered General Nurses (RGNs) and Health Care Assistants (HCAs), 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.
2. Surgery times are Monday to Friday 07:45–08:30, 09:55–10:15 and 12:25-13:20. The Nurses are also available to see any pupil outside of surgery times if they are unwell.
3. 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 2014*.
4. If a pupil's illness is likely to continue for more than a day, or is highly infectious, or so they may benefit from recovery at home; this would be arranged between the Nurse, the residential staff and the pupil's parents.
5. All residential pupils have the option to register with the nominated Doctor at The Downland Practice, Chieveley. The Nurses/HCA's will assist in booking, travelling and accompanying pupils to appointments. During school holidays the pupil may attend his or her family doctor, if necessary, as a temporary resident.
6. Pupils may wish to remain registered with their home GP, in which case they can attend The Downland Practice as a temporary patient for urgent care needs. Routine appointments would be accessed through their home GP, either in person or virtually (if suitable).
7. All new pupils will be seen in the Medical Department for new pupil checks, to have baseline observations recorded (weight, height).
8. The Community School Nurses offer a vaccination programme which parents are informed of and given the option to consent to.

This includes:

- Diphtheria/Tetanus/Polio & Meningitis ACWY Year 9.
- HPV Year 8 Girls and boys.
- Optional Flu vaccinations

9. The School Nurses are available to Residential and Education staff for out of hours advice regarding pupil health, Monday to Thursday.
10. 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 via appointment only.
11. 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.
12. We ask parents that all routine dental checks and treatment be carried out annually during school holidays. Regular sight checks should also take place during school holidays. For the fitting and ongoing treatment of braces, orthodontic referrals should be made through the pupil's local dentist for treatment to be carried out, either in their home location or in West Berkshire Community Hospital.
13. 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

14. This procedure relates to the ordering, storage and administration of medication by nursing and Residential staff at Mary Hare Primary and Secondary Schools. Mary Hare School recognises the professional pharmaceutical guidance provided by *The Royal Pharmaceutical Society's - Professional Guidance on the Safe and Secure Handling of Medicines*.

Consent

15. Consent from a parent or guardian to administer medication or First Aid is given via a confidential medical form when a pupil enters Mary Hare School. No medication or First Aid will be administered without consent. For any pupil where consent has not been given, and confirmed as not given, this needs to be raised with the Head of Year (HOY), Director of Residential Care in order that a discussion can take place which ensures any and all risks are mitigated, or a parental meeting takes place.

Ordering/Disposal of Medication

16. For pupils registered at The Downlands Practice, medication is ordered by the School Nurse. When medications are required for home use, the Nurse will obtain a paper prescription and post this home, recorded delivery. -For those pupils not registered with the school GP, medication is supplied by the parent/guardian.
17. 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 residential houses.

Storing of Medication

18. 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.
19. Medication is stored, in separate containers with the pupil's name and photo attached, to avoid mixing up other individuals' medication. Each pupil requiring medication has a Medical Administration Record (MAR). This specifies the pupil's name, date of birth, allergies, diagnosis, the medication name, the prescribed dose and route, administration instructions and the number of tablets enclosed (where applicable).
20. All prescribed medication is to be clearly labelled with the pupil's name, dose and frequency; 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.

21. Where medication requires refrigerated storage, this will be indicated on the MAR, 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 with the pupil's name and photo attached, in the main compartment of a fridge that is secure. The fridge temperatures are recorded daily when in use and weekly when not in use; the normal range is between 2 and 8 degrees Celsius.
22. 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.
 - **Report any continuing temperature issues to the Nurse and maintenance team.** If the fridge breaks down seek alternative storage to reduce waste.
 - 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.
23. Prescribed medicines are kept securely either in the Medical Department or the pupil's residential house. Pupils attend the relevant medication room at the time the medication is due to be administered.
24. Records are kept of any medications administered, attendances to the medical centre and any treatment given by school, medical and residential care staff.
25. Parents are contacted with any health and well-being concerns.

Administering medication

26. 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.
27. All staff are expected to follow the procedure documented below:
 - Ensure cups, water, medicine pots and counting tray are ready
 - Wash hands at the start of the session and use hand sanitiser in-between pupils
 - Allow only one pupil in the medical room at a time to reduce distractions
 - Use the updated morning/evening medication list to ensure each pupil's medication has been given.
 - Take out the pupil's medication box and MAR folder or analgesia, MAR folder and treatment folder.
 - Check you have the:
 - ✓ **Right pupil** (check name and date of birth)
 - ✓ **Right medication**
 - ✓ **Right dose**
 - ✓ **Right route**
 - ✓ **Right time/frequency**
 - Does the pupil have any contraindicating allergies or medical conditions? For example, do not give Ibuprofen to asthmatics unless advised to do so by medical professional or parent (ensure this is documented).

- Check when the pupil last received medication, either by checking the MAR, information emailed by the Nurse/Residential staff or by asking the individual.
- Are there any additional requirements written on the MAR, for example, give the medicine before/with/after food?)
- Check the stock count and expiry date is correct before dispensing medication.
- When pupil is in the room ready to receive medication, prepare and administer dose according to the MAR and pharmacy label or analgesia box.
- If required, use tablet cutter to half tablets. Return the remainder of the tablet in an envelope to the Medical Centre for disposal.
- Always encourage oral medications to be taken with a drink.
- Record the date and time using 24-hour clock, name, dose and amount of medication administered, remaining stock level and staff signature on the corresponding MAR in a black or blue pen.
- Any mistakes should be crossed through with 1 straight line and signed stating 'error'.
- Return medication box or analgesia and MAR folder to the medication cupboard.
- Use hand sanitiser before calling in next pupil.
- When medication session is complete, lock all medication securely in medication cupboard, lock key in key safe and scramble key code.
- Clean medication pots, counting tray and surfaces.
- Lock medication room door when leaving.

28. **In the case of time specific homely remedies** including analgesia, which affects when next dose can be administered, Residential staff should notify the medical department that medication has been given by 8:40am Monday-Friday and the nurses will notify residential houses by 4pm Monday to Friday of medication given in the Medical Department.

29. **In the case of prescribed medication**, 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.

30. **In the case of non-prescribed medication**, check the medication packet or bottle for uses and doses and be sure it is appropriate for that pupil. Check expiry date of medication.

31. **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 apply with a cotton bud or use gloves both for your own protection and also to prevent cross-infection. 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.

32. **In the case of pupils requiring the use of an inhaler**, encourage the use of a spacer. Dispense one puff of prescribed inhaler into the spacer and ask the pupil to take 5 slow breaths through this device. Continue this pattern until the prescribed dose has been given. The spacer should be dismantled and cleaned monthly with soap and water, but not rinsed, and document this on the spacer cleaning record.

33. All medication for individual use is passed from surgery to the residential houses in a sealed bag. Every new box of medication will be accompanied by a new MAR.
34. **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.**
35. Refusal to take prescribed medication by a pupil, or medication dropped or contaminated, must be recorded on the individual's MAR 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 your line manager at the time of refusal and if required, the Nurse for further advice.
36. Stock levels must be accurately recorded. If a pupil returns home, for example at the weekend, this period should be recorded on the MAR with the current stock count. All medication brought into school must be logged in by the medical centre.
37. When new prescribed medication is brought into school over the weekend, it can be administered providing the pharmacy label clearly shows the medication name, dosage, dose to be taken, pupil name, dispensing pharmacy, and date of dispensing. Ensure the name, dose, batch number and expiry date of any blister packs or medication bottles match the medication box. It must be recorded on a printed MAR called 'Medication Record for Prescribed Medication Arriving Out of Hours'.

Controlled Drugs

38. All controlled drugs are stored securely in the relevant residential 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. Competent 6th Form pupils can be the second check/signature for their own controlled 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 pupil's individual MAR.

Non-prescribed medication

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

42. **Stock recording of non-prescribed analgesia and antihistamine medicine;** Paracetamol (Including tablet, soluble and suspension), Ibuprofen and Chlorphenamine. Each residential house and the surgery have logbooks for keeping stock records of any analgesic or antihistamine medication. Each time analgesic or antihistamine medication is administered, the date, name, the amount given and the stock amount remaining, must be recorded in this logbook. 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 logbook by the School Nurse.
43. 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. Pupils with long term complex medical needs, are encouraged to develop confidence and early independence with their condition and treatment, enabled by working closely with their parents, the relevant medical teams and school/residential staff.
44. 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 in the individual's file in surgery and on SharePoint – Medical Information for Staff. Staff in residential houses will be informed if a pupil is self-medicating, along with details of the risk assessment and safe, secure storage.
45. 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.
46. For pupils who self-medicate, initial progress is reviewed by the School Nurse and Residential Staff weekly, followed by ongoing education and support.

Transporting Medication

47. If medication needs to be sent home, then parents/guardians must be informed that the pupil's medication will be put in the suitcase and transported in the boot of the vehicle. High risk medications such as to those to aid sleeping, for mental health conditions or controlled medications are transported in a coded safe box. The code will be given to the responsible adult caring for the pupil.

Transition

48. Pupil medical information is provided during transition between year group houses by the Team Leaders and Key Workers. The Medical Department support this transition by providing information, training and assessments.

Record Checks

49. The Medical Department complete termly audits of all records related to ordering, storing and administering of medication within all the residential houses. The audit is shared with the Senior Team (House) Leader and Residential Care Leadership Team.

Training

50. All staff involved in administering medication must read the medical policy and undertake the following training:
- Face-to-face medication training.
 - Opus – online *Medication Awareness for Schools (Foundation level)*.
 - Observation of the Nurse +/- Senior Residential Staff member completing a medication administration session.
 - Completing 5 observation sessions during which the staff member will be guided, shadowed and assessed for competency in following the medical policy and best practice. Observation sessions will be extended if further evidence is needed.
 - Reduced observation competency is available for staff only administrating homely remedies and analgesia.
 - Yearly competency observation
51. 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 and the onsite Automated External Defibrillator (AED). These staff training records are kept by the School Nurse and on People HR.
52. 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.

First Aid

53. All Senior Leadership Team, Team Leaders and other nominated senior residential staff hold up to date First Aid at Work certificates.
54. Other members of care staff are trained to Emergency First Aid at Work on a rolling program.
55. First aid courses are booked and managed by the Medical Centre Team. Certificates are distributed by the School Nurse and records are kept in the medical centre.
56. A record of all first aid or homely remedies administered are either recorded in the pupil's individual treatment records or on the Medical Department surgery records.

Mistakes or Incidents

57. 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.

58. **Any error or incident must be immediately reported to your line manager and the School Nurse. An incident report must then be completed within 24 hours of the incident.**
59. The pupil's parent or guardian must be contacted at the earliest appropriate time after an error has occurred, or an error has been noticed. This must be completed by those on-shift at the time of discovery, even in the event of the error occurring at another time.
60. The cause of the error or incident will be investigated by a member of the Residential Care Leadership team. Appropriate action will be determined, a report written and sent to the Director of Care. This action could include, further training, suspension of medication administration and team discussion.

Emergency Management of Severe Allergic Reactions

Introduction

61. 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 (2024)* and Department of Health *Guidance on the use of auto-adrenaline injectors in schools (Oct 2017)*.

Responsibilities

62. A Health Certificate form will 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.
63. The Medical Centre 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 Residential environments.
64. All SAR incidents will need to be recorded on the individual's medical record and an incident form completed.

Description of Anaphylaxis

65. 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 Individuals

66. 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.

67. 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.

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

Auto-Injector

69. 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

70. 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 centre* and the pupil’s *residential house*. The pupil should also carry an auto-injector with them.

71. 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

72. 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 |

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

Treatment

74. **The majority of allergic reactions are not anaphylactic.** Most allergic reactions present with mild or moderate symptoms, which can be relieved by antihistamines taken at the first sign of a reaction.

However, these take time to work and in a more severe anaphylactic attack, antihistamines are not an adequate treatment.

75. 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 and prescribed. 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 outcome.

Emergency Action

76. 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. antihistamine.
- 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 with legs raised (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, 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.

77. 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.**
78. 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.
79. 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.
80. 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.
- 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.
 - An incident form must be completed within 24 hours of the SAR.
 - The School Nurse will organize a replacement auto adrenaline injector kit as soon as possible.
 - **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.
- a. 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.
 - b. **If any accidental puncture of the skin from exposed needle occurs, follow the first aid procedure in Appendix 3.**

Asthma

81. This 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

82. 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)

- 83. Call an ambulance immediately and commence the asthma attack procedure without delay of the child:**

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

84. 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

85. 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 across the school site.

Medication

86. 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

87. All use of medications, including inhalers, are recorded in the surgery record sheet or the residential houses' medication records. A record of visits to the doctor and prescription details are noted in each child's medical records.

Communication

88. 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

89. 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.
90. There is a Salbutamol inhaler for use in emergencies available in school.
91. 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 or not working.
 - 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 in the emergency asthma box, on SharePoint 'Medical Information for Staff' and in the Medical Centre Information folder in each residential house medication room.
 - 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

Appendices

Appendix 1 – Mary Hare List of Homely Remedies

- Paracetamol 500mg tablets
- Soluble Paracetamol 500mg
- Paracetamol suspension 250mgs/5mls and 120mgs/5mls
- Ibuprofen 200mg tablets
- Ibuprofen suspension 100mgs/5mls
- Ibuprofen gel 5%
- Chlorphenamine maleate 4mg
- Cetirizine 10mg tablets

- Cetirizine oral solution 1mg/1ml
- Cough linctus
- Milk of Magnesia liquid
- Indigestion relief tablets and suspension
- Hyoscine Hydrobromide Travel sickness tablets
- Lactulose
- Throat Lozenges
- 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
- Arnica cream
- Anthisan cream
- Antiseptic cream – Savalon and Germoline
- Hydrocortisone Acetate cream 1%
- Muscle/Heat rub
- Mouth Ulcer/Teething gel
- Aqueous cream
- Epaderm Ointment
- Dermol cream
- Doublebase cream
- Headlice removal treatment
- Eurax
- Olbas oil

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

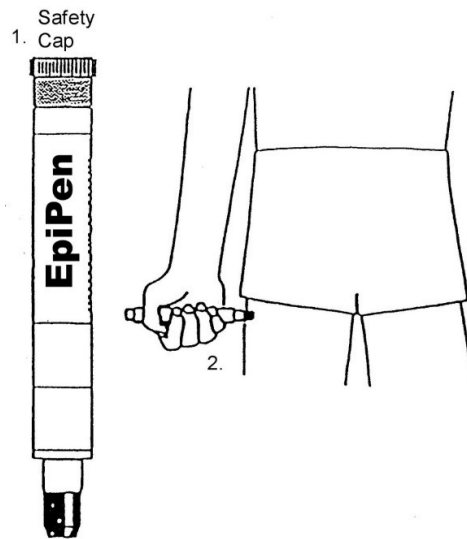
Signed:

Pharmacist, The Downland Pharmacy

Appendix 2 – Directions for using an Auto Adrenaline Injector

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.

Appendix 3 – First Aid Procedure following Needle Stick Injury

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
- 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

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

Further advice on any aspect of the management of this procedure can be obtained from the School Nurse.

An accident report form must be completed within 24 hours of the SAR.

Appendix 4 – Consent form (Administration of an Auto-Injector)

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 | |

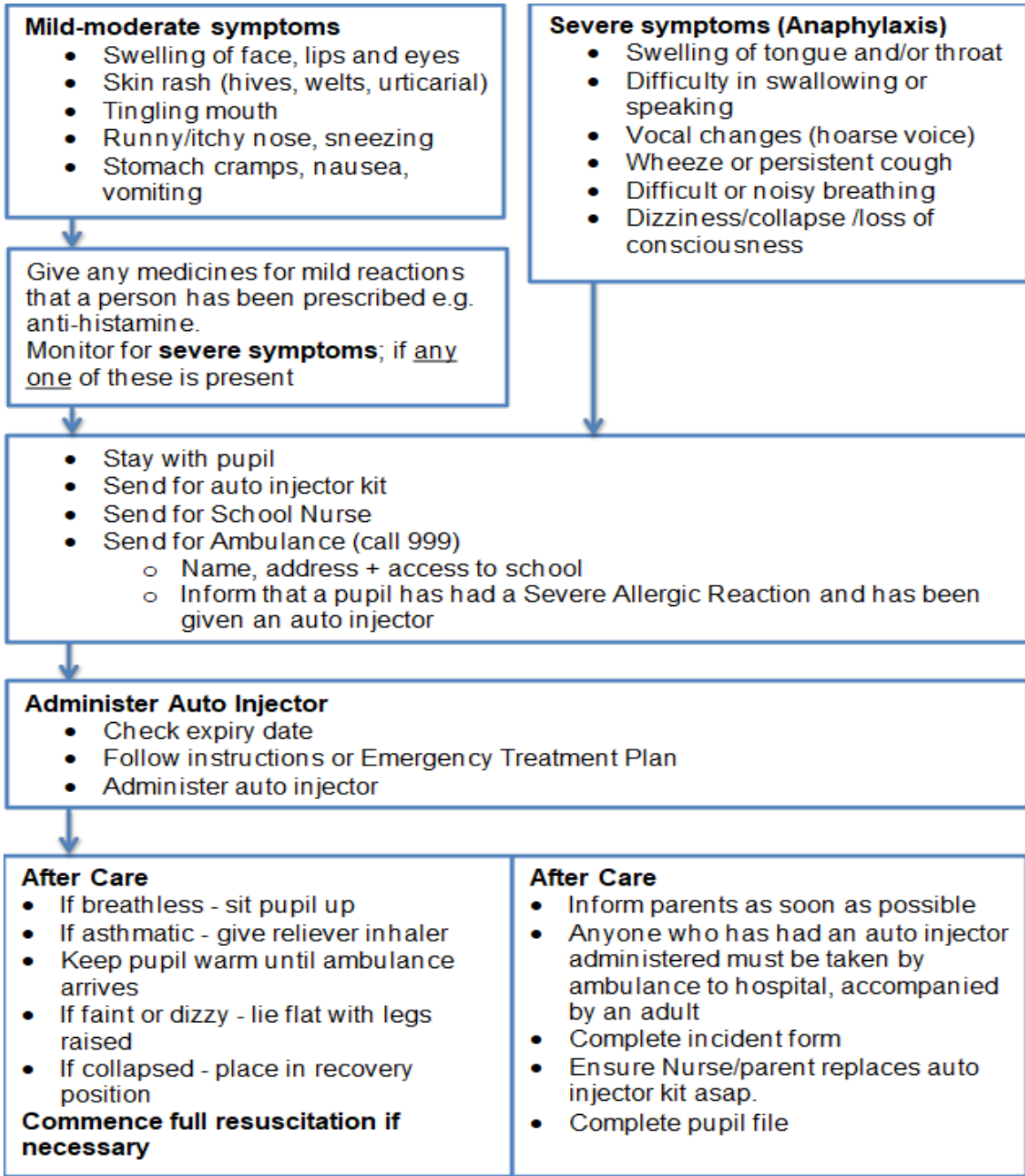
| | |
|----------------------------|--|
| Hospital Consultant | |
| Hospital Address | |

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

Signature Date

Appendix 5 – Emergency Action Flow Diagram following a Severe Allergic Reaction

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



Policy Version Detail

| Reviewed Date: | Version: | Details of change: |
|----------------|----------|----------------------------------------------------------------------|
| June 2024 | 0.1 | <ul style="list-style-type: none"> Full Policy update |