



Supporting Students with Medical Needs



The Cottesloe School

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1. Introduction

The Governing Body of The Cottesloe School will ensure that all students with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. To help achieve this, this policy is based on the Department for Education statutory guidance December 2015 "[Supporting pupils at School with Medical Conditions](#)", which was issued under Section 100 of the Children and Families Act 2014.

- The aim of this policy is to ensure that the parents of students with medical conditions feel confident that the school will provide effective support and that students feel safe and reach their full potential.
- Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support students with disabilities.
- Some students with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the student has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the student's best interests in mind to ensure that the risks to the student's education, health and social wellbeing are managed, and minimises disruption, for students with medical conditions.
- For students who require support with their mental health, our school provides comprehensive support in order to ensure that they are able to fully participate in school life. This includes access to school counseling services, as outlined in the school's counseling [policy](#), to address emotional and psychological well-being.
- Supporting a student with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, students, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of students with medical conditions are met effectively.

2. Roles and responsibilities

2.1 The Governing Board of The Cottesloe School will ensure that arrangements are in place so that students with medical conditions;

- are properly supported
- can play a full and active role in school life
- can remain healthy and achieve their academic potential
- have staff present on site who are first aid trained.
- feel safe and the school, supported by staff acting in line with safeguarding duties to ensure health is not put at unnecessary risk, (e.g. infectious diseases). In such circumstances, the school is not required to accept a student if doing so would be detrimental to the health of that student or others.

2.2 The Headteacher will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy
- all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation
- all staff including supply staff who support students with medical needs receive sufficient information to provide appropriate support
- Individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the student's needs have changed. Where appropriate Healthcare Plans will be reviewed at the student's Annual Review
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support students with medical conditions
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations
- The medical system is up to date to date with all students who have a medical condition.
- all first aid staff are trained to recognise the symptoms of an asthma attack and anaphylaxis and know the process to follow according to the Allergy and Anaphylaxis policy (and are able to distinguish them from other conditions with similar symptoms);
- at least one emergency inhaler kit is maintained and readily available in an emergency situation
- all first aid staff are trained to recognise the symptoms of anaphylaxis

- at least one emergency anaphylaxis kit is maintained and readily available in an emergency situation
- all first aid staff are trained to use a defibrillator, which is maintained and readily available in an emergency situation
 - Defibrillators are located in Main Reception, Sports Hub and Resources - by medical office.
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for students with medical conditions
- all staff are aware that medical information must be treated confidentially
- staff are appropriately insured and are aware that they are insured to support students in this way.

2.3 Appointed Person

Mrs Regie Hubber is appointed to have responsibility for implementing the school's policy for supporting students with medical conditions. She will ensure that students with medical conditions are appropriately supported.

2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- *Students with identified medical conditions are highlighted during the visits to the Primary schools by a member of the senior leadership team.*
- *For identified students, parents are invited to a meeting prior to their student starting at school to discuss the medical care plan. Professional agencies are also invited to attend where appropriate.*
- *Staff who have contact with students are briefed prior to the student starting and this is repeated a minimum of once a year at the start of term or whenever there is a change in either the student's condition or a new student starts.*

2.5 All members of **School Staff** may be asked to provide support to students with medical conditions:

- All members of staff should know what to do and respond accordingly if they become aware that a student with a medical condition needs help
- Although administering medicine is not part of a teacher's professional duties, teachers should take into account the needs of students with medical conditions that they teach.

- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

2.6 Students

- Where appropriate students with medical conditions will be consulted to provide information about how their condition affects them.
- Where appropriate students with medical conditions will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

2.7 Parents have the prime responsibility for their student's health. Parents includes any person who is not a parent of a student but has parental responsibility for or care of a student.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.
- Parents should provide the school with sufficient and up to date information about their student's medical needs (GP or Hospital letter of diagnosis). Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their student.
- Parents should provide medicines and equipment as required by the Healthcare Plan.

Parents should:

- bring their student's medication and any equipment into school at the beginning of the school year
- replace the medication before the expiry date
- as good practice, take into school the new asthma reliever inhaler when prescribed
- dispose of expired items to a pharmacy for safe disposal
- during periods of high pollen count, encourage their student, who have been prescribed antihistamines, to take their medication before school so that their condition can be better controlled during the school day
- keep their student at home when they are acutely unwell

- ensure that they or another nominated adult are contactable at all times

3. Staff training and support

- The Headteacher will ensure that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a student does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a student will often be key in providing relevant information to school staff about how their student's needs can be met, and parents will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction; There are also regular Emergency First Aid at Work courses offered to staff throughout the year. A list of trained staff is maintained and updated by the Senior First Aider
- Training will be provided by an appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting students with medical conditions).

4. Individual healthcare plans

A Healthcare Plan clarifies for staff, parents and the student the support that can be provided. Individual Healthcare Plans for students with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/students and other healthcare professionals where appropriate, to request a care plan please download a form from the [website](#) and email it over to firstaid@cottesloe.bucks.sch.uk. A meeting will then be arranged to create a care plan. The plan will include: (Appendix 6)

- the medical condition, its triggers, signs, symptoms and treatments
- the student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed (some students will be able to take responsibility for their own health needs) including in emergencies. If a student is self-managing their medication, then this will be stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the student's condition and the support required
- arrangements for written permission from parents and the Headteacher for medication to be self-administered by the student during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition.
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently (for example any significant changes in a student's medical condition or treatment.) Where appropriate the Healthcare Plan will be reviewed at the student's Annual Review.

5. Student's role in managing their own medical needs

- After discussion with parents, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will be asked to complete this [form](#) to acknowledge

that their student is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.

- Parents should be aware that if their student holds their own medication then school staff will not be recording the doses self-administered;
- If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.
- Parents will be contacted where a student is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.
- Students are allowed to carry their own medication and use the medical room to administer if necessary.

6. Managing medicines on school premises

Students will only be given prescription or non-prescription medicines after parents have completed a consent [form](#) (except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases the school will encourage the student to involve their parents while respecting their right to confidentiality).

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to the Senior First Aiders in the medical room

6.1 Prescribed medication the school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Short-Term Medical Needs

Many students will need to take medicine during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics prescribed three times a day can be taken out of the school day. The school will support students who have been prescribed antibiotics that need to be taken **four** times a day.

6.2 Controlled Drugs

- *Some medicines prescribed for students (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence.*
- School staff do not administer any controlled drugs. The student for whom it has been prescribed administers the controlled drug themselves. The School staff only check the medication is being taken as prescribed
- A record of all medicines administered are recorded on our Medical tracking system. A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
 - where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required
 - half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut
 - half tablets will be returned to the parent for disposal.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- All controlled drugs will be stored in the medical office which is lockable.

6.3 Non-prescription Medication

- The school will not hold a general supply of non-prescription pain relief for

students.

- The school will not hold non-prescription medication on behalf of students. Students can carry their own non-prescription medication.
- Any prescribed medication must be brought into school in the original packaging and a [Short-Term Health Needs Form](#) must be completed.
- A student under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- A record will be made of all doses given using our Medical tracking system.

7. Record keeping

- The school will keep a record of all medicines administered to individual students, using our Medical tracking system stating who administered the medication, what medication how and how much was administered. Any side effects of the medication administered at school will be noted.
- A second person will witness the administration of controlled drugs. *This is recorded on our Medical tracking system.*
- A record of administration of medicine will not be recorded where the student has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- Using our Medical tracking system, a record will be made where medication is held by the school but self-administered by the student whilst in the medical room.

8. Safe storage of Medicines

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- students know where their medication is stored and are able to access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Medical Room refrigerator. A temperature log of the refrigerator will be taken during the period of storage. (recommended temperature is between 2C & 8C)
- Medication will never be prepared ahead of time:

- An audit of student's medication will be undertaken every half term disposing of any medication that is no longer required.
- It is the **parent's responsibility** to ensure their student's medication remains in date. The school will not remind parents when their student's medication is due to expire.

9. Disposal of Medicines

- Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal;
- Sharp boxes will always be used for the disposal of needles.

10. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

- When no longer required, medicines will be returned to the parent to arrange for safe disposal.
- Sharp boxes should always be used for the disposal of needles and other sharps.

8 STEP HAND WASHING TECHNIQUES



11. Day trips, residential visits and sporting activities

- The school will actively support students with medical conditions to participate in school trips and visits or in sporting activities;
- The school will make reasonable adjustments for the inclusion of students in such activities;
- Some students may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school will consider the reasonable adjustments that can be made to enable students with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role of First Aider or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.
- Medicines are administered and witnessed and recorded either directly onto our Medical tracking system or a specific trip medication form . This form is added to the file on return from the visit.

12. School's Arrangements for Common Conditions

12.1 Asthma

- A list of all students with asthma is maintained on Bromcom and our Medical tracking system.
- An Individual Healthcare Plan will be developed.
- All first aid staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance in **Appendix 3 & 4.**
- Students who have been prescribed reliever inhalers have them with them at all times, for those students who need them the school has emergency *salbutamol inhalers*.
- Emergency salbutamol inhalers and spacers are kept in the **Medical room and in The PE office**. Emergency salbutamol inhalers will only be given to students previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form.
- All trained staff will know how and when to use the emergency salbutamol inhaler.

- Parents will be asked to give consent in the new student pack on joining the school or on diagnosis of asthma. Parents will be informed of any emergency dosages given using our Medical tracking system..

12.2 Anaphylaxis (Severe Allergic Reaction - Please also see separate Allergy and Anaphylaxis Policy).

- A list of all students with anaphylaxis is maintained on our Medical tracking system.
- All staff will be trained annually on the symptoms of anaphylaxis, and how to respond in an emergency following **Appendix 2**.
- Staff always dial 999 immediately if a student exhibits signs of anaphylaxis, even after administering an adrenaline auto-injector (AAI).
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens.
- Auto-injectors will be kept readily available on the back of the door in the medical room.
- All students carry two auto adrenaline injector pens with them at all times.
- Emergency Adrenaline Auto Injectors (AAI's) are kept in the **Medical room and the PE office**.
- Emergency Adrenaline Auto Injectors (AAI's) will only be given to students previously diagnosed with anaphylaxis whose AAI is not in school or whose AAI is faulty, who are on the register and whose parents have signed the consent form.
- All staff will know how and when to use the Emergency Adrenaline Auto Injector (AAI) .
- Parents have given permission to administer an emergency dose(s) to the school by completing the Long-Term care [plan](#).
- Parents will be informed of any emergency dosages given via email on our Medical tracking system and by phone.

12.3 Epilepsy

- An Individual Healthcare Plan will be developed.
- An appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication.
- There will be a trained member of staff available **at all times** to deliver emergency medication. Details will be recorded on the student's Healthcare Plan.
- A medical room with a bed will be kept available so that if needed the student will be able to rest following a seizure, in a safe supervised place.

- First aid Staff will be trained to recognize and record absent seizures, which may be brief and subtle, in addition to other seizure types.
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition.
- The school will enable students to take a full part in all outings and activities.
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals.
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the student. The dignity of the student will be protected as far as possible, even in an emergency.
- If appropriate, a record will be kept of the student's seizures, using (**Appendix 1**), so that any changes to seizure patterns can be identified and so that this information can be shared with the student's parents and healthcare team.

12.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Students diagnosed with Type 1 diabetes and who have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team at MK or other local hospital.
- A suitable private place will be provided for students to carry out blood tests and administer doses, e.g. Medical Room;
- Students will not be prevented from eating, drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Students are allowed their phones to monitor their blood sugars
- If a student has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the student has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.
- At The Cottlesloe School students self administer medication. A record of blood levels are taken routinely at break and lunchtime and at other times as required. These are recorded by trained staff on our Medical tracking system. Refrigerated storage is available and snack boxes are kept in school.
- Further information for staff is available from the St John Ambulance (Appendix 5)

13. Liability and indemnity

The Governing Board will ensure that the appropriate level of insurance is in place for staff providing support to students with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

14. Complaints

Parents/students should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints [procedure](#).

15. Suggested Procedures for Administering Medicines

- 1 Medicines should be brought to the school medical room ideally by parents at the beginning of the school day. All parents need to complete a [health care plan form](#).
- 2 The designated person will check that the;
 - medicine is in its original container as dispensed by a chemist and details match those on the form;
 - label clearly states the student's
 - first and last name
 - name of medicine
 - dose required
 - method of administration
 - time/frequency of administration
 - patient information leaflet is present to identify any side effects;
 - medication is in date
- 3 The designated person will log the medicine on our Medical system-and store the medicine appropriately
 - Medicines requiring refrigeration will be kept in the fridge in a clean storage container
 - A daily temperature of the fridge will be taken and recorded.
- 4 The designated person will ensure the medication is administered at the appropriate time.
- 5 The following procedure will be followed:

- The student will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
 - The name of the medicine will be checked against the authorisation form and record sheet.
 - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The administration of medicine is recorded on our Medical system by the designated person and the witness (*Controlled medication must be witnessed by a second adult*). Any possible side effects will be noted.
 - The medicine is returned to appropriate storage.
- 6 If a student refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the student's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.
- 7 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

16. Policy Review

This policy will be reviewed annually and updated as necessary to reflect changes in legislation, best practice, or school needs.

Appendix 1

witnessing a seizure (use this table to help record your observations)

Before the Seizure					
Location	Classroom	Playground	Sports Hall	Dining Area	Other
Precipitating Factors	None	Anxious	Stressed	Tired	Other
Preceding symptoms/feelings	Irritable	Impulsive	Nauseous	Strange Sensations	Other
Position at onset	Sitting	Standing	Lying	Other	
During the Seizure					
Time at onset					
Did the student fall?	Yes/No	Forwards/Backwards	Description		
Breathing	Rapid	Shallow	Deep	Laboured	
Colour	Note any changes in skin tone, particularly around the mouth and extremities				
Movements	Describe any movement of:				
	Head				
	Arms				
	Legs				
	Eyes	Deviated to the left?	Deviated to the Right?	Pupils dilated?	Comment

Level of awareness/ responsiveness	Fully aware	Reduced awareness	Responsive to voice	Responsive to touch	No responses
Any injury?	Tongue	Limbs	Head	Other	
Incontinence	Urinary: Yes/No			Faecal: Yes/No	
Time at end of seizure			Duration of Seizure		

Action Taken	
After the seizure (briefly describe each of the following)	
Level of alertness: Immediately following seizure: 5 minutes after seizure:	
Maintenance of alertness	
Confusion	

Muscle weakness				
Duration of event				
Total recovery time				
Treatment given	Medication:	Dose:	Time given:	Response:
Parents informed				
Signed				
Print Name				
Date		Time		

Appendix 2

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth

- Hives or itchy rash on skin
- Abdominal pain
- Vomiting

Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Appendix 3

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools](#)

Appendix 4

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 student could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some students will go very quiet.

- May try to tell you that their chest 'feels tight' (younger student may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE student

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

WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

- Encourage the student to sit up and slightly forward
- Use the student's own inhaler – if not available, use the emergency inhaler
- Remain with the student while the inhaler and spacer are brought to them
- Immediately help the student to take two 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 student. Stay with the student until they feel better. The student can return to school activities when they feel better
- If the student 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

Appendix 5

Diabetic emergencies

Information on Diabetes and what signs and symptoms to look out for with also their recommendations on what to do.

[St John Ambulance](#)

Appendix 6

[IHCP](#)