



# FIRST AID AND MEDICINE MANAGEMENT POLICY (including Policy for Asthma and Emergency Inhaler) Fulbourn Primary School

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# First Aid and Medicine Management Policy

## Introduction

This policy outlines the school's responsibility to provide adequate and appropriate first aid and medical care to pupils, staff, parents/carers and visitors and the procedures in place to meet that responsibility. The policy is revised annually.

## Aims

- To identify the first aid needs of the school in line with the Health and Safety at Work Act 1974.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To give clear guidance on the administration and storage of medication.

## Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents/carers of the school's first aid arrangements.
- To keep accident records and to report to the Health and Safety Executive (HSE) under the Diseases and Dangerous Occurrences Regulations (RIDDOR).
- To provide guidance to school First Aiders, staff and parents on the guidelines of administration, management and storage of medicines.

## ROLES AND RESPONSIBILITIES

### It is the Parent/Carer's responsibility:

- To provide school with up-to-date contact details and medical information for their child and update these as necessary.
- Follow school guidance on what foods are allowed to be brought into school to minimise the risk of a child or adult with an allergy suffering an allergic reaction.
- To inform the school of any prescribed antibiotics/medication to allow monitoring of the child in case of any adverse reaction.
- To ensure that if their child has a severe medical condition they provide a protocol, including signs and symptoms from the child's GP or hospital consultant. This is required before staff can give any related medication in school.
- To supply all medication in the original packaging and hand it into the office.
- To ensure the packaging is clearly labelled with the contents, pupil's name and date of birth, dosage, the time and frequency that the medication should be given and the prescribing doctor's name.
- To replace medication before it expires and to dispose of any expired medication.
- To notify the School of any changes – preferably in writing from the child's GP or hospital consultant.
- To collect any medication at the end of the school year; otherwise it will be destroyed, with the exception of in-date Epipens and inhalers.
- To ensure that their child does not carry any medication on themselves, other than asthma inhalers.



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## It is the School's responsibility:

- To ensure adequate first aid provision including suitably trained staff and first aid equipment are always available.
- To administer medication to the pupil or supervise while he/she takes his/her medication according to predetermined protocol only.
- To record all medication taken by pupils (date, time, medication, pupil and staff member).
- To ensure that all medication is in date before issue.
- To destroy any medication left in school at the end of a school year or when a child leaves.
- To maintain the safety of all medications in locked but accessible areas.
- To contact parents/carers, if required, when a child is hurt, needs medical treatment or feels unwell.

The **Headteacher** is responsible for implementing this policy, identifying a responsible staff member/s for managing first aid and the administration of medicines, and ensuring that appropriate resources and staff are available and trained. They should ensure that the policy and information on the school's arrangements for first aid are made available to parents/carers.

The **staff member/s** responsible for first aid - The First Aid Coordinator must draw up procedures in consultation with health specialists and ensure that they are kept up to date. They must also ensure that records are maintained and relevant information is provided to staff.

**All staff** are responsible for keeping up to date with first aid procedures, understanding the importance of risk assessment, and recognising the health needs of pupils for whom they have responsibility.

**Pupils** are responsible for caring for their own welfare and that of other pupils and understanding the importance of risk assessment at an appropriate level.

**Paediatric First Aiders act as Coordinators in the event of an accident**, they will have up to date paediatric first aid training. They will:

- Take charge when someone is injured or becomes ill.
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

**Paediatric First Aiders** must have attended a recognised first aid course approved by the Health and Safety Executive (HSE) and attend refresher courses every 3 years. This is a voluntary post.

They will:

- Be called to advise other staff on more severe injuries or illnesses and determine whether further medical assistance is required.
- Give immediate help to casualties with more serious injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.



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In selecting any Paediatric First Aiders the Headteacher should consider the person's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties. A first aider must be able to leave to go immediately to an emergency.

## First Aiders

Most staff are trained in Emergency first aid at work as approved by the HSE.

They will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called and/or ask advice from a paediatric first aider.

## Provision

### First Aid Risk Assessment

The following areas should be considered when assessing the need for first aid in a school;

- Hazards presented by the work;
- Level of risk presented by hazards;
- Number and nature of staff;
- Number and nature of pupils;
- Number of sites / buildings;
- Location of sites / buildings;
- Accident history;
- Off site visits and lone workers;
- Staff working on shared or multi-occupied sites;
- Leave / absences of first aiders and appointed persons.

Following the assessment and using the information gathered, the Headteacher should determine the personnel, equipment and facilities that are required and take steps to ensure they are provided and maintained.

### How many first aid personnel are required?

The Headteacher will consider the findings of the risk assessment in deciding on the number of first aid personnel required. The school is a low-risk environment, but the Headteacher will consider the needs of specific times, places and activities in deciding on their provision.

In particular they should consider:

- Off-site PE
- School trips
- DT/Cooking room
- Adequate provision in case of absence, including trips
- Out of hours provision, e.g. clubs, events



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Arrangements should be made to ensure that the required level of cover of Paediatric First Aiders and First Aid Co-Ordinator are available at all times when people are on school premises.

## Re-assessment of first-aid provision

As part of the School's annual monitoring

- The Headteacher will review the schools' first aid needs following any changes to staff, buildings/site, activities, off-site facilities etc.
- The First Aid Coordinator will monitor the training received by Paediatric First Aiders and Emergency First Aid at Work First Aiders, as well as reviewing current numbers, and will organise refresher courses and new training as appropriate.
- The First Aid Coordinator will check and restock the contents of the first aid boxes as required, and at least half termly.

## Qualifications and Training

The school is responsible for making sure whoever trains its staff is competent.

Any First Aiders must hold a valid certificate of competence, issued by an organisation whose training courses and qualifications are approved by the Health and Safety Executive (HSE). They must attend refresher courses every three years.

The First Aid Coordinators will at least have undertaken Emergency First Aid at Work training with attendance at a refresher course every three years.

There will always be at least one Paediatric First Aider and several Emergency First Aid at Work trained First Aiders on site during school hours. A First Aider is present in each playground at playtime and lunchtime and they will have a First Aid bag to administer basic First Aid in situ. If it is a more complex situation the child will be escorted if possible to the School First Aid station near the Reception Class entrance or to one of the First Aid rooms: next to Amazon classroom, or at the top of the ramp by the IT suite.

There will always be at least one First Aider on a school trip, village walk or other activities outside of school with a First Aid bag. On a school trip, village walk, when swimming and during any other activity outside of school the First Aider will take all children's emergency prescribed medication.

There will always be a Paediatric First Aid trained person on the school site and available for Early Years Foundation Stage at all times, including trips. From September 2025 a member of staff with a valid paediatric first aid certificate will be available in the room when Early Years children are eating.

All school staff that are involved in the handling and administration of medication shall be appropriately trained with regard to safety, security and administration. Such training shall include instruction procedures to ensure an appropriate level of competence, as well as to define responsibility in relation to secure methods of handling medication, administration procedures, protective equipment and pupil's confidential files.

Staff must only undertake special care duties if they have received relevant training.

A record must be kept in school of all staff training received, relating to the administration of medication. This record must show individual competence, responsibilities and authorisations.

## Sharing Key Information



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The Headteacher will ensure that all staff are informed about the school's first aid arrangements, including:

- Providing information for new staff as part of their induction programme
- Giving all staff information on the location of equipment, facilities and first aid personnel.

## First Aid Materials, Equipment and Facilities

The Headteacher must provide a suitable room for medical treatment and care of unwell children during school hours. This need not be a dedicated area but should be close to a lavatory and contain a washbasin.

The First Aid Coordinator must ensure that the appropriate number of first aid boxes/bags, according to the risk assessment of the site, are available.

- First aid boxes/bags must be taken for off-site visits.
- First-aid boxes/bags should be made of suitable, strong material and provide protection for the contents as far as possible from damp and dust. Boxes/bags should be clearly labelled First-Aid and be further identified by a white cross on a green background. First-Aid boxes/bags should contain a sufficient quantity of appropriate first-aid materials and nothing else.
- Spare stock should be kept in school in a dedicated first aid cabinet.
- The First Aid Coordinator will be responsible for checking and restocking the first aid boxes/bags and cabinet.

## Hygiene/Infection control

Staff must follow basic hygiene procedures.

**Single use** disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

Ensure that any personal wounds, scrapes or open sores are covered with waterproof dressings, even when using protective gloves.

Wash hands and any other body parts that may have been in contact with potentially contaminated body fluids in cold running water. Rinse eye splashes with cold water or sterile saline solution.

## Sickness and Diarrhoea

If a child has been sick or suffered from diarrhoea, they will be sent home from school. Parents and carers should follow NHS advice regarding when the child may return to school.

Where children have soiled clothes or are unclean reasonable efforts will be made to support child in cleaning themselves and removing soiled clothing. Staff will wear gloves and use large disposable body wipes. Soiled clothing will be double bagged and sent home. Wipes and gloves will be disposed of in the medical waste bin.

## Contagious Conditions

Advice should be sought from guidance documents and health care professionals to minimise the spread of contagious conditions.

## Clinical waste – disposal

Discussions have taken place with the Environment Agency and the District/City Council local authorities in Cambridgeshire and the consensus of opinion is that the disposal of soiled (low grade) First Aid material from mainstream schools can be treated as it would be if it were from domestic premises. Nonetheless, we do also



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have a yellow medical waste bin in the first aid room next to Amazon classroom which is collected regularly by PHS for safe disposal and can be used to dispose of any waste which we deem inappropriate to dispose of in the normal waste collection, e.g. larger quantities of blood following a significant nosebleed.

Where small and irregular amounts of soiled first aid material (or occasionally soiled nappies) need to be disposed of by schools it should be first wrapped and then placed in a standard black bag unless a nappy bin is provided. This bag should then be included in the normal black bag waste collected from the school by local authority collection services.

Needles should be disposed of in a specific sharps disposal box which should be supplied by parents and replaced as needed.

## Record Keeping

### Reporting accidents

First Aiders must keep a readily accessible record of any reportable injury, disease or dangerous occurrence. The records are kept for a **minimum of three years**.

**Children** - All first aid incidents/complaints should be recorded in a treatment book – located in the medical room, at the medical stations or in the first aid boxes/bags.

Details to be recorded must include:

- Name (and class)
- date and time
- method of reporting
- place of the event; exact location
- personal details of those involved
- a description of the nature of the event or disease
- nature of injury/complaint
- treatment given/no treatment given
- What happened to the person immediately afterwards
- initials of the first aider/s should be completed.

The class teacher must be informed of any injury and any child with a head injury should be given a wrist band as well as a completed incident slip. Parents/carers should be informed of any significant injury and all head injuries.

**Adults** – there is a separate accident reporting book for adults, details should be filled in as above.

Certain injuries must be reported to the Health and Safety Executive (HSE) Health & Safety team via the Cambridgeshire online accident form: <https://www.reportincident.co.uk/>.

The following accidents **involving staff** must be reported via the online reporting system:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Accidents which prevent the injured person from doing their normal work for more than three days

The following accidents **involving pupils and visitors** must be reported via the online reporting system:



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- Accidents resulting in the person being killed or seriously injured resulting in them being taken from the site of the accident to hospital.

This could be connected with:

- Any school activity, both on and off the premises
- The way the school activity has been organised or managed
- Equipment, machinery or substances
- The design or condition of the premises

The HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Headteacher is responsible for ensuring these accidents are reported to the Health and Safety team, who will then report, as necessary, to the HSE under RIDDOR, within 5 calendar days.

The First Aid Coordinator or First Aider must complete form IRF (96) on-line Reporting Accidents/Incidents form available at [www.cambridgeshire.gov.uk/irf96](http://www.cambridgeshire.gov.uk/irf96)

## Arrangements for monitoring accidents and evaluation

Accident records can be used to help the Headteachers and the Governing Body identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigation purposes. The Headteachers should establish a regular review and analysis of accident records. The Governing Body will receive an annual report on any injuries which required further medical help and details of any injury resulting from defective equipment. They will also be informed of staff training, and the nature of any complaints received. The Governing body will receive an annual report on the number of pupils treated for first aid by year group.

## Managing Medical Conditions and Medicines

Our school is committed to working with the parents and carers of children who have medical requirements, medical practitioners and other appropriately involved agencies to meet children's needs and to enable children to access education wherever possible. While no member of staff can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support given through these guidelines, and the help of the School Medical Service will encourage them to see this as part of the pastoral role and duty of care.

### Medicine in our School

Prescribed medicines should only be brought into school when essential: that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Where possible, parents/carers are asked to administer their children's medicines at home. Most medication can be given three times a day; before school, after school and at bedtime.

If a child is well enough to remain in school but has been prescribed antibiotics requiring administration during the school day we encourage parents/carers to come into school to administer the medication where possible.

### Medicines allowed in School:

If a child/employee starts at Fulbourn Primary School and has a medical condition that is potentially life threatening, a **Medical Health and Care Plan** will be put in place. This must be informed by a Health Care Plan



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or advice from the child's GP or Hospital consultant and will be written in conjunction with parents/carers. School will review medical protocols annually or sooner if the needs/condition changes. Parents/carers are responsible for informing school of any changes.

Our school will store and administer, with relevant training, medication for the following conditions:

Allergies requiring an Epipen

Diabetes

Asthma

ADD/ADHD

Other long-term conditions agreed with the Headteacher and First Aid Coordinator.

## **Storage:**

Most agreed medicines will be stored in a locked medical cabinet in the School Office or main first aid room, which is known to all staff and is accessible during school opening hours but secured outside of school opening hours. Asthma Inhalers are kept in children's drawers. The emergency school asthma inhaler is kept in the School Office in a labelled blue grab bag.

Parents/Carers must provide a cold bag for storage of medication that needs to be kept refrigerated. No medication should be kept with children or self-administered (without adult supervision).

## **Administration of Medication:**

**Allergies requiring Epipens** - An Epipen pen can be administered to the child or adult named on the Epipen by a trained member of staff following the specific medical protocol.

**Diabetes** - Diabetic blood sugar testing can be carried out, and diabetic medication can be administered, by specially trained members of staff. The Staff will be trained by the child's GP, Hospital consultant or Diabetic Nursing team. Two members of staff will work together to monitor sugar levels and administer medication. All sugar levels and medication administered will be recorded. The child's personal protocol as supplied by the Diabetic clinic must be followed. Medical supplies should be kept in a place out of reach of children.

## **Asthma – See Asthma and Emergency Inhaler Policy**

Inhalers can be administered to the child or adult named on the inhaler according to the guidance on their individual Asthma record recorded on Bromcom. A trained staff member will oversee inhaler use and will sign and date the Asthma record to state when the inhaler was administered. Where needed, and with a pre signed consent form, a child can be administered the emergency inhaler according to the emergency inhaler guidelines and dosage.

**ADD/ADHD** - As this condition is usually treated with controlled drugs these will be stored in a locked medical cabinet in the School Office. A member of staff will administer the prescribed drugs to the child named on the medication box. They will follow the stated dosage and sign to say they have administered the medication in the child's medication record sheet. A second member of staff should always be present to witness the administration of a controlled drug.

## **Other Long term medical conditions as agreed by the Head teacher and First Aid Coordinator**

These will be dealt with on an individual basis taking into account the advice and diagnosis given by the child's GP or hospital consultant. An individual protocol will need to be followed and only medication named for the



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individual and prescribed by the child's GP or hospital consultant will be administered. The DCSF Document Managing Medicines in schools and Early Years settings should be referred to for guidance in such situations.

## Allergies – measures to reduce the risk of allergies.

- We aim to minimise the risk of any child suffering from allergy induced anaphylaxis whilst in school. Clear medical protocols will be written as outlined above.
- Where necessary school will request that food brought into school is free from any allergens that could trigger a child or staff's anaphylaxis. School will regularly remind parents/carers and, where necessary, monitor the contents of snack/lunches.
- The school catering provider will be informed of any allergies and steps will be taken to minimise the risk.
- At events held on school premises (e.g. charity events) the school cannot be held responsible for food items not produced in school and cannot guarantee they are free from allergens. It is left to the discretion of those purchasing to determine the potential for allergens to be present and accept any risks.

## Data Protection

On entry to school we ask for parents to provide medical and dietary/allergy information. We also ask for permission for staff to act in loco parentis in the case of an emergency and school needing to seek further medical help.

It is the parent/guardian's responsibility to inform school of any changes to medical/dietary needs. We only share this information with school staff on a need to know basis in order to keep children safe. Data is stored securely using an online management system.

## Documents used to support this policy

- DFEE – Guidance on First Aid for Schools
- LGSS – First Aid Management Guidance
- Managing Medicines in Schools and Early Years Settings
- Practice Guidance for EYFS

## Linked Policies:

- Supporting Pupils with Medical Conditions in School
- Asthma and Emergency Inhaler Policy (Part 2)
- Health and Safety Policy



# First Aid and Medicine Management Policy

## Part 2 – POLICY FOR ASTHMA AND EMERGENCY INHALER

### Introduction

This policy gives guidance to School First Aiders and other staff on managing Asthma and Asthma medication in school and when to administer an emergency inhaler.

### Aims

- To identify who has Asthma within our school.
- To manage Asthma medication and to receive permission for the administration of prescribed medication and emergency medication from parents and carers.
- To give guidance on the storage of Asthma medication.
- To identify the signs and symptoms of Asthma.
- To give guidance on managing an Asthma attack.
- To give guidance on when to administer the emergency inhaler and how to store and maintain the emergency inhaler.

### Asthma in our School

In the School Office there is an Asthma File. Within the Asthma file there will be:

- An Asthma Register – stating permission given for the emergency inhaler
- An Asthma Policy
- Blank Asthma Records
- Emergency Inhaler Permission Signed by Parents/Carers
- Blank Emergency Inhaler Administration Notification forms
- Emergency Inhaler Administration Record sheet
- Guidelines on administering and maintaining the emergency inhaler
- Signs and Symptoms of Asthma and the Asthma attack protocol – this will also be laminated and available in the emergency inhaler box and in the First Aid Room

### Identification and Permission:

On entering Fulbourn Primary School Parents/Carers will be asked to complete an Admissions form on which they will state any medical needs for their child, including Asthma. If they state their child has Asthma or has been prescribed an inhaler for other medical needs they will be asked to complete an Asthma Record and an Emergency Inhaler permission slip.

The Asthma Record will contain the name and expiry date of the child's inhaler and will give a brief description of their signs and symptoms. It will also state the dosage and whether the child needs to be assisted with their inhaler or supervised. It is expected that all children will be supervised when self-administering their inhaler.

### Storage of inhalers:

Prescribed inhalers are stored in the red class emergency bag. Each inhaler is labelled and will have an Asthma Record with all relevant information filled in with it. Although the prescribed inhaler expiry dates are regularly checked by Office Staff and the First Aid Coordinator it is ultimately the responsibility of the parent to provide school with a working and valid inhaler.



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The emergency inhaler will be stored in the School Office which is known to all staff and is accessible during school opening hours but secured outside of school opening hours.

## Asthma Signs and Symptoms:

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue
- Has collapsed

If a child is displaying the above signs of an asthma attack, follow the Asthma Attack Protocol

## Asthma attack protocol

### Responding to signs 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 child while inhaler and spacer are brought to them.
- Immediately help the child to take two puffs of the salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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, ask another member of staff to CALL 999 FOR AN AMBULANCE, inform the Head teacher and contact Parents/Carer.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The child's parents or carers should be contacted after the ambulance has been called.



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- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

## Administering an Emergency Inhaler:

The emergency salbutamol inhaler should only be used by children:

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

The emergency salbutamol inhaler can be given to the above children when their own prescribed inhaler is:

- Out of use: empty, expired, broken
- Not available for use

The guidance on the emergency inhaler for dosage and administration should be followed.

## Emergency Inhaler Location:

The emergency inhaler will be stored in the School Office in its own bag and clearly labelled 'EMERGENCY INHALER'. Within the bag there will be:

- Two emergency inhalers
- Four spacers suitable for use with the emergency inhaler
- Asthma signs and symptoms and an Asthma attack protocol

## Salbutamol:

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing our school to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that our school ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

## Storage and care of the inhaler

The emergency inhaler will be checked monthly by the Office Staff or First Aid Co-ordinator and they will sign and date on the emergency inhaler box to state when these checks have been completed. They will be responsible for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;



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- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

## **Appendix:**

1 – Consent Form

2 - Asthma Record

3 - Emergency Inhaler Administration Notification form

4 – Asthma signs and symptoms

5 – Asthma Attack Protocol

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## Part 2 Appendix 1

### Consent Form

## USE OF EMERGENCY SALBUTAMOL INHALER AT FULBOURN PRIMARY SCHOOL

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school and this will be stored in their classroom with an Asthma Record outlining the dosage and procedure for the administration of their inhaler.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....

Please feel free to view our 'Asthma and Emergency Inhaler Policy' in the School Office or ask for an electronic copy to be emailed.

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## Part 2 Appendix 2

### Asthma Record

Name:

Inhaler:

Expiry date:

Dosage:

Self-administer (with adult supervision) yes/no

Adult administer/assist yes/no

Spacer yes/no

Emergency inhaler consent form signed yes/no

Parent/Carer Name:

Signed:

Date:

Date administered

Time administered

Signature of supervising adult

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## Part 2 – Appendix 3

### ADMINISTRATION OF EMERGENCY SALBUTAMOL INHALER USE AT FULBOURN PRIMARY SCHOOL

Child's name: .....

Class: ..... Date: .....

Dear .....,

This letter is to formally notify you that ..... has had problems with his/her breathing today.

This happened when .....

Your child's prescribed inhaler was unable to be used because .....

Therefore, with permission from you pre-signing the consent form, your child was given the emergency Salbutamol inhaler by

.....  
They were given ..... puffs.

After the administration of the emergency Salbutamol inhaler they were (delete as appropriate):

- Well enough to remain in school under supervision
- Asked to be collected by a Parent/Carer
- Further medical attention was called or advised

Yours sincerely,



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## Part 2 – Appendix 4

### Asthma Signs and Symptoms

#### Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to the use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or need urgent medical attention.

#### Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue
- Has collapsed

If a child is displaying the above signs of an asthma attack, follow the Asthma Attack Protocol.



### ASTHMA ATTACK PROTOCOL

#### Responding to signs 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 child while inhaler and spacer are brought to them.
- Immediately help the child to take two puffs of the Salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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, ask another member of staff to **CALL 999 FOR AN AMBULANCE, inform the Headteacher and contact the Parent/Carer.**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.