



Administration of Medicines Policy - 2018

Most children will at some time have short-term medical needs e.g. finishing a course of antibiotics. Some children will also have longer term medical needs and may require medicines on a long-term basis such as to control epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for inhalers or require additional doses during an attack.

In most cases children with medical needs can attend school and take part in normal activities but staff may need to take care in supervising such activities to make sure the children are not put at risk. An individual Health Care Plan can help staff identify the necessary safety measures to help support children with medical needs and ensure that they, and others, are not put at risk. Health care plans will be drawn up with health care specialists.

GUIDELINES

The following safeguards should be observed in any case where a Headteacher agrees to accept responsibility for the administration of medicines to children.

Prescription medicines

- The school should receive a written request from the parent giving clear instructions regarding the required dosage. Where appropriate a doctor's note should be received to the effect that it is necessary for the child to take medication during school hours.
- If the child is to be on a school visit, the Headteacher should obtain informed consent from the parent, agreeing to a nominated member of staff dispensing the medicine. It must, however, be remembered that in spite of any form of disclaimer, the Headteacher must continue to exercise a duty of care. The necessary form should be completed by the parent whenever a request is made for medication to be administered on each and every occasion. This request should be reviewed termly.
- Long-term illnesses, such as epilepsy or diabetes should be recorded on the child's record card, together with appropriate instructions given by the school doctor or nurse.
- In the case of young children, the smallest practicable amount of medicine should be brought to school by the parent or nominated responsible adult, not the child, and should be delivered personally to the staff in the school office.
- Medicines must be clearly labelled with contents, owner's name and dosage, and must be kept in a safe and secure place appropriate to the contents, away from the children, unless they may be needed urgently (e.g. for asthma) and must be documented for receipt, administration and dispatch. **We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.**
- Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, name and dosage of the medicine and the frequency of administration.

- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to refrigerators holding medicines.
- The child should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the child and should not be locked away.
- Only one member of staff at any one time should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers drugs a system must be arranged to avoid the risk of double dosing.
- If a pupil brings to school any medication for which the Headteacher has not received written notification the staff of the school will not be held responsible for that medication. It will be removed from the pupil and stored safely, and will not be administered.
- In all cases where following the administration of medication there are concerns regarding the condition of the child, medical advice must be sought immediately.
- Schools should keep written records each time medicines are given and staff should complete and sign this record. Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records **must** be kept and parents should be requested to sign the form to acknowledge the entry. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

Exception: Inhalers for children with asthma need to be readily available. Inhalers should be kept by teachers in a readily accessible place and available for outdoor activities and PE.

Non-prescribed medicines (Over the Counter medicines OTC)

- The NHS West Cheshire Clinical Commissioning Group has agreed a policy supporting self-care for minor or self-limiting conditions. For these conditions, patients (or their parents) are encouraged to self-care, and are expected to buy over-the-counter (OTC) medicines when appropriate. Therefore, GPs will not routinely prescribe these medicines.
- OTC medicines include those medicines on the General Sale List that may be bought from retail outlets without medical supervision, or Pharmacy medicines that can be purchased from registered pharmacies under the supervision of a pharmacist.
- Examples of medicines that do not require a prescription and which parents can give permission to administer include:
 - Paracetamol, ibuprofen or antihistamines - provided they are supplied in packaging with clear dosage instructions that are age appropriate for the child.
 - Moisturising / soothing preparations for minor skin conditions.
 - Sunscreen for routine protection while playing / learning outside.



Staff should **never** give a non-prescribed medicine to a child unless there is a specific prior written agreement from parents. Where a non-prescribed medicine is administered to a child it should be recorded on a school form and the parents informed.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Schools need to know about any particular needs before the child attends for the first time or when they first develop a medical need. It is helpful to develop a written Health Care Plan for such a child, involving the parents and relevant health professionals. Such plans would include the following;

- Details of the child's condition.
- Special requirements i.e. dietary needs, pre-activity precautions.
- Any side effects of the medicines.
- What constitutes an emergency.
- What action to take in an emergency.
- Who to contact in an emergency.
- The role staff can play.

Asthma Policy

Our school: -

- Welcomes all pupils with asthma.
- Will encourage and help children with asthma to participate fully in all aspects of school life.
- Recognises that asthma is an important condition affecting many school children.
- Recognises that immediate access to inhalers is vital.
- Will do all it can to make sure that the school environment is favourable to children with asthma.
- Will ensure that other children understand asthma so that they can support their friends and so that children with asthma can avoid the stigma sometimes attached to this chronic condition.
- Has a clear understanding of what to do in the event of a child having an asthma attack.
- Will work in partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of a school asthma policy.

Sunscreen Policy

We actively promote sun safety through the provision of regular information to children and families; timetabling to avoid exposure; provision of shade areas; timetabling outdoor activities; wearing clothing for sun protection; the application of sunscreen.

Sunscreen

- Each pupil should have their own labelled bottle of sunscreen.
- Sunscreen should not be shared or used for other children without parental permission.
- The sunscreen should be at least SPF 15.
- Sunscreen should be applied before coming to school. If a sunscreen is used that lasts at least 8 hours, then there may be no need for any more to be applied during the school day.
- If parents wish staff to apply sunscreen during the school day, then they must follow the policy outlined above for non-prescription (OTC) medicines.



Administration of Prescription Medicines

Medication will only be administered to your child if this form has been completed and it is handed into school by the adult whose name is on this form. The medication must be in its original container, be in date and be marked as below. Please ensure that the medication is taken home once it is no longer needed.

Dear Headteacher,

I request that(full name of child) be given the following
medicine(s) while at school, or on a school visit

Date of birth..... Class

Medical condition or illness

Name of Medicine (as described on container)

Expiry date Duration of course

Dose Prescribed Times to be given

Other instructions

Self administration Yes / no (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor.

It is clearly labelled indicating contents, dosage and child's name in full.

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: Parent/Guardian

Date:

Notes to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. This agreement will be reviewed on a termly basis.
3. The Governors and Headteacher reserve the right to withdraw this service.



Administration of Non-Prescription (OTC) Medicines

Medication will only be administered to your child if this form has been completed and it is handed into school by the adult whose name is on this form. The medication must be in its original container, be in date and be marked as below. Please ensure that the medication is taken home once it is no longer needed.

Dear Headteacher,

I request that(full name of child) be given the following

medicine(s) while at school, or on a school visit

Date of birth..... Class

Medical condition or illness

Name of Medicine (as described on container)

Expiry date Duration of course

Dose Prescribed Times to be given

Other instructions

Self administration Yes / no (mark as appropriate)

The above medication is an over the counter medicine which I have provided.

It is clearly labelled indicating contents, dosage and child's name in full.

I understand that this agreement will only cover two consecutive school days.

I understand I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: Parent/Guardian

Date:

Notes to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. This agreement will be reviewed on a termly basis.
3. The Governors and Headteacher reserve the right to withdraw this service.

Appendix.

COMMON CONDITIONS AND PRACTICAL ADVICE

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the child are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma

Asthma is common; one in ten children have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath. Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes **must** know how to identify when symptoms are getting worse and what to do when this happens.

There are two main types of medicines to treat asthma, relievers and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

Preventers (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers.

Usually preventers are used out of school hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the child's name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

Epilepsy

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual children's epilepsy. This should be incorporated into the Health Care Plan.

If a child experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the child prior to the seizure.
- Parts of the body showing signs of the seizure i.e. limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the child lost consciousness.
- Whether the child was incontinent.

After a seizure the child may feel tired, be confused, have a headache and need time to rest or sleep. Most children with epilepsy take anti-epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the child should be covered in the Health Care Plan.

During a seizure it is important to make sure the child is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan.

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes.

Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). Each child may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most children can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Children with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most children will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

Children with diabetes need to be allowed to eat regularly during the day i.e. eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e. hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some children may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e. kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Preloaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. **An Ambulance should always be called.**

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt it is better to give the injection than hold back.



Day to day policy measures are needed for food management, awareness of the child's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parents may ask for the Head teachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.

Anaphylaxis is a serious medical condition, but with sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Signed _____ Chair of Governors

Date _____

Signed _____ Headteacher

Date _____

Approved by staff: 3.10.18

Approved by governors: 29.11.18

Review Date: November 2020