Providing Medication to Pupils Policy March 2020

WESTONING LOWER SCHOOL

Where Learning Starts

Reviewed	March 2020
Adopted	March 2016
Policy Status	Statutory
Review Period	Annually
Person Responsible	Head Teacher

Introduction

Westoning Lower School follows the guidelines issued by Central Bedfordshire Council on the provision of medication to children.

As a school we have a moral and civil duty to the stand in "loco Parentis" which extends our duty of care for the pupils. This allows staff to administer medicines by following strict guidelines, but wherever possible medicines should be administered by parents.

The Governing Body of Westoning Lower School have adopted a policy that staff should only be required to undertake the administration of medicines if they feel confident to do so, and that they have received the relevant training.

It is recognised that specific conditions and requests for unusual medication will be made. Should this circumstance arise there will be a need for close liaison between school, parents and the GP or prescribing authority.

Provision of Medication

Medicines will never be issued to pupils without a written request from the child's parents (by completion of a School Medicine Record). The agreement in school is for trained staff to administer **prescribed** courses of **oral** medicine, or medicine that is required for particular medical conditions such as diabetes and epilepsy. This is in line with LA recommendations and the school's insurance policy.

Children are **not** allowed to possess or self-administer medication without supervision.

If a child brings a cream (e.g. suntan, eczema) to school, they must apply it themselves as staff are not allowed to apply medication to the skin. These creams should be handed to the Office or Class Teacher so that they can supervise when the child is putting the cream on.

Prescribed medicines will only be administered when essential. ***If a child is put on prescribed medication, we ask that they are kept off school for the first 24 hours of the prescription to ensure there are no side affects.***
Medicines will only be accepted if they have been prescribed by a doctor or dentist. Medicines must be provided in the original container, as dispensed by the pharmacist, and include the prescribers instructions for administration.

Storage

Medicines are stored in a locked, non-portable cabinet, or fridge as appropriate. These can be accessed only by authorized persons and not by children.

Administration of Regular Medicine in School

Named Persons:
Mrs Debock is the named person responsible for the storage of medicines. Mrs Boyle, Mrs Debock, Mrs Moynihan, Mrs Barnes and Mrs Hocking have all completed Administering Medicines training, and are able to administer medication by following the guidelines set out below:

The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent before administering a medicine. **Parents should confirm any changes of dose and the reason for it in writing.**
For liquid medicines make sure a 5ml medicine spoon or an oral dose dispenser (for quantities less than 5ml) together with instructions has been sent in by the parent.

(a) Confirm the identity of the pupil
(b) Check the school medicine record to see if the medicine is being given at the right time e.g. midday, before or after food etc, and has not already been given by another member of staff.
(c) Check the name on the medicine on the container against the name of the school record
(d) Check the dose, e.g. 1 or 2 tablets, 5 or 10 mls, 1 or 2 puffs.
(e) Measure the dose, without handling the medicine. If it is a liquid, shake the bottle before measuring and pour away from the label. If it is a soluble or dispersible tablet, add to half a glass of water and wait for it to dissolve or disperse.

(f) Give the medicine to the pupil and watch him/her take it. Always give the pupil a glass of water to "wash" the medicine into the stomach.
(g) Wash the spoon or oral dose dispenser if used.
(h) Return the medicine and spoon etc to the appropriate storage area.

All medicines must be provided in the original container from the chemist and clearly labelled with:

- Name
- Class
- Name of medicine
- Doses to be given
- When to be given

Recording

A record should be kept of doses given on the school medicine record. The medicine record should be kept in a safe place, preferably with the medicine. If a dose is given after the stated time, an email will be sent to the parents and a compliment slip sent home with the child. Both forms of communication will state what time the dose was given and by whom.

Disposal

Medicines no longer required will be returned to the parent. Medicines will not be used once the expiry date has been reached.

CONTROLLED DRUGS

Ritalin and related medication

Some controlled drugs may be prescribed for children. Appropriately trained staff may administer a controlled drug to the child for whom it has been prescribed.

Non-Prescription Medicines

Non-prescription medicines will not be given to children except in very exceptional circumstances e.g. when the children are on a residential trip.

Refusing Medicine

If a child refuses to take medicine staff should not force them to do so, but should note this in the records and follow school procedure. Parents should be informed of the refusal as soon as possible.

Asthma

Children with asthma will have immediate access to their reliever inhalers when they need them. Inhalers are kept in their classrooms. All inhalers must be clearly labelled with the child's name and class (see Asthma Policy). Parents are responsible for checking inhalers regularly to make sure they have not gone past their expiry date and for ensuring the school has the child's most up-to-date asthma care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (commonly salbutamol or terbutaline – blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise, whilst Preventers are usually used out of school hours.

The signs of an asthma attack include:

- Coughing
- Being short of breath
- Wheezy breathing
- Feeling of tight chest
- Being unusually quiet

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance will be called if:

- The symptoms do not improve sufficiently in 5-10 minutes
- The child is too breathless to speak
- The child is becoming exhausted
- The child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken.

Children with asthma will participate in all aspects of the school day including physical activities. They need to take their reliever with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicine before any physical exertion. Warm up activities are essential before any sudden activity especially in cold weather. Particular care will be taken in cold or wet weather.

Reluctance to participate in physical activity should be discussed with parents, staff and the child. However children with asthma will not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child's parents or attendance officers as appropriate.

Treatment of an Acute Attack
Ensure the reliever medicine is taken carefully

- Reassure the child
- Make sure the child is sitting up
- Loosen clothing

If there is no improvement in 5-10 minutes, give a second dose of reliever medicine and contact parents.

If the second dose does not work, call an ambulance.

All staff will be made aware of the routine.

Epilepsy

Children with epilepsy have repeated seizures that start in the brain. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including:

- Any factors which might possibly have acted as a trigger to the seizure e.g. visual/auditory stimulation, emotion (anxiety, upset)
- Any unusual 'feelings' reported by the child prior to the seizure
- Parts of the body demonstrating seizure e.g. limbs or facial muscles
- The timing of the seizure – when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

What the child experiences depends on whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure

breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes whiles others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring' sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be cause of deteriorating academic performance.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare.
Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy will be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. A first aider will be called and in the meantime something soft will be put under the child's head to help to protect it. Nothing should be placed in their mouth. Turn the child on their side. After a convulsive seizure has stopped, the child will be placed in the recovery position and stayed with, until they are fully recovered. The staff will try to keep the rest of the class away, if possible.

An ambulance will be called during a convulsive seizure if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health plan
- A seizure lasts for five minutes if you do not know how long they usually last for that child
- They are repeated seizures, unless that is usual for the child as set out in the child's health care plan.

The parents will be informed that a seizure has occurred, even if the child does not need to go home or to hospital. A note to take home at the end of the day will be sent together with clear details of what the child was doing/feeling before a seizure. This will help parents give more accurate information on type and frequency of their child's seizures to their specialist.

A health plan will need to be agreed by the child's parents, the school and the treating doctor.

Diabetes

Diabetes is a condition where the level of glucose in the blood rises.

Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime or a longer acting insulin and it is unlikely that these will need to given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if required at school supervision may be required, and also a suitable, private place to carry it out. This should be clearly set out in the pupil's individual health care plan. Where staff are required to 'set the dose,' specific training must be given by the specialist diabetes nurse and a record kept.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE and more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However, younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to undertake blood glucose tests or administer insulin injections, they should be trained by an appropriate health professional such as the specialist diabetes nurse.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks, which contain carbohydrates, during class-time or prior to exercise e.g. fruit, biscuits, crisps, cereal bars. School may need to make special arrangements if a meal or snack is missed, or after strenuous activity, as the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) a child with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink is brought to the child and given immediately. Slower acting starchy food such as a sandwich or two biscuits and a glass of milk should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be signs of ketosis and dehydration and the child will need urgent medical attention.

A health plan will need to be agreed by the child's parents, the school and the treating doctor.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi fruit and also penicillin, latex and the venom of stinging insects (such as 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. Fortunately this is rare among young children below teenage years.

More commonly among children there may be swelling in the throat, which can restrict their air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance and parents/carers should always be called.**

Staff are trained in the use of these devices. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

Devices are stored in a locked cupboard in the child's classroom.

Studies have shown that the risk for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. A health plan will need to be agreed by the child's parents, the school and the treating doctor.

Complaints

An individual wishing to make a complaint regarding the school's actions in providing children with medication should discuss this with the school in the first instance. If the issue is not resolved, then a formal complaint may be made, following the usual complaints procedure laid out in the school's Complaints Policy.

Monitoring and Review

The monitoring of this policy and the procedures specified within it is the responsibility of the Head Teacher. The policy will be reviewed annually or when new legislation or advice becomes available.

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Consent Form to Administer Medicines

The school/early years setting staff will not give any medication unless this form is completed and signed. Please complete a separate form for EACH type of prescribed medication.

Dear Head teacher

I request and authorise that my child ***be given/gives himself/herself the following medication:
(***delete as appropriate)

Name of Child		**D.O.B.**
Address **Daytime Tel No(s)**		
School/Setting		
Class		
Name of Medicine		
Special Precautions: **e.g. take after eating**		
Are there any side effects that the school/setting needs to know about?		
Time of Dose:	**Dose:**	
Start Date:	**Finish Date:**	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

Name of medical professional:	
Contact Telephone Number:	

I confirm that:

- It is necessary to give this medication during the school/etting day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

Signed (Parent/Carer)	
Date	

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Administration Record

Name of Child	
Date of Birth	
Name of medication	
Expiry Date	

Date	Time	Dose	Signature and name of Administrator	Comments	Parent/Carers Signature (Early Years Setting only)