



Edleston Primary School
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Medicine Policy

Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition, obtaining details from the GP or Pediatrician if needed. School doctor, nurse or health visitor may also be able to provide information for staff.

Ideally it is preferable that parents, or their nominee, administer medicines to their children by the parent visiting the school during break times. However this may not be appropriate. Where it is not appropriate medicine will be given by Mrs Thomasson, or in her absence a first aider or a member of the leadership team.

We will administer prescribed drugs to children. If they are to be taken three times a day we will not administer because these can be taken before and after school and in the evening. Before we administer medicines we will get written agreement from parents. In exceptional circumstances we will administer drugs that are not prescribed by the doctors. This is down to the discretion of the Headteacher and Mrs Thomasson. Appendix 1] Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration. The written agreement is signed by the parent and by Mrs Bagni. A record is kept [Appendix 2] of medicines administered Mrs Thomasson will keep a list of how many times the medicine has been given and keep in a first aid file, kept in the first aid cupboard stock room in the hall. Medicines are kept either in the fridge or in the first aid box in the hall. Children are not to keep medicines with them.

Where possible the medicine, in the smallest amount, should be brought into school by the parent, or their nominee, and it should be delivered personally to the Head teacher, Mrs Thomasson or to the office staff.

If a young person brings to school any medicine for which the Headteacher has

Not received written notification, the staff at the school will not be responsible for that Medicine.

On occasions it is possible for staff to administer;

- Paracetamol, ibuprofen or antihistamines provided they are supplied in its original packaging with clear dosage instructions that are age appropriate for the child. These must be clearly named by the parent.
- Moisturising/soothing preparations for minor skin conditions.
- Sunscreen for routine protection while playing/learning

All products must be NAMED and in their original packaging (suncream is exempt).

The Headteacher is responsible for developing policy and detailing practices for administration of medicines in their school and to ensure that all parents and staff are aware of the procedures.

Only one member of staff at any one time will administer medicines to a young person (to avoid the risk of double dosing). However there may be circumstances where an additional member of staff may check doses before they are administered. Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention.

Storing Medicines

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 labeled with the name of the young person, 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 labeled. There is restricted access to refrigerators holding medicines.

The young person 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 young person and should not be locked away.

Record Keeping

We keep written records each time medicines are given and Mrs Thomason and Mrs Bagni will complete and sign this record. (See Appendix 2). Good records help demonstrate that staff have followed the agreed procedures. If a young person 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.

Self Management of medicines

It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and schools should encourage this. There is no set age when this transition should be made, this decision will be made by Mrs Thomason.

Disposal of Medicines

All Medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Educational Visits

Any necessary medicines are taken on school trips. Staff supervising excursions are always aware of the medical needs and relevant emergency procedures. If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

CIRCUMSTANCES REQUIRING SPECIAL CAUTION

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to school themselves. These are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken; □
- Where some technical or medical knowledge or expertise is required; □
- Where intimate contact is necessary.

In such exceptional circumstances Mrs Bagni will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. Mrs Bagni will seek advice from the consultant community paediatrician, G.P or school doctor. Clear policies should exist for administration for such medication and there should be clear written instructions, which are agreed by the parents, teachers and advisory medical staff. The Medical Professionals must confirm that non-nursing staff can administer such medicines and what training is necessary and by whom. Clear records will be kept of any medication administered in school and parents will be informed whenever a child is given such medication, which is not part of a regular regime.

If a young person is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, we might decide that the young person should not go on the journey, harsh as this may appear to be.

If a member of staff undertakes responsibility for administering medicines and a young person were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

COMMON CONDITIONS AND PRACTICAL ADVICE

The medical conditions in young people 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 young person are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma

Asthma is common, one in ten young people 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.

Young people 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 young person'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.

In an emergency we will use another child's inhaler, if the parents of the child having the attack haven't issued the school with an inhaler.

Epilepsy

Young people 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 young person's epilepsy. This should be incorporated into the Health Care Plan.

If a young person 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 young person 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 young person lost consciousness.
- Whether the young person was incontinent.

After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep.

Most young people 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.

During a seizure it is important to make sure the young person 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. Further information regarding Epilepsy is available via the following link:

http://www/Services/Education/INTRANET/hsrm/epilepsyaction_schools_policy.pdf

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 young person's needs or the insulin is not working properly (Type 2 diabetes).

Each young person 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 young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people 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 young people 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.

Young people 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 young people 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 young people 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 visually 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 young people 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. Pre-loaded 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 young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parents may often ask for the Headteachers 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 young people should be taken.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

APPROVED BY FGB 17/10/19

REVIEW DATE SEPTEMBER
2020

Edleston Primary School

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth Class

Medical condition or illness

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Time of last dosage.....

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

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

Signed Print Name
(Parent/Guardian)

Daytime telephone number

Address

Signed _____ Mrs Bagni. Headteacher

Signed _____ Mrs Thomasson

Note 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. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.

R Bagni

6.1.9