

MARY DEAN'S CE PRIMARY SCHOOL
Medical Policy 2020
Administration of Medicines in School

Rationale

There are times in school when a pupil will require the administration of medicine. This policy is designed to ensure that all pupils who require medicine during school hours are supported in the administration of this medicine and that all school staff are aware of their roles.

Aim

- To support pupils who require the administration of prescribed medicine to ensure their health and well-being is maintained
- To assure parents that their child's medicine is administered safely and accurately in school.

Medicines should only be administered in school where it would be detrimental to the child's health not to do so. All medicines must be in-date.

School will only accept prescribed medicine that is in-date, prescribed for a specific individual, labelled, in the original packaging, dispensed by a pharmacist and includes instructions for administration. (This excludes insulin pens or pumps)

Medicines that have been recommended by a doctor or pharmacist and purchased from a pharmacist (eg eye drops for conjunctivitis or over the counter paracetamol) may be accepted at the discretion of the Head Teacher with written permission from the parent.

The medicine's stated dosage must be 4 times a day, or at a specified time within the school day in order for it to be administered in school.

An exception:

Pupils may bring sun cream to school in hot weather. Parents are encouraged to apply their child's sun cream before school. Children will be expected to apply sun cream themselves and be responsible for it. Adults in school will not be permitted to apply sun cream to children.

Procedures

- Prior to the administration of any medicine, **Template 2** – Parental agreement for school to administer medicines **must** be completed by the parent or legal guardian of the pupil. **No medicine can be administered without this form being completed.**
- All medicines must be brought into school by an adult. Pupils **MUST NOT** bring medicine to school themselves.
- If the medicine is for a fixed term (eg an antibiotic) the Head Teacher must complete **Template 5**
- The pupil's name must be added to **Template 6** - record of all pupils who have medicine administered.
- The pupil requiring medicine will be called to the main office at the appropriate time for the medicine to be administered.

- The administration of the medicine will be recorded on **Template 6**.
- At the end of a course of medicine, the empty bottle or any remaining medicine must be returned to the parent for disposal.
- The Head Teacher will update **Template 5** to show that the course of medicine is completed.
- *The school holds an emergency salbutamol inhaler and two auto injector pens (epi-pens) for use in emergencies as set out below.*

Guidelines

- Any member of school staff may be requested by the Head Teacher to administer prescribed medicine
- Any member of staff who administers prescribed medicine according to an Individual Health care Plan must be offered appropriate training.
- The Head Teacher will decide whether or not training is needed to administer prescribed medicine or if the written instructions on the medicine's package will suffice.
- Where competent, pupils may be encouraged to manage their own medicines (eg inhaler). This will be reflected in the pupil's Individual Health Care Plan.
- Any pupil who takes this responsibility must have access to adult supervision to ensure accuracy and that the medicine is taken.
- Medicines should always be readily available and not in locked cupboards (eg: inhalers, blood-sugar testing kits)
- Any controlled drugs should be stored securely in a non-portable container with limited access.

For pupils with Asthma

- Check that the child's name and details have been added to the school asthma register.
- Ask the parents/carers about their child's asthma and current treatment- ensure the asthma care plan form has been completed and is up to date (updated every 6 to 12 months).
- Allow the pupil to access their inhaler freely in KS2. This means allowing them to carry a **labelled inhaler** on them or keeping it accessible to them.
- In KS1 the asthma pump needs to be **labelled** and kept in the school office.
- Ensure that inhalers are always accessible during physical education, sports activities and educational visits.

For pupils at risk of anaphylaxis

- Check that the child's name and details have been added to the school's medical register.
- Ask the parents/carers about their child's allergy and current treatment- ensure the care plan form has been completed and is up to date (updated every 6 to 12 months).
- Two Auto Injector pens should be kept in the school office, clearly labelled with the child's name.
- Auto injector pens must be available for sports events, off-site activities and all visits.

For pupils with diabetes

- Check that the child's name and details have been added to the school's medical register.
- Meet with the parents/carers to discuss their child's condition and current treatment- ensure the care plan form has been completed and is up to date (updated every 6 to 12 months).
- Ensure pupil has access to all necessary medication and resources (should be carried with the child).
- Ensure a range of staff are trained in the care of a pupil with diabetes.
- Ensure accurate record-keeping is undertaken daily with two adults

FOR ANY PUPILS WHO ARE KNOWN TO SUFFER FROM ASTHMA OR BE AT RISK OF ANAPHYLAXIS, THE FOLLOWING PROCEDURES SHOULD BE APPLIED IN AN EMERGENCY

**EMERGENCY PROCEDURE FOR ASTHMATIC ATTACKS
ALL STAFF SHOULD BE AWARE OF THE EMERGENCY PROCEDURES**

If the child is too wheezy or breathless to complete sentences in one breath, or is exhausted or confused, medical help should be summoned immediately.

If the child is coughing and wheezing, the following procedure should be adopted: -

1. Keep calm and talk in a reassuring manner to the child.
2. Sit (not lie) the child down.
3. Let the pupil/student take his or her normal reliever medication (usually in a blue inhaler). If not available use any blue reliever inhaler that is accessible or the school's emergency inhaler.
4. If the child is still breathless after 5 minutes call an ambulance and inform the parents.
5. If the child has an emergency supply of oral steroids (prednisolone, prednesol) give the stated dose to the child now.
6. Repeat the treatment with the reliever inhaler; do not worry about overdosing

IN AN EMERGENCY SITUATION WITH ANAPHYLAXIS

Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

Breathing: Difficult or noisy breathing, wheeze or persistent cough

Consciousness: Persistent dizziness, pale or floppy, suddenly sleepy, collapse or unconsciousness.

IF ANY ONE OF THESE SIGNS IS PRESENT

1. **Lie the child flat (allow to sit if breathing is difficult)**
2. **Give Epi-Pen or Epi-Pen Junior**
3. **Dial 999 for an ambulance and say "ANAPHYLAXIS"**

IF IN DOUBT, GIVE EPI-PEN

After epi-pen

- Stay with child
- Contact parent/carer
- Commence CPR if no signs of life
- If no improvement after 5 minutes, give further epi-pen dose.

Complaints

If a parent has a complaint about any part of this policy, they should contact the school directly.