

ADMINISTRATION OF MEDICATION IN SCHOOL POLICY

Carr Hill High School is committed to safeguarding and promoting the welfare of young people and expects all staff and volunteers to share this commitment.

1 PURPOSE

1.1 The Governors and staff of Carr Hill High School wish to ensure that students with medical needs receive proper care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising students taking prescribed medication during the school day where those members of staff have volunteered to do so.

2 ADMINISTRATION OF MEDICINE

2.1 Medication will only be received in school if it has been prescribed by a doctor or on the written request of a parent.

2.1 Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time)

2.2 Each item of medication must be delivered in its original container and handed directly to the receptionist

2.3 Where the student travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the student, including medication for administration during respite care

2.4 Each item of medication must be clearly labelled with the following information:

- Student's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date

2.5 The school will not accept items of medication which are in unlabelled containers.

2.6 Unless otherwise indicated all medication to be administered in school will be kept in a locked medical cabinet

2.7 On request the school will provide parents/carers with details of when medication has been administered to their child

2.8 Where it is appropriate to do so students will be encouraged to administer their own medication, if necessary, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school

2.9 It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the student's need for medication. Parents are responsible for ensuring emergency medication stored in school is in date

2.10 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

2.11 The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

3.PROCEDURES - Guidelines to staff

3 ASTHMA

3.1.1 Medication

Asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by the school.

3.2.1 Treatment Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking preventers come in brown (*sometimes white*) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open up narrowed airways and help the student's breathing difficulties. Generally speaking relievers come in blue containers.

RELIEVER MEDICATION SHOULD BE CARRIED BY THE STUDENT AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH AS CROSS-COUNTRY RUNS /PE

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

3.3.1 During an attack

a) Ensure that the reliever medicine is taken promptly and properly:

b) Make sure an adult stays with the pupil:

if in doubt contact a qualified First Aider

b) Stay calm and reassure the student:

listen to what the student is saying and to what he/she wants: the student probably has been through it before

loosen tight clothing around the neck

offer the student a drink of warm water

try tactfully to take the student's mind off the attack

don't put your arm around the student's shoulder as this is restrictive

c) Help the student to breathe:

Encourage the student to breathe deeply and slowly

Most people with asthma find it easier to sit upright or to lean forwards slightly. The student may want to rest his/her hands on the knees to support the chest. Make sure that the student's stomach is not squashed up into the chest. Lying flat on the back is **not** recommended.

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE.

3.4.1 After an attack

Minor attacks should not interrupt a student's concentration and involvement in school activities. As soon as the attack is over encourage the student to continue with normal activities.

LCC procedures – Asthma at school (NAC leaflet), Every Breath you Take (NAC video).

4 DIABETES MELLITUS (TYPE 1 DIABETES)

4.1 This is a condition which is ever present in schools. The following can happen:

Hypoglycaemia – when blood sugar levels fall below normal 4mmol/l

Hyperglycaemia – prolonged high blood sugar level, which can lead to

diabetic coma.

4.2 Hypoglycaemia (low blood sugar most common) – symptoms:

Faintness

Palpitations

Strange behaviour

Sweating

Cold skin

Strong pulse

Shallow breathing

4.2.1 **Treatment** – Follow the student's Care Plan

4.2.2 Mild or Moderate Hypoglycaemia; below 4mmol/l

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint. Sit down, check blood glucose level. **Stay with child**

Give 3 dextrose tablets or sugary drink i.e. 50 mls of Lucozade or 100 mls of coke or sugary drink. Type 1 Diabetics have emergency boxes stored in the medical room.

Students also carry emergency supplies with them. When student recovers - blood glucose rises above 4mmol/l – give starchy food, e.g. 2 biscuits or sandwich.

In the unlikely event of a student losing consciousness call an ambulance.

4.2.3 Severe hypoglycaemia

If pupil is unconscious and not able to swallow do not give anything by mouth.

Stay with the pupil put in recovery position

Call 999

4.2.4 **Hyperglycaemia (high blood sugar) – symptoms:**

Dry skin, rapid pulse

Deep breathing, very difficult to inhale

Smell of acetone on casualty's breath

Treatment – rest and reassure patient, call for an ambulance.

(This usually comes on over days and so is not an acute problem) but can be serious.

5 ANAPHYLACTIC SHOCK

There is a sudden allergic reaction to:

Certain foodstuffs

Drugs

A sting from an insect

Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

5.1 **Symptoms:**

Anxiety

Blotchy skin/rash

Swelling of face/eyes/throat

Seriously impaired breathing

Rapid pulse

Unconsciousness

5.2 **Treatment:**

Dial 999

If shocked, best to lie patient down

Keep patient warm

If a member of school displays those symptoms contact a First Aider IMMEDIATELY. Medication for all known sufferers of anaphylactic shock is kept in a named box in the medical cupboard in the Care Leaders Office.

6 EPILEPSY

6.1 **Minor Partial Seizure** –. A sufferer may remain conscious with the following:

6.1.1 **Symptoms:**

Sudden 'switching off'

Staring blankly

Slight twitch/jerking

Possible shouting/noise making

6.1.2 Treatment:

Sit the casualty in a quiet place and observe. Remove sources of harm.

Reassure patient

Notify parents.

6.2 Complex Partial seizure – Where consciousness is affected

6.2.1 Symptoms:

Confusion

Unaware of surroundings

Mumbling sounds

Chewing movements

Not respond when spoken to

6.2.2 Treatment

As above

6.3 Generalised –Tonic Clonic Seizure

In some cases a child or young person loses consciousness

6.3.1 Symptoms:

May start with casualty crying out

Casualty falls down & may go unconscious

Rigid back

Breathing may become difficult

Lips may go blue

Clenched jaw

Convulsions

Saliva and/or blood in the mouth

Loss of bowel control.

6.3.2 Treatment:

Observe casualty

Loosen clothing

Place in recovery position when convulsions cease

Call 999 if fitting continues and recovery to consciousness is slow

Contact Parents

Quiet often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours.

7 In all the above conditions the school keeps a medical record and staff should familiarise themselves with this.

8 MEDICATION SHOULD BE STORED IN THE MEDICINE CUPBOARD

9 DEALING WITH ACCIDENTS

Students

- a) Use common sense and speedy action. Help keep the student calm and send for help from a qualified First Aider by sending a student to Reception. Remain with the original student. Calmly give clear and precise instructions about your location and the nature of the injury.
 - b) Later but at the earliest convenient time complete an "Accidents to School Children" form, available from and returnable to the Mrs. Harrison the same day as the accident if at all possible.
 - c) Parents will be notified so that a student can be taken home or for medical treatment. In urgent cases an ambulance will be called.
 - d) If the accident does not warrant a student leaving your room it is wise to see the student at the end of the lesson to check on his/her welfare and in marginal cases you or your Department Head may wish to contact home to inform parents. Parents must be informed if a student has suffered a bump to the head.
- Staff;
- e) If you injure yourself seek help or send a student for help. First Aid or medical assistance will be provided.
 - f) As soon as possible after the accident complete "Lancashire CC Accident Report" form, available from the Main Office and returnable to the Head.

g) If you have an accident outside working hours this must also be reported to the Head on the same form, irrespective of whether you are prevented from attending school.

h) If the accident is serious, e.g. a broken bone, or involves a stay in hospital you should ALSO complete form "F2508, Report of an injury or dangerous occurrence" and return it to the Head.

Near Misses

i) Accidents can often be prevented if action is taken following a near miss. Report any incident you witness on the normal accident form, labelling it accordingly.

10 STUDENTS WITH CARE PLANS

10.1 Should a student be identified by the School Nurse as needing a Health Care Plan the plan

will be drawn up by the Nurse in conjunction with parents (and student if appropriate). The Nurse will inform the Clerical Team for entry of the basic information onto SIMS (see flow chart). The Health Care Plan itself will be held by the Nurse and will be implemented, monitored and evaluated by her in liaison with parents (and student if appropriate) and relevant staff.

11

TRAINING

11.1 Members of staff will receive annual training in dealing with students who suffer from asthma, diabetes, epilepsy or who may suffer anaphylactic shock.

12 FIRST AID

12.1 A number of staff have qualifications in First Aid, as up-to-date list is held by the Health & Safety Officer. He is responsible for ensuring staff receive regular training to update their qualifications.

13 INTIMATE CARE

13.1 Should any student require intimate care this will be identified in a Care Plan. Staff involved in providing intimate care will be identified in the plan, will receive appropriate training and will follow NHS Essence of Care Guidelines (available from the Nurse).

14 IDENTIFICATION OF STUDENTS WITH LONG TERM MEDICAL CONDITIONS

14.1 Students New To School

Parents inform school of a long term medical condition via the admission form
Form passed to clerical team

Information entered by clerical team onto SIMS

14.2 Existing Students with A New Medical Condition

Parents inform school of a long term medical condition by any other method

Information passed to:

- Admin Manager
- Information entered by Admin Manager onto SIMS
- Information forwarded to college office for filing in student records and information sharing purposes. Information passed to college office:
- College pass to Admin Manager (using Medical Information Update Form) for input onto SIMS
- Admin Manager returns to college office for filing in student records and information sharing purposes

14.3 Information Sharing & Staff Responsibilities

List cross referenced with School Nurse

Complete medical list provided for Nurse, Heads of College, Cluster Leaders, First

Aiders, SLT by clerical team

Medical list to Data Officer for entry to Assessment Manager class lists

Class teachers to familiarise themselves with SIMS medical data on identified students

Additions to SIMS list made by clerical team.

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