



## Medicines Policy

Most children will at sometime have short-term medical needs i.e. 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 controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies. Children with severe asthma may have a need for inhalers or 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 such 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.

Pikemere School will not discriminate against children or adults with medical conditions or disabilities of any kind.

### **The following safeguards should be observed when the school agrees to administer medicines to children:**

- Pikemere School must 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. This should be completed on a Medicine in School Authorisation Form. (See Appendix One)
- Even after receipt of the authorisation form, the school takes no responsibility for any problems that may arise as a result of administering the dosage as per the instructions on the medicine. The school will continue to exercise a duty of care to the child. The necessary form should be completed by the parent whenever a request is made for medication to be reviewed.
- Where medication is long term, it is the parent's responsibility to notify the school in writing of any changes to that information. The school does not take responsibility for ensuring medicine is in school or that it is in date. Parents should check with the school at regular intervals.
- Pikemere School will display any children it deems as severe or 'Red card' illnesses. These children will have display cards around school so that all staff are aware of the condition and symptoms and know how to react in the event of an incident.
- Where possible, in the case of young children the medicine, in the smallest practicable amount, should be brought to school by the parent or nominated responsible adult, not the child and should be delivered personally to the school office.
- Prescribed 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. **Pikemere School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.**
- *Pikemere staff will **not** administer a **BROWN** inhaler unless accompanied by a Doctor's note, which explains why it is needed during school hours.*
- Non-prescribed medicines – Pikemere staff will **never** give a non-prescribed medicine to a child unless there is a specific prior written agreement from parents and accompanied by a doctor's (or Health Professional's) note. **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.** Parents will be requested to come into school to administer the dosage if they so wish or nominate a known adult to complete this task on their behalf. If the administration is done by anyone other than a parent then a letter from the parents should be sent into school.
- Large volumes of medicines will not be stored at Pikemere School. Medicines will 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 child, name and dosage of the medicine and the frequency of administration. Where the member of staff is uncertain they should seek guidance from a First Aid officer or the Headteacher and where uncertainty continues the Headteacher can make the decision not to administer the medication.

- Some medicines need to be refrigerated. They should be kept in the refrigerator labeled for Medicines in the staff kitchen area but not in the food fridge. Children should not be asked to retrieve their own medicine. Access to the fridge should be by an adult only.
- 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.
- The First Aiders and the Office staff may administer medicine but should always complete the Medicine book maintained in the back office immediately when this has been completed to avoid double dosage.
- Pikemere School will ensure staff receive first aid training and that training is regularly updated.
- If a pupil brings to school any medication for which written notification has not been received, the school will not be held responsible for that medication.
- In all cases where following the administration of medication, there are concerns regarding the condition of the child, medical advice must be sought immediately.
- Pikemere School will keep written records each time medicines are given and staff should complete and sign this record.
- Pikemere will notify parents if a child refuses their medication.

**Exception:** Inhalers for children with asthma need to be readily available. All inhalers are kept in the child's classroom, with a copy of the documentation for administering. Inhalers should be kept by teachers in a readily accessible place and available for PE. Pikemere staff will not administer brown inhalers unless accompanied by a doctor's note explaining why it needs to be administered during the school day.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Pikemere School requests that parents advise them about any particular needs before the child attends for the first time or when they first develop a medical condition. The office staff will ensure that all school records are updated and maintained and the Headteacher will make certain the relevant information is made available to those who need to know. Training will be provided if it is required.

### **Controlled Drugs (Controlled by the Misuse of Drugs Act)**

Any nominated member of staff may administer a controlled drug to the child for whom it has been prescribed (in accordance with the prescriber's instructions). Children attending Pikemere School will not be allowed to keep the drug in their possession whilst at school in order to protect the child's safety and that of their peers. Pikemere School will keep controlled drugs in a safe place stored as per the prescriber's guidance and only staff will have access to it. A record must be kept for audit purposes.

### **Disposal of Medicines**

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

### **Emergency Procedures**

Pikemere School has arrangements in place for dealing with emergency situations. Staff including MDA's are given instructions on how to deal with a medical emergency. If this occurs during the school lunch hour the MDA's use a Red card to alert staff to a medical emergency and an Amber card to ensure that fully trained first aid staff are able to attend the scene.

### **Circumstances Requiring Special Caution**

Whilst the administration of all medicines requires caution, there are certain circumstances that require special attention before the school will accept responsibility for administering medicine particularly when the parents are unable to come to school themselves.

These are:

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

In these circumstances, the Headteacher will consider the best interests of the child as well as taking into consideration what is being asked of the staff concerned. The Headteacher will seek advice from the consultant community paediatrician or school doctor. .

### **Invasive Procedures**

Some children require types of treatment which school staff may feel reluctant to provide e.g. the administration of injections. There is no requirement for any member of staff to undertake these responsibilities and in such circumstances, the matter should be referred to the LA.

Only staff that are willing and have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures will be arranged by the school and conducted by qualified medical personnel. For the protection of both staff and children, a second member of staff must be present while more intimate procedures are being followed.

The regular injection of children by teaching staff is not supported. Where it is known in advance that a child may be vulnerable to life-threatening circumstances the school will draw up agreed plan of action with the parents and other medical professionals. This should include the holding of appropriate medication and suitable training for those members of staff required to carry out the particular medical procedures.

### **Staff Competence in Administering Medicines**

Pikemere School will ensure that sufficient staff are, under Health and Safety regulations, competent enough to perform the tasks which might confront them. This includes reacting to an emergency. Staff whose pupils may have conditions such as asthma or diabetes sufficiently severe to cause an emergency are entitled to proper instructions.

A written record of the training and authorisation to carry out procedures will be kept by Pikemere School and the members of staff concerned.

### **Parental Consent**

Parental consent will be gained by Pikemere School for all administration of medicine. If a parent has particular religious objections to providing consent, the school must be made aware of these.

If a parent refuses to give medical consent, the school may refuse the child participation in a trip or an event.

### **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 information should be made available in these circumstances.*

#### **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) should be taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours. Pikemere School staff will not administer these unless accompanied by a doctor's note, which specifically requests that they do.

**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. Particular care should be taken to prevent peers getting hold of an inhaler.

Children at Pikemere who suffer from Asthma have received guidance and advice on their condition from the School Nurse and Asthma UK cards to carry on their person.

### **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 child'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. Further information regarding Epilepsy is available via the following link:

### **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. Most younger children have a twice-daily injection regime of longer acting insulin which 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 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). Pikemere has a number of children with allergies and staff should make themselves familiar with the First Aid boards which hold full details.*

*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. 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 child's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Where the allergy is very severe Parents may request that certain foods are not allowed on school premises but this is at the Headteacher's discretion. Preparation of food must take into account the various allergies of everyone at the school be it adults or children.

Where in any doubt, the staff at Pikemere School will always gather medical knowledge and expertise before taking any measures that they are uncertain about.

All severe medical conditions are displayed in the school office. If in doubt all staff are encouraged to take advice from first aiders, parents and medical agencies.

*Pikemere School follows GDPR guidelines and will strive to ensure all confidential information remains just that. However, the school holds the right to discuss a child's condition with a medical professional where they believe to do so will assist in the successful treatment of that child or where non-disclosure could have catastrophic results.*

Signed \_\_\_\_\_ Chair of Governors

Signed \_\_\_\_\_ Headteacher

Date \_\_\_\_\_

The medicine policy will be reviewed every three years unless there is a change in guidelines from a national health agency. This policy will be reviewed in September 2021.