



Tornedale Infant School

Managing Medicines and Medical Conditions in School Policy

Includes Information and Advice on Asthma, Epilepsy and
Anaphylaxis

Reviewed February 2016

1. Procedures for managing prescription medicines which need to be taken during the school day.

The school cannot accept medicines that have been taken out of the container as originally dispensed, or make any changes to the prescribed dosages. Medicines must always include instructions with

- The name of the child
- Name of the medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any possible side effects
- Expiry date.

We can only accept medicines brought into school by a responsible adult.

Short term prescription requirements should only be taken to school if it is detrimental to the child's health if it were not administered in school.

The school will only store, supervise and administer medication that has been prescribed for an individual child. We cannot administer medicines that have not been prescribed.

If staff are concerned they will seek parental views and medical advice from the health service or child G.P.

2. Procedures for managing prescription medicines on trips and outings

School will ensure that children with medical needs are able to participate fully and safely on school visits.

3. The roles and responsibilities of staff managing the administration of medicines.

Any staff responsible for a child with medical needs will be made aware of what is expected of them.

School will designate a minimum of two people responsible for administering medicine to a child.

Staff should not give non-prescribed medicines to a child.

Parents will be informed when their child has been given medicine kept in school on a regular basis so that parents can manage dosage at home. Similarly if a child refuses to take the medicine then parents should be informed.

Medicines such as inhalers, epipens will be kept in safe storage within the child's classroom area for ease of access when needed. (see Asthma Policy – Appendix 1)

When a child has been given medication in the classroom staff are responsible for completing the Administration of Medicine Daily Log. This can be found in the School Office (Green folder).

4. Parental responsibilities in respect of their child's medical needs.

It is the parent's responsibility to provide the head with sufficient information about their child's medical needs if treatment or special care is needed.

Parents are expected to work with the head teacher to reach an agreement on the schools role in supporting their child's medical needs, in accordance with the school policy.

If a child is acutely unwell then it is the responsibility of the parent to care for that child at home.

It will require only one parent or carer to agree to or request that medicines should be administered.

Prior written agreement must be obtained from the parents or carers for any medicines to be given to the child (see form at back)

5. Children with long term or complex medical needs.

Where there are long term needs a health care pro forma should be completed. This will involve the parents, and any relevant health care professionals.

All involved will agree how often this plan will be reviewed according to the child's needs. This will be at least annually.

Other people involved in the health care plan may include

- Headteacher or head of setting
- Parent or carer
- Child (if appropriate)
- Teacher and support staff.
- Staff trained in how to administer medicines.
- Staff trained in how to administer emergency procedures.

6. Children carrying and taking their prescribed medicines themselves.

Children at Tornedale will be allowed to self medicate providing that they are observed by a member of staff.
This can only be allowed if a parental agreement and health care plan has been completed.

7. Staff training in dealing with medical needs.

The school will ensure that staff involved in administering and managing medicines in school receive the appropriate training.

Staff who have a child in their class (or are responsible for them at play or lunch time) with medical needs will be informed about the nature of the condition and when and where the child may need extra attention. All staff would be aware of the likelihood of an emergency arising and what action to take if one occurs.

School will ensure that it has a sufficient number of support staff who manage medicines as part of their duties. This will be specified in their job description. Teacher's agreement to this responsibility must be voluntary as it is not part of their conditions of employment.

8. Record Keeping

Parents should tell the school about any medicines that their child needs to take and provide details of any change. However it is the schools responsibility to check these details for accuracy.

The appropriate form should be filled in for short tem and long term administration of medication.

It is the parents responsibility to monitor when further supplies of medication are needed; not the school's.

Parents must fill in an agreement form to confirm medication arrangements and agreement.

A daily log will be completed of any medicine administered to a child.

9. Safe storage of medication.

Medications will be stored in accordance with the product instructions.

The container will be clearly labelled with the name of the child and the dosage and frequency to administer.

Where the child needs two or more prescribed medicines these will all be in separate containers. Medicine will not be transferred from its original container.

Emergency medications such as inhalers and adrenaline pens should not be locked away and children should know where their own medicines are.

Medicines needing to be refrigerated should be kept in an airtight container and clearly labelled. These medicines will be stored in the staff room fridge where access by children is limited.

10. Disposal of Medicines.

Parents are responsible for disposal of expired or unwanted medicines.

Sharps boxes should always be used for the disposal of needles.

11. Hygiene and infection control.

All staff should be familiar with normal precautions for avoiding infection and should follow basic hygiene procedures.

When taking care of spillages of blood or other bodily fluids and disposing of dressings or other equipment staff will use disposable gloves.

12. Access to the schools emergency procedures

School should have in place arrangements for dealing with emergency situations

Guidance on calling the emergency services will be displayed next to the telephones in school.

All staff will be made aware who is responsible for carrying out emergency procedures if needed.

A member of staff will always accompany a child to hospital and stay until the parent/carer arrives.

Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care proformas should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency (e.g at lunch time)

13. Risk assessment and management procedures

School will provide individual risk assessments for pupils or groups with medical needs.

Staff will be made aware of the health and safety issues of dangerous substances and infection, and ensure that the risk to the health of others is properly controlled.

Asthma Policy – Appendix 1

Inhalers should be stored within the child's classroom in a bag with the child's name written on. A note of the dosage should be clearly marked on the bag.

The bag should be taken to all P.E. activities inside or outside and on any out of school activity

Blue inhalers should always be used with a spacer as this is more effective

The child should be encouraged to take long, slow breaths rather than short shallow ones.

Signs and Symptoms:

- Coughing
- Wheezing
- Shortness of breath
- Tightness in the chest
- Being unusually quite/sitting out
- Tummy ache

Emergency Procedure:

1. Help the child to take their usual dose of reliever inhaler immediately, preferably through a spacer
2. Sit the child upright (near an open window if possible). Remain calm and reassure child. Use breathing techniques. Do not leave the child alone.
3. Continue to give one puff a minute, up to 10 puffs
4. If the child does not start to feel better after taking reliever inhaler as above or if you are worried at any time call 999
5. If an ambulance does not arrive within 10 minutes, repeat step 3 while you wait

Further guidelines can be found at www.asthma.org.uk

Epilepsy – Appendix 2

Epilepsy is a tendency to have seizures

A seizure (sometimes called a fit) is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between the brain cells, so the brain's messages briefly pause or become mixed up.

Signs and symptoms

The brain is responsible for controlling the functions of our bodies. What a child experiences during a seizure will depend on where in the brain the epileptic activity begins and how rapidly it spreads. Each pupil with epilepsy will experience the condition in a way that is unique to them. Each pupil with epilepsy will experience the condition in a way that is unique to them.

Types of Seizures

Absence Seizure:

- Staring
- Looking vague
- Can happen hundreds of times per day

Tonic – Clonic Seizure:

- Falls to the floor
- Shaking
- Loss of bodily fluids
- Frothing from mouth
- Blueness

Atonic Seizure

- Atonic seizures are also called drop attacks
- lose all muscle tone and drop heavily to the floor.
- seizures are very brief and the child will be able to get up again straight away.
- might hurt face, nose or head when falling.

Myoclonic Seizure

- These are usually isolated or short-lasting jerks that can affect some or all of your body. They are usually too short to affect your consciousness. The jerking can be very mild, like a twitch, or it can be very forceful.

- Myoclonic seizures often only last for a fraction of a second and you might have a single jerk or clusters of several jerks.

Common Triggers:

- Stress, anxiety or excitement
- Not taking medication
- Unbalanced diet
- Illness
- Flickering or flashing lights (only affects 3%)
- Late nights
- Some over the counter and prescribed medications

Emergency Procedures: Tonic Clonic

- Stay calm - Proceed in accordance with child's care plan (if one has been completed)
- Protect the child or young person from injury
- Note the time
- Remain with the child
- Don't hold them down or put anything in the child's mouth
- When the seizure has finished, place the child in the recovery position
- Use rescue medication as detailed in the plan. This is only prescribed for a child who has a history of seizure lasting longer than 5 minutes.

Further information can be found at www.epilepsy.org.uk

Anaphylaxis - Appendix 3

Anaphylaxis is a severe systemic allergic reaction

It is at the extreme end of the allergic spectrum

The whole body is affected usually within minutes of exposure to the allergen although it can sometimes take several hours

It can be potentially fatal and is a Medical Emergency

Signs and Symptoms :

- Swelling of the mouth or throat
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Hives (nettle rash) anywhere on the body
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness
- Difficulty breathing
- Collapse and unconsciousness

Actions for School Staff:

- Familiarise yourself with those children with allergies
- Look at Care Plans (copies of all care plans located in both classroom and school office)
- Ensure you know where epipens are kept
- Awareness of expiry dates - epipens become less effective after a year although they can still be used after expiry date if fluid is still clear
- Attend Annual Update

Administering an epipen

- Stay calm Place child in a comfortable position unless unconscious or vomiting
- Send someone to call 999 and then parent
- Remove epipen from packaging
- Remove blue safety cap
- Press orange end (this contains the needle) i to thigh at a right angle through clothing
- Massage the injection site for a few seconds
- Make a note of the time injection given
- Monitor closely until ambulance arrives
- If you need to use a 2nd epipen administer after 5 minutes to the other thigh
- Give used epipen to ambulance team for safe disposal

Things to remember:

- Ensure that it is clearly labelled with the child's name and in date
- If in doubt give it
- This is a prescribed medication and can only be used for the child that it is prescribed for

- Store in original packaging – in a dark place