



Administration of Medication

Policy written by Philippa Mills:	September 2018
Reviewed by Daniel Orwin	November 2019
Next Review Date:	September 2020

This Policy has been reviewed and approved by: Nick Rugg as Director of Schools, Europe, and nominated representative of the Governors

Please note: 'School' refers to Oaks International School; 'Parents/Guardians' refers to Parents/Guardians, guardians and carers. This is a whole school policy, which also applies to the Early Years Foundation Stage.

Introduction

Parents/Guardians have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents/Guardians should also provide all necessary information about their child's medical needs to the school.

DfE April 2014 – Supporting Pupils at School with Medical Conditions

Key points are:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Governing Bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing Bodies should ensure that school leaders consult health and social care professionals, pupils and Parents/Guardians to ensure that the needs of children with medical conditions are effectively supported. This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.

Staff Duties

School teachers have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance. By individual arrangement, medicines can be administered in school and on educational visits to allow children who have medical needs to attend.

Process for the Administration of Medicines in School

Short term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

The school will only accept:

→ Medicines prescribed by a medical practitioner

→ Medicines that are in date

→ Medicines in their original container, as dispensed by a pharmacist

→ Containers with labelling identifying the child by name and with original instructions for administration, dosage and storage in English.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person (usually the Form Tutor/Class Teacher or a staff volunteer in the case of educational visits). The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Principal.

When administering, the named adult must complete a record showing the date and time and details/dosage of the medication. In the case of the child being allowed to administer their own medication, this must again be added to the record.

Under no circumstances should a parent send a child to school with any medicines without informing the school. These could cause a hazard to the child or to another child if found and swallowed. Parents/Guardians are welcome to come into school to administer medicines themselves that the school is unable to administer, for reasons given above.

Long term medical needs

Where a child has long-term medical needs, a care plan must be written with the assistance of the Bursar and in the presence of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually. It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered. The Principal must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

There will also be regular training for all staff on more generalised needs e.g. asthma awareness and epipen training, diabetes and epilepsy.

Process for the Administration of Medicines during residential visits– all medical needs

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above.

Parents/Guardians will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

First Aid Training Record – September 2018

Cherry Hinton (Primary)

FAA Level 3 Award in Paediatric First Aid (RFQ) (Expires 7th March 2021)

Sue Virgo
Rachael Steel
Pauline Butcher
Christina Wuensche

FAA Level 3 Award in Emergency Paediatric First Aid (Expires 20th March 2021)

Victoria Robeson
Amanda Gibbard
Angela Spaxman
Daniel Orwin

FAA Level 3 Award in Emergency Paediatric First Aid (Expires 27th March 2021)

Alicia Lloyd
Karen Ebenezer
Kate Pauley
Kathleen Baptie
Laura Monk

Contacting Emergency Services

A qualified first aider or another nominated person will dial 999, ask for an ambulance and then speaking clearly and slowly and be ready with the following information:

1. The school telephone numbers: Cherry Hinton: 01223 416938
2. The location as follows:
The postcode of the building where the ambulance needs to come to:
 - Cherry Hinton Hall - CB1 8DW
 - Give exact location in the school of the person needing help.
3. The name of the person needing help.
4. The approximate age of the person needing help.
5. A brief description of the person's symptoms (and any known medical condition).
6. Inform ambulance control of the best entrance to the school and state that the crew will be met at this entrance and taken to the pupil.

Do not hang up until the information has been repeated back.

Please note that the person calling should be with the child, as the emergency services may give first aid instructions.

Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.

Also ensure that one or more of the following members of staff are informed that an ambulance has been called to the school: Bursar, Principal, Head of Primary.

Ensure that the child's Parents/Guardians / guardians have been contacted immediately.

Never cancel an ambulance once it has been called.

Body Fluid Spillage Policy

Introduction

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is, therefore, vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body spillages. This document is to be used in conjunction with Public Health England: *Guidance on infection control in schools and other childcare settings* (September 2014). There are Body Fluid Disposal Kits available at the Primary School reception.

Body Fluid Spillage Clean-Up Procedure

1. Cordon off the area until clean-up is completed.
2. Put on disposable gloves from the nearest First Aid kit.
3. Place absorbent towels over the affected area and allow the spill to absorb.
4. Wipe up the spill using these and then place in a bin (which has a bin liner).
5. Put more absorbent towels over the affected area and then contact the Bursar for further help.
6. If a Body Fluid Disposal Kit is available, the instructions for use should be followed. If not, then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin bag or double bagged and put in an outside bin.
7. If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
8. The area must be cleaned with disinfectant following the manufacturer's instructions.
9. An appropriate hazard sign needs to be put by the affected area.
10. The area should be ventilated and left to dry.
11. All reusable cleaning equipment needs to be appropriately disinfected according to the manufacturer's instructions.
12. Anyone involved in cleaning up the spillage must wash their hands.

Please note that:

- The bin that has had the soiled paper towels put in needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has been contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the Parents/Guardians to take home.
- Any soiled wipes, tissues, plasters, dressings, etc. must ideally be disposed of in the clinical waste bin (yellow bag). If not available, then the gloves being used need to be taken off inside out, so that the soiled item is contained within them. This can be placed in a sanitary waste disposal bin, which is regularly emptied.

Asthma Emergency Procedures

Common signs of an asthma attack:

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- Sometimes younger children express feeling tight in the chest and a tummy ache.

Do:

- keep calm
- encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately and preferably through a spacer
- ensure tight clothing is loosened ☒ reassure the pupil.

If there is no immediate improvement, continue to make sure that the pupil takes two puffs of reliever inhaler every two minutes up to 10 puffs or until their symptoms improve.

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Call an ambulance urgently for any of the following:

- if the pupil's symptoms do not improve in 5–10 minutes
- if the pupil is too breathless or exhausted to talk
- if the pupil's lips are blue ☒ if you are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The Parents/Guardians/guardians must always be told if their child has had an asthma attack.

Important things to remember when an asthma attack occurs:

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to School Reception to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's Parents/Guardians/carers immediately after calling the ambulance.

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with him/her until their parent arrives.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved Appendix 5

(Please also refer to the school Anaphalaxis Policy)

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash
- (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see Appendix 3 for more details)
- abdominal pain,
- nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness.

If a pupil with allergies shows any possible symptoms of a reaction:

- assess the situation
- follow the pupil's emergency procedure closely, these instructions will have been given
- by the hospital consultant
- administer appropriate medication in line with perceived symptoms

999 If you consider that the pupil's symptoms are cause for concern, call for an ambulance. State:

- that you believe them to be suffering from anaphylaxis
- the cause or trigger (if known)

While awaiting medical assistance the designated trained staff should:

- continue to assess the pupil's condition
- position the pupil in the most suitable position according to their symptoms

Symptoms and the position of pupil

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up
- If there are also signs of vomiting, lay them on their side to avoid choking
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up
- If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh
- Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew
- On the arrival of the paramedics or ambulance crew the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- After the incident carry out a debriefing session with all members of staff involved
- Complete an incident form
- Ensure that Parents/Guardians/guardians have replaced any medication used

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Diabetes Emergency Procedures

Hyperglycaemia

This is when a person's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

Do . . .

Call the pupil's Parents/Guardian who may request that extra insulin be given. The pupil may feel confident to give extra insulin. If a pump is used it should indicate how much insulin to give.

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If any of the following symptoms are present, then call the emergency services:

- deep and rapid breathing (over breathing)
- vomiting
- breath smelling of nail polish remover.

Hypoglycaemia

This is when a person's blood glucose levels are too low (below 4 mmol/l) and may be caused by:

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food
- sometimes there is no obvious cause

Common symptoms:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness.

Do . . .

- Immediately give something sugary to eat or drink such as one of the following:
- apple juice or non-diet drink such as cola
- three or more glucose tablets
- five sweets, e.g. jelly babies
- GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances, be guided by the person. After 10 – 15 minutes check the blood sugar again. If it is below 4 give

another sugary quick-acting carbohydrate. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again, such as:

- roll/sandwich
- portion of fruit
- cereal bar
- two biscuits
- a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should be given again. When the child has recovered, give them some starchy food, as above.

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If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their Parents/Guardians/carers.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Epilepsy Emergency Procedures

First aid for seizures is quite simple and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help. - **Tonicclonic seizures Symptoms:** The person loses consciousness; the body stiffens, and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely, due to irregular breathing. Loss of bladder and/or bowel control may occur. After a minute or two the jerking movements should stop and consciousness slowly returns.

Do:

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help. ☑ Gently place them in the recovery position to aid breathing once the seizure has finished ☑ Keep calm and reassure the person.
- Stay with the person until recovery is complete.

Don't:

- Restrain the pupil.
- Put anything in the pupil's mouth.
- Try to move the pupil unless they are in danger.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

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Call for an ambulance if:

- You believe it to be the pupil's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

- Twitching
- numbness
- sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste a strong sense of déjà-vu.

Complex partial seizures Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing.

Atonic seizures Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:

- brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- Guide the person away from danger.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- Stay with the person until recovery is complete.
- Keep calm and reassure the person.
- Explain anything that they may have missed.

Don't . . .

- Restrain the person.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.
- Give the person anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

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Call for an ambulance if . . .

- One seizure follows another without the person regaining awareness between them.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

ACCIDENT RECORD FORM FOR PARENT / CARER

Child's name	
Child's room	
Detail of what happened	
Where was the injury on the body?	
What time did this happen? Please give both date and time	Date Time
Where did the accident take place? Please circle as appropriate or state if other	Home / On way to nursery / Other
First aid treatment given	
Further action needed by medical profession?	Yes / No
Further action needed by nursery?	Yes / No
If yes, what	
Parent signature and date	
Staff signature and date	
Principal signature and date	