The Regis Academy

Version 1.0

Medication Policy

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Approved By	**A Pincher**

Contents

Introduction

The purpose of this policy is to give advice to all staff in the situation of a pupils requiring medication as a matter of routine or in an emergency at The Regis Academy School.

This policy has been developed using statutory guidance from the Department for Education document "Supporting pupils at School with medical conditions" September 2014 (updated 16th August 2017)

Medicines will not be accepted into the School. Where possible medicines should be prescribed in dose frequencies, which enable them to be taken outside of School hours. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after School hours and at bedtime.

Parents/carers have the prime responsibility for their own child's health and should provide the School with information about their child's medical condition.

Parents/carers, and the pupils if applicable, should obtain details from their child's practitioner (GP), paediatrician or if needed, other specialist bodies may also be able to provide additional background information for staff.

Many pupils will at some time have short term medical needs, some pupil's however have longer term needs and may require medication on a long-term basis to keep them well e.g. well controlled epilepsy. Others may require medicines in particular circumstances, such as pupil's with severe allergies who may need an adrenaline injection. pupils with severe asthma may have a need for daily inhalers and additional doses during an attack. Pupils with the aforementioned are able to attend School and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that they and others are not put at risk.

The Aim of the Policy is

- to implement procedures relating to the management of medication in the school, to ensure that everyone, including parents/carers, are clear about their respective roles
- to put in place effective management systems to help support individual children with the permitted medical needs
- to make sure that medication kept in the school is handled responsibly
- to help ensure that all school staff are clear about what to do in the event of a medical emergency.

Policy for the Administration of Medication

The School will accept no responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day.

Please note that parents should keep their children at home if acutely unwell or infectious. Parents are responsible for providing the Head of Centre with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school.

Staff will not give or supply any medication prescribed or non-prescribed.

For each pupil with long-term or complex medication needs, the Head of Centre, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals and each individual Care Plan which will be conducted at the induction process. Parents may be asked to come in if Pupils require daytime medication.

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

All staff will be made aware of the procedures to be followed in the event of an emergency.

Please be advised that if your child requires long term medication then you will need to inform the school as soon as possible and you will be required to provide a letter from your GP to confirm this. If your child requires medication two times daily this should be administered at home morning and night.

Piriton/ Chlorphenamine Syrup Will not be administered or supplied. Pupils are encouraged to self-medicate when required.

Asthmatic Inhaler Will not be given to your child. Asthmatic pupils are encouraged to carry them on their person and take as required.

Medicinal Paracetamol, Oral Suspensions Please be advised that Calpol or any Paracetamol oral suspensions will not be administered by staff

Cough Medicine will not be administered by staff

Epi Pens Can only be administered by a trained member of staff. The school will store Epi pens centrally and all staff will be made aware of children who are in possession of one and where they are kept.

Pupils with **diabetes** will be encouraged to keep their diets and monitor their blood sugar, a clean private area will be provided. Glucose in the form of food or drink will be made readily available.

Pupils with **epilepsy** will be risk assessed and additional measures put into place. Seizures will be monitored and parents or emergency services informed.

Pupils with allergies will be recorded during induction and will form part of the care plan this will be stored on the pupils central record and staff will be briefed accordingly.

Letters will be sent out to parents and carers to inform them that School policy states no staff will administer or store medication for Pupils on the premises. Parents and Pupils will take sole responsibility for medication of any description.

Common Medical Conditions

ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

INTRODUCTION

The medical conditions in children that most commonly cause concern are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This section provides some basic information about these conditions, but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

ASTHMA

What is Asthma?

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

Children with significant asthma should have an individual health care plan.
Medicine and Control
There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the School day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise, whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of School hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines.
Children who are able to use their inhalers themselves should be allowed to carry them with them. Inhalers should always be available during physical education, sports activities and educational visits. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in .
When a child has an attack, they should be treated according to their individual health care plan or asthma card as previously agreed.

An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

EPILEPSY
What is 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. Seizures can happen for many reasons. Most children with diagnosed epilepsy never have a seizure during the School day. Epilepsy is a very individual condition. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. If a child does experience a seizure in, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual "feelings" reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during School hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

DIABETES
What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the 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).
About 1 in 550 children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.
Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at School supervision may be required, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so.

When Staff agree to administer blood glucose tests or insulin injections, thyt should

Be trained by the appropriate health professional, the School will employ the services of a School Nurse Service.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.
Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a hypoglycaemic reaction (hypo) in a child with diabetes:

- Hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, irritability, headache, mood changes, especially angry or aggressive behaviour
- Each child may experience different symptoms, and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought

to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

ANAPHYLAXIS

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically, and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

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 and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine) Pre loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths, adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

Staff that volunteer to be trained in the use of these devices can be reassured that are simple to administer. Adrenaline injectors, given in accordance with the manufacturers instructions are well understood and safe delivery mechanism. It is

not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In Case of doubt, it is better to give the injection than hold back.

Be trained by the appropriate health professional, the School will employ the services of a School Nurse Service.

The decision on how many adrenaline devices the setting should hold and where to store them has to be decided on an individual basis between the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff.
Important issues specific to anaphylaxis to be covered in the healthcare plan include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

The Legal Requirements

There are a number of legal requirements and implications that the School is aware of regarding the management of medication. This section summarises the main legal provisions that affect the School's responsibilities for managing a pupil's medical needs. Additional information about relevant legislation is detailed in the DfE document, Supporting Pupils at School with Medical Conditions.
General Background

The School is responsible for the health and safety of the pupils in their care. The legal framework for the school dealing with the health and safety of all their students derives from health and safety legislation. The law imposes duties on the employer. Community Commissioning Groups (CCGs) and NHS Trusts also have legal responsibilities for the health of residents in their areas. Staff administering medicine, there is no legal or contractual duty on staff to administer medicine or supervise a student taking it. Support staff may have specific duties to provide medical support as part of their contract. But any member of staff may need to take action to assist a student in an emergency.

Staff 'Duty of Care' Anyone caring for children including teachers and non-teaching staff have a common law duty of care to act like any reasonable prudent parent. Staff need to make sure that students are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency.

Form A

Health Care Plan for management of anaphylaxis

Name _____
Date of Birth _____

Allergic reaction likely after exposure to:
In the event of symptoms which indicate the child is suffering an anaphylactic reaction:

1. Stay with the child (or get someone else to do this)
2. Get medication / adrenaline injection
3. Give treatment indicated below depending on the severity of the reaction.
4. Phone for an ambulance
5. Report condition to teacher in charge / Headteacher and contact parents.

Usual symptoms of a mild reaction: _____
_____

Treatment required during mild reaction: _____

Usual symptoms of a severe reaction: _____
_____

Treatment required during severe reaction: _____
_____

Dose of adrenaline injection required during a severe reaction: _____

Persons trained to give adrenaline injection by Health Nurse / Community Pediatric Nurse:

Care plan agreement

Parent _____ Date: _____
Headteacher _____ Date:_____
Health Nurse _____ Date:_____
Doctor _____ Date: _____

Information collected will be regarded as confidential and will only be shared within the limits of the data protection notification between services.

Photo

Form B

Health Care Plan for Diabetes

Hypoglycaemia

Children with diabetes may experience hypoglycaemia (low blood glucose levels) Look out for the following symptoms:

Hunger/sweating/trembling or shaking/drowsiness/glazed eyes/lack of concentration/mood changes, especially anger or aggressive behaviour, irritability or becoming upset

Typical symptoms for this child are : (to be completed in consultation with parents/carers)

Treatment

Sugary food should be given immediately. Examples of these are lucozade, non diet fizzy drink (eg Tango, Coke) mini chocolate bars, fruit juice, glucose tablets, honey or jam.

Sugary food for this child :

Quantity :

Photo

Form C

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone