

POLICY FOR THE ADMINISTERING OF MEDICINE TO STUDENTS¹

Aim

1. The aim of this policy is to effectively support individual children with medical needs and to assist pupils in achieving regular and maximum attendance at school.

Overview

2. Parents are strongly encouraged to administer medicines to their children outside of the school day.

3. Medicines will only be administered on the school site when there is no other alternative, and when failure to do so would be of detriment to the child's health.

4. Medicines will only be administered by a member of staff where the school is in possession of a signed parental agreement form.

5. Staff must keep a record of any medicines administered on site.

6. Medicines must be kept in the labelled containers in the school office or Student Services refrigerator (where refrigeration is necessary).

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

7. Medicines should only be taken into School when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

8. The School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

9. Medicines will always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.^{2&3}

Procedures for managing prescription medicines when attending an event which takes the child out of the School site

10. Larkmead School encourages children with medical needs to participate fully in safely managed visits. The School will consider reasonable adjustments to enable children with

¹ Guidance taken from 'Managing Medicines in Schools and Early Years Settings' DfES 2005 and the Oxfordshire Asthma Guidelines dated 2012.

² The School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

³ It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable them to be taken outside school hours. Parents are encouraged to ask the prescriber about this. It is to 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.

medical needs to participate fully and safely on visits. This might also include risk assessments for specific children.

11. Staff supervising excursions will always be aware of any medical needs, and relevant emergency procedures. A copy of any Health Care Plans will be taken on visits in the event of the information being needed in an emergency.

Procedures for managing prescription medicines during sporting activities

12. Any restrictions on a child's ability to participate in PE will be recorded in their individual Health Care Plan. All adults will be aware of issues of privacy and dignity for children with particular needs.

13. Some children may need to take precautionary measures before or during exercise. Children who need immediate access to necessary specific medicines, such as inhalers are covered at paragraph 48 below.

Roles and responsibility of staff managing administration of medicines

14. Medicine will only be administered by the School when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

15. No child will be given medicines without their parent's written consent (it is only necessary to seek consent from one parent). In such instances Form 3B is to be completed and retained in the child's individual Health Care Plan.

16. Any member of staff giving medicines to a child will check:

- a. the child's name;
- b. prescribed dose;
- c. expiry date of medicine;
- d. written instructions provided by the prescriber on the label or container.

17. If in doubt about any procedure staff will not administer the medicine(s) but will check with the parents or a health professional before taking further action. If any member of staff has any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent, if appropriate, or with a health professional attached to the School.

18. Staff administering medicine will complete and sign a record (Form 6 of individual Health Care Plan) each time they give medicine to a child.

Parental responsibilities in respect of their child's medical needs

19. Parents should not send a child to school if he/she is unwell.

20. Parents must inform the school and any After School Clubs they may attend about any particular needs before a child is admitted or when a child first develops a medical need. The school and After School Club need separate notifications.

21. It must be a Parent⁴ who gives consent for medicines to be administered.
22. Parents should make every effort to arrange for medicines to be administered outside of the school day, or to come into school and administer medicines themselves.
23. Parents should encourage their children to self-administer medicines, where it is appropriate to do so.
24. Parents must inform the school about any medicine that is to be administered during the school 'day'.
25. Parents must complete Form 3B before any medicine can be administered by a member of staff.

Non-prescription medicines

26. Non-prescription medicines (such as paracetamol) will only be administered by appropriately trained first aiders and only where specific written permission has been received from the parents – this permission is to be retained in the student's personal Healthcare Plan. The parental permission is to indicate the timeline (for what period) the permission is granted – up to a maximum of one year - and the frequency at which the medication may be administered. As with prescribed medication, the student's Health Care Plan is to be updated to reflect any non-prescribed medication administered.

Assisting children with long-term or complex medical needs

27. Where a child has a long term medical need, a written Health Care Plan will be drawn up with the parents and health professionals.
28. Parents must inform the school and any After School Clubs they may attend about any particular needs before a child is admitted or when a child first develops a medical need. The school and After School Club need separate notifications.

Children carrying and taking their medicines themselves

29. The school encourages children to take responsibility for the management of their own medicines.
30. Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This is borne in mind when making a decision about transferring responsibility to a child.
31. Where a decision to transfer responsibility to a child has been made, the parent must complete Form 7 from the individual Health Care Plan and return it to school. This form is a record that the parent consents to the child carrying and managing their own medicine
32. If children are able to take their medicines themselves, staff may only need to supervise, though the medicine should still be stored by the school.

⁴ Includes any person who is not a parent of a child but has parental responsibility for or care of a child

Staff training in dealing with medical needs

33. Certain members of staff have access to regular training on the use of epi-pens (adrenaline) in the event of severe allergic reactions.
34. New members of staff are made aware of the medicines policy and procedures during a health and safety induction meeting, held within the first month of employment.
35. Two members of staff are the first-aiders, and have undertaken a 2-day first aid training course. Their names and contact details are published and clearly communicated in the School.
36. In the event of a child with specific medical needs joining the school, the school will seek advice on staff training needs from the LA.

Record keeping

37. Parents must tell the school or After School Club about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.
38. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.
39. In all cases where medicine is to be administered by a member of staff, parents must complete and return Form 3B to ensure that details of medicines are recorded in a standard format. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the medicine container.
40. The school will keep a record of any medicines administered by staff (Form 6 from the individual Health Care Plan). This record will be completed by the member of staff administering the medicine.
41. All records relating to medicines will be kept in the Student Services office with the accident/near miss records, emergency medicine and 'medicine to be administered on site' container.

Safe storage of medicines

42. Large volumes of medicines should not be stored.
43. Members of School staff will only store, supervise and administer medicine that has been prescribed for an individual child.
44. Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
45. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This is simplified if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

46. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

47. All emergency medicines, such as asthma inhalers and spare adrenaline pens, should be readily available to children and should not be locked away. In the event of Student Services being locked 'out of school hours' but where access is still required, the key to the office is to be made available by the Office Manager. Larkmead School subscribes to the Oxfordshire Asthma Guidelines dated 2012 which can be found at Annex A to this document.

48. The school allows children to carry their own inhalers.

49. Other non-emergency medicines are kept in a labelled box with the medicine records folder in the Student Services office. Those medicines which need to be refrigerated are kept in an airtight container, which is clearly labelled, in the Student Services refrigerator.

50. Any medicine to be administered by staff must be passed to Student Services in a labelled container – the container will be stored by Student Services (in a refrigerator in the case of medicines which need to be refrigerated).

51. Children are not usually permitted to carry medicine themselves, apart from inhalers which may be needed throughout the school day.

52. There may be other specific cases where medication is needed throughout the school day and it is more practicable for the child to carry the medicine with them. If this is the case, the Headteacher's permission must be sought, and Form 7 from the individual Health Care Plan must be completed by the parent.

Adrenaline pens (epi-pens)

53. Students carry their own epi-pens. A second/spare dose is retained in the Student Services office.

Emergency procedures

54. The names of qualified First Aiders are available to all staff via the school office. These members of staff should be called upon in the event of a medical emergency in line with the school's First Aid Policy.

55. Details of first aid procedures can be found in the school's First Aid Policy which is available through the electronic Staff Guide.

56. If a child needs hospital treatment, a member of staff should always accompany the child, and should stay until the parent arrives.

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

Risk assessment and management procedures

58. Risk assessments for first aid provision and the management of medical conditions will be carried out on a regular basis by the Health & Safety Coordinator.

Review

59. This policy will be reviewed biennially by the School's Health & Safety Coordinator in consultation with the Leadership Team (LT).

School Business Manager

4th September 2015

Annex:

A. Oxfordshire Asthma Guidelines.

OXFORDSHIRE ASTHMA GUIDELINES
FOR USE IN SCHOOLS AND OTHER
CHILD SETTINGS

This document is underpinned by the principles of the United Nations Convention on the rights of the child, in particular Article 12 – the right of the child to say what they think and be listened to by adults when they make decisions about them

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A working group from Oxfordshire County Council, Oxfordshire Primary Care Community Health Oxfordshire Trust, and Oxford Radcliffe Trust has produced this document. This document is supported by *Managing Medicines in Schools and Early Years Settings* (DfES 2005), Oxfordshire Shared Care Protocols for Children in any Setting (2006), and Medical conditions at School (2007).

INTRODUCTION

Nationally 1.1 million children (1 in 10) are currently receiving treatment for asthma in the UK (Asthma UK 2010). 1 in 3 children with asthma had their daily activities such as attending school disrupted (Asthma Awareness for school Staff – Asthma UK 2010). These guidelines aim to promote safe inclusion.

The guidelines adheres to the evidence based recommendations of the British Thoracic Society (BTS)/SIGN (2008) and NICE guidelines for the administration of inhalers in children and young people (NICE, 2000,2002)

Evidence suggests a poor understanding of asthma within the school system (Journal of School Nursing 2001). This leads to poor management and support for young people, resulting in unnecessary hospital admissions (Archives of Disease in Childhood 1997).

School Guidelines on asthma, together with regularly updated staff education and training by an asthma-trained nurse will address many of these issues and reduce the number of unnecessary hospital admissions (Health Education Research 2002). Annual asthma trainings, including dealing with an asthma attack, are recommended for all school staff, especially PE teachers (DfES 2005).

AIMS

These guidelines aim to prevent unnecessary asthma admissions to hospital by ensuring recognition of asthma symptoms and early intervention by those staff working closely with young people in Oxfordshire's schools and other establishments and settings. A working group from Oxfordshire County Council, Oxfordshire Primary Care Trust, and Oxford Radcliffe Trust has produced this document. This document is supported by *Managing Medicines in Schools and Early Years Settings* (DfES 2005) and Oxfordshire Shared Care Protocols for Children in any Setting (2009). The group was led by The Oxfordshire School Health Nurses Development Group.

INDEMNITY

Oxfordshire County Council fully indemnifies its employees against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medicines falls within this definition and hence employees can be reassured about the protection their employer provides. In practice the indemnity would cover trained employees for any consequence arising from either a failure to administer the treatment or the administration of the treatment

Non Local Authority Maintained Establishments/Settings should consult their specified insurance company about training requirements.

Key Responsibilities

Registered Nurse (School Health Nurse /Health Professional)

The training provided by the Registered Nurses will be indemnified by their employing organisation provided they are working within the guidelines and have had sufficient training and can demonstrate competence.

The Registered Nurse will provide asthma training and ongoing support to volunteers in schools/ establishments/settings. The Registered Nurses will themselves be offered evidence based asthma training/updates in order to support volunteers effectively.

The asthma training to volunteers will include;

- the use of evidence based Asthma Guidelines
- definitions of asthma, triggers and treatments
- how to use inhalers and spacers
- signs and symptoms of an asthma attack and appropriate emergency care
- liaising with parents: including notifying parents of an asthma attack
- how to access further information and support

Head of Establishment/Setting

- recognises that asthma is an important condition affecting many individuals and will ensure all school employees are aware of the Oxfordshire Asthma Guidelines
- **recognises that immediate access to asthma reliever medication is vital** and will ensure that all employees will let an individual take their own asthma medication when they need to and will assist them if necessary.
- will ensure that the establishment and it's staff do not discriminate against young people with asthma, thereby enabling young people with asthma to participate fully in all aspects of school life, including physical activities.
- will decide whether to use School Asthma cards, keep a specific asthma register and develop individual care plans in addition to any general medical information already held in school.

Volunteer

- in this context the term volunteer refers to a person who is willing to actively support a young person with asthma.
- There is no expectation by the employer that the volunteer should undertake this work.

Parent/Carer

- A parent or carer who has legal responsibility for the young person who has asthma will liaise with Registered Nurse to provide the school/establishment/setting with adequate, up to date information about the young person's asthma condition and treatment.
- will ensure asthma medication is in date and available in the school/establishment/setting

OUT OF DATE MEDICATION IS THE PROPERTY OF THE PARENT/CARER AND SHOULD BE RETURNED TO THEM FOR DISPOSAL AT THE DISPENSING PHARMACY OR DISPENSING GP SURGERY

Primary Health Care Team

- will liaise with parents/young people and the School Health Service to support the Asthma Guidelines.

Management of asthma in a school/childcare setting

DEFINITION

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Young people with asthma have airways that are almost always red and sensitive (inflamed). These airways react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

TRIGGERS

A trigger is anything that irritates the airways and causes symptoms of asthma to appear. Common triggers include colds, viral infections, house-dust mite, pollen, cigarette smoke, furry or feathery pets, exercise, air pollution, laughter and stress. Most people have several different triggers. It is important that people with asthma try to avoid their own asthma triggers.

SIGNS AND SYMPTOMS OF AN ASTHMA ATTACK

When someone with asthma comes into contact with a trigger that affects their asthma, the airways do three things;

- the airway lining starts to swell
- the airway lining secretes mucus
- the airway muscles start to get tighter

These three effects combine to make the tubes very narrow, which makes it hard to breathe in and out normally. When this happens, asthma symptoms appear:

cough, wheeze, a tight feeling in the chest and shortness of breath.

This is an asthma attack and the person needs to take reliever medication.

MEDICATION

Asthma medication is usually given by inhalers and an appropriate spacer device. Spacers allow more of the medication to be breathed down into the lungs where it is needed and help to reduce the side effects of medication. Different spacers fit different inhaler devices. BTS/SIGN (2008) recommends the use of an appropriate spacer device for children aged 0-15yrs and if possible for adults. The use of an inhaler + spacer has been found to be as effective, if used correctly, as anebulizer. Inhalers may be aerosol or powder devices

- **RELIEVER INHALERS** are usually **BLUE**.

Relievers containing salbutamol or terbutaline quickly relax the airway muscles, opening the airways and making it easier to breathe again. Some young people with mild asthma may only use their reliever inhaler once or twice a week (usually after exercise). A reliever inhaler may be taken a few minutes before exercise if exercise is known to trigger asthma symptoms. Reliever inhalers **MUST** be available to young people at all times. Inhalers should be labelled with the young person's name and if not carried by the young person, should be kept in a readily accessible place. A person who has asthma should tell their doctor or nurse if they are using their reliever inhaler more than twice a day as their asthma is probably not under control and they probably need a preventer inhaler as well.

- **PREVENTER INHALERS** are usually **BROWN, ORANGE or RED**

These inhalers are either steroid, or cromoglycate based. The preventer should be taken every day even when asthma seems well controlled. This is because preventers work over a period of time to help the airways calm down and react less to triggers. Preventer inhalers are generally used at home.

Young people should have regular asthma reviews with their GP or health professional and have their own Asthma Management Plan.

The Asthma School Card is a useful way to store and share this information

ASTHMA ATTACK: WHAT TO DO FLOW CHART

Young person appears breathless
Stay calm
Ask is the young person asthmatic?

NO: Observe, reassure.
 Consider undiagnosed asthma
 Call for help and/or call 999

YES

SEVERE ASTHMA ATTACK

MILD ASTHMA ATTACK

Is the young person
 Too breathless to talk?
 Breathing quickly?
 Having difficulty catching their breath?
 Turning blue around the lips?
 Exhausted?

Is the young person
 Breathless but can speak in sentences
 Is their colour normal for them?

NO

YES

Call for Help
Call 999
Stay with the young person

Help them to find their asthma medication
 Reassure the young person. If no medication available - call for help and prepare to call 999.

Ensure that the reliever inhaler is taken immediately: one or two puffs/doses. This is usually blue and opens up the narrowed airways within 5 minutes.

Stay calm and reassure the young person
 Attacks can be frightening so stay calm. Listen carefully to what the young person is saying.

Help the young person to breathe
 Encourage the young person to breathe slowly and deeply, sitting up or leaning slightly forward. Loosen tight clothing.

If at any time the young person's condition deteriorates or symptoms do not improve after 5 – 10 minutes / 10 puffs of reliever inhaler, follow severe asthma flow chart

While waiting for the ambulance

If they have an inhaler encourage them to use it. Allow around 6 breaths/30 seconds between each single dose of reliever inhaler. Repeat up to 10 times-shaking the inhaler each time.

Use the inhaler with the appropriate spacer device if symptoms persist, continue giving puffs via the inhaler + spacer until paramedics arrive.

When the ambulance arrives – give a history of the event to the paramedics

Ensure that someone alerts the young person's parent/carer as soon as possible
 The asthma attack should be recorded in the school's Accident/Incident book or equivalent documentation

AFTER THE ASTHMA ATTACK
Minor attacks should not interrupt a young person's involvement in school. As soon as they feel better they can return to normal activities.

The young person's parent/carer must be informed about the attack. The asthma attack should be recorded in the establishment's Accident/Incident book or equivalent documentation.

MEDICATION TRAINING CHECKLIST

OXFORDSHIRE SCHOOL HEALTH NURSING SERVICE

ASTHMA

School/Establishment/Setting:

TOPIC	DISCUSSED Y/N or N/A	NOTES
Asthma - incidence - range of severity - exercise induced asthma - the emergency situation		
Triggers		
Airway response		
Medication - relievers - preventers - Long acting relievers		
Inhaler devices / colours		
Spacers		
Video clips - inhalers - spacers - asthma attack		
Asthma registers		
Storage of and access to inhalers		
Out of school trips and activities		
EMERGENCY ASTHMA ATTACK		
Signs and symptoms		
Emergency reliever treatment - using a spacer with the appropriate inhaler		
Calling an ambulance		
Coping with a panic attack		
On going support: e.g. Asthma UK		
Indemnity / insurance		

Name of trainer Date of training

Number of persons present: Resources used

REFERENCES

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