

St Christopher's School

A Brighton College School



ADMINISTRATION OF MEDICINES POLICY

This policy applies to EYFS

Introduction

These guidelines have been produced for support members of staff who undertake the administration of medicine. The policy applies to the whole school, including the Early Years Foundation Stage, and is a working document and is constantly under discussion.

Whilst many schools undertake these procedures, there is a need to organise this within a well defined framework. This is necessary to ensure that there are no errors in the administration, handling and storage of equipment and medicines, and to ensure that the school can demonstrate that it has taken all reasonable steps to carry out these procedures in a safe and proper manner.

The main responsibility for the administration of medicines, and carrying out procedures which are the subject of these guidelines, remains with parents and carers. There is no requirement for the Headmaster and staff to undertake these responsibilities. Where the Headmaster decides that the staff should not be involved in the administration of medicines, it is hoped that there will be full discussion with parents about their child's medical condition, and alternative means of conforming to their child's requirements. It may, for example, be appropriate for parents to be offered facilities in the school to allow them or their nominees to administer medicines to their child, or carry out procedures which may be considered invasive or intimate. GPs often advise that pupils may attend school while still needing to take medicines. However, children who are generally unwell should not be in school and should not return until they are able to participate in the full curriculum.

Wherever possible, parents and carers should be encouraged to discuss alternative medicine regimes with their GPs which will enable medicines to be administered outside the school day.

1. Administration of Medicines in School

Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). Medicines (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child (records kept under admin>medical>daily log), and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

1.1 Analgesics

Calpol may only be administered to those children from whom there is written/telephoned parental consent.

1.2 Medicines likely to be brought into school include:

- (a) Antibiotics - a child may be considered fit to return to school by their GP provided s/he continues a course of antibiotics. In most circumstances the dosage can be arranged so that a midday dose is not necessary.
- (b) Eye/ear/nose drops – it is the responsibility of the parent/carer to see that their child receives an appropriate dose when required.
- (c) Maintenance drugs – a child may be on a medication for conditions such as fits or cystic fibrosis.
- (d) Inhalers – a child with asthma may have an inhaler, which may need to be given before exercise, or if the child becomes wheezy. If parents consider that their child is capable and responsible, then the child may look after their own inhaler. Each case, however, should be considered individually in consultation with the parents. Alternatively, to ensure that a younger child has easy access to their inhaler, it could be kept in the class teacher's desk drawer. It may be prudent to keep a spare inhaler on site for the individual child. This should be discussed/suggested to the parents. With Early Years children, a trained first aider or their teacher will always assist with administration of inhalers, such as Salbutamol. When participating in a specialist lesson, the teaching assistant is responsible for ensuring the inhaler is available to the child.

1.3 Employees' medicines

An employee may need to bring their medicines into school. All members of staff have a responsibility to ensure that their medicines are kept securely and that pupils will not have access to them e.g. stored in the school medicine cabinet or in the staffroom – and never in classrooms.

2. Precautions to be taken

- 2.1 All medicines that are to be administered in school must be accompanied by written instructions from the parent and/or the GP, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage. Each time there is a variation in the pattern of dosage, a new form should be completed.
- 2.2 The smallest practicable doses should be brought to school, preferably by the parent, in individual containers, which should be clearly labelled with the child's name and dosage instructions. This should only be given to the named child.
- 2.3 An Early Years/Pre-Prep pupil should never carry medicine to and from school. Medicine should be handed over by the parent/carer as soon as the child arrives at school.
- 2.4 Where there is any doubt about the correct dosage to be administered, written advice must be obtained from the child's GP or Paediatrician before the medicine is administered; medicines containing aspirin should only be given if prescribed by a doctor).
- 2.5 Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff

from other duties while preparing or administering doses to avoid the risk of interruption before the procedure is completed. If more than one person administers drugs, a system must be arranged to avoid the risk of double dosing. On every occasion before administering the drugs, they must be checked to ensure they have not expired.

- 2.6 Ideally, inhalers should not be locked away from the child. Each child who does not keep their own inhaler, should know exactly where it can be found when needed and have immediate access to it.
- 2.7 Medicines that require refrigeration should be kept in a place that is not accessible to children i.e. the fridge in the staff room.

3. Serious Medical Conditions

Some children require types of treatment which school staff may feel reluctant for professional or other reasons to provide, for example the administration of rectal valium etc. There is no requirement for the Headmaster or the staff to take on these responsibilities.

- 3.1 Only members of staff who are **willing** and have been appropriately **trained** are to administer treatment. This must be with the approval of the Headmaster and in accordance with instructions issued by the Paediatrician or GP.
- 3.2 For the protection of the staff and pupils, intimate procedures will not be undertaken at school.
- 3.3 For all children who may require treatment, clear action plans must be available to follow. Parental guidance and directions from the child's GP or Paediatrician should be considered when planning the procedure.
- 3.4 It is essential that where children have conditions which may require rapid intervention, all members of staff are able to recognise the onset of the condition and take appropriate action.
- 3.5 In medical emergencies, and where a member of staff is not willing to administer treatment, it is essential that appropriate aid is summoned urgently by telephoning for an ambulance on 999. In some cases the ambulance crew will be able to administer the medication en route to the nearest hospital. In any event, they will be able to radio for advice and give advance warning of the child's condition before arriving at hospital.
- 3.6 All schools should devise an emergency action plan for such situations. This has implications for school journeys, educational visits and other out of school activities. Planning should take into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an ambulance. (There may be occasions when individual children have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.) Duplicate records and instructions must be taken on school visits; these will be the personal responsibility of the teacher.

ANAPHYLAXIS (Allergic reaction)

All teachers and catering staff should be aware of the pupils with allergies. This information will be distributed by the School Secretary.

ADRENALINE/AUTO INJECTOR – EMERGENCY DRUG

Adrenaline/auto injectors are situated in an unlocked box in the school office. Names and photographs of children with adrenaline/auto injectors and allergies are posted on the

notice board in the staff room and in the kitchen. All epipens are labelled individually with the child's name.

THE SYMPTOMS OF ANAPHYLAXIS ARE:

- Swelling of mouth, lips and tongue
- Sensation of a lump in their throat, which could progress to hoarseness indicating an obstruction of vocal cords. Airway could be obstructed
- Feeling of faintness
- Apprehension. Feeling of doom!
- Wheezy chest sounds
- Dizziness
- Pale and clammy

IMMEDIATE TREATMENT FOR ANAPHYLAXIS

Stay calm, get help. If the child has a known allergy and has minimal symptoms and has first line medication such as an anti-histamine at school, collect from the office and the designated trained first aider will administer the medication, assessing continually the condition of the child.

If the child does not respond to the first line medication and their condition is worsening, i.e. becoming increasingly drowsy and unresponsive, or if the condition is an immediate emergency with definite signs of anaphylaxis, adrenaline should be administered via a pre-loaded adrenaline/auto injector syringe.

In the case of a real emergency, the staff member should contact the designated trained first aider, but be ready to administer the adrenaline/auto injector.

Keep the child as calm as possible. Lay the child on the floor if tolerated and raise legs (treatment for shock). Keep child warm and remove all other children from the room if possible.

- Call an ambulance and convey the child is having an ANAPHYLACTIC reaction.
- Call the parents

A second adrenaline/auto injector may need to be used after 5 minutes, if the child shows no signs of recovery.

The child will be assessed by emergency services and taken by ambulance to hospital for full examination and treatment. A member of staff will go with the child if the parent is not in attendance. The adrenaline/auto injector will need to be discarded after use and a replacement obtained.

Epipen trained staff are shown on the first aid list.

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