

WOODTHORPE J.I. SCHOOL

MANAGEMENT OF ADMINISTERING MEDICATION Including ASTHMA POLICY

Aims

- To ensure the safety of children and school staff.
- To encourage parents/carers to accept responsibility for the administration of their child's medication whenever possible.
- To keep children in school rather than restrict their education through exclusion on medical grounds.
- To encourage children to attend school unless acutely ill.

POLICY STATEMENT

- We would ask parents/carers to ask their doctor wherever possible to prescribe medication which can be taken outside the school day.
- However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
- We are prepared to take responsibility for these occasions in accordance with the Guidelines laid down in this policy i.e. we will only administer PRESCRIBED medication.
- The supervising or giving of medication to a child is a parental responsibility but teachers or school staff may be asked to perform this task. They cannot be directed to undertake this role but may do so voluntarily after appropriate training and in accordance with Local Authority Guidelines.

This policy is in accordance with:

- Medication Guidance for Schools. L.A. March 2012
- Guidance on the use of emergency Salbutamol inhalers in school. Department of Health March 2015
- Supporting Pupils at School with Medical Conditions. DfE December 2015

1. On Admission to School

- 1.1 All parents/ carers will be asked to complete an admissions form giving full details of medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements etc.

2. Administration & Storage of Medication in School.

- 2.1 Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to the Office Manager or School Secretary.

- 2.2 The medication should be in the container as prescribed by the doctor and dispensed by the pharmacist with the child's name, name and strength of medication, dosage and instructions for administration printed clearly on the label.
- 2.3 All medication should show an expiry date or should have been dispensed within the last six months.
- 2.4 The form 'School Medication Consent Form' should be completed by the parent/guardian unless there is some other pre-approved form of record is being used. This will be kept by the Office Manager in the school office. (See Appendix 1)
- 2.5 A record of the administration of each dose will be kept and signed on the 'Record of Medication' form. (See Appendix 2)
- 2.6 Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately.
- 2.7 If the supply needs to be replenished this should be done in person by the parent/ carer.
- 2.8 Should the child be required or able to administer their own medication e.g. inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may ask the School Nurse to check technique before accepting full responsibility and undertake checks every term to ensure child/ren can administer their own medication.

3. Administration of Analgesics to pupils.

- 3.1 The school does not administer analgesics unless prescribed by the child's GP and agreed by the Head Teacher and School Nurse. With the exception of a single dose of paracetamol providing the preparation is provided by a parent, in the original packaging and labelled with the child's name. The permission to administer medication form must be completed on a daily basis stating the time and amount of the last dose given. Staff should follow the dosage information on the bottle.

4. Storage and Disposal of Medication

- 4.1 All medication with the exception of Emergency Medication will be kept in a locked cupboard in the staffroom.
- 4.2 Any medication which needs to be in the designated fridge in the staffroom.
- 4.3 A regular half-termly check will be made of the medication cabinet, and parents/carers will be asked to collect any medication which is out of date or not clearly labelled. If parents do not collect this medication, it will be taken to the local pharmacy for disposal.

5. Asthma Policy

This school:

- Welcomes pupils with asthma and recognises their needs
- Works towards ensuring the school environment is favourable to pupils with Asthma
- Expects and encourages parents/carers to provide appropriate information to the school regarding their child's asthma and to provide a prescribed reliever (blue) inhaler and spacer device if required
- Recognises that pupils need to have immediate access to their reliever inhaler
- Will encourage and help children who have asthma to participate fully in all aspects of school life
- Will access regular Asthma Awareness training for all staff

- 5.1 Every child with an asthma diagnosis must have a reliever inhaler (blue) available in school and a spacer device if this is normally used. Preventer inhalers do not need to be brought into school.

In addition, Woodthorpe J.I. School has an emergency reliever inhaler that can be used if a child's own inhaler is not available and the school has written parental consent for use of the emergency inhaler.

5.2. **Safety and Storage of Asthma Inhalers**

- 5.2.1 All inhaler devices should be clearly labelled with the child's name.

5.2.2 Key Stage 1

- Inhalers will be kept in a named place in the child's classroom e.g. on the teacher's desk under supervision of the class teacher.
- Reliever inhalers (blue) should be easily accessible for children.
- Specific places are recorded on the Asthma Register which is kept in the medical cupboard in the music room and in the Head Teacher's office.

Key Stage 2

- Pupils at this age are encouraged to become self-managing by the end of Year 6 by carrying their own reliever inhaler.
 - If there are any concerns about the child's inhaler technique, they should be referred to the school nurse.
 - A spare reliever (blue) inhaler clearly labelled with the child's name needs to be kept centrally in school.
- 5.2.3 Most children will not need to use their reliever (blue) inhaler on a daily basis, therefore, if a child has experienced symptoms and has needed to use their inhaler, parents/carers will be informed.
- 5.2.4 Parents/carers will always be informed if their child has an asthma attack.
- 5.2.5 If pupils leave the premises for any activity, they must have their reliever (blue) inhaler with them.
- 5.2.6 Parents/carers need to check all reliever inhalers/spacer devices termly or regularly, confirming that inhalers are in date and are full of medication. All inhalers will be sent home at the end of each academic year. It is the

parent's/carer's responsibility to ensure a new and in-date inhaler comes into school on the 1st day of the next academic year.

5.2.7 Inhalers should not be stored where there is excessive heat or cold.

5.2.8 In the event of evacuation of the school e.g. for a fire or fire drill, adults in a classroom should take out the centrally stored box of asthma inhalers and our asthma kit.

5.3. Exercise and Activity

5.3.1 Pupils with asthma are encouraged to participate in P.E. lessons.

5.3.2 Some pupils with asthma may need to use their reliever inhaler before exercising.

5.3.3 Reliever inhalers must be readily available at all times, including off-site visits.

5.4 Asthma Attack

5.4.1 It is essential that all staff know how to manage a child experiencing an asthma attack.

5.4.2 In the event of an asthma attack school staff must follow the procedure outlined in the 'Asthma Attack Flowchart' (see appendix 1). This flowchart is visibly displayed in key areas:

- Staff room
- First aid areas
- Woodies after school care
- PE hall

5.5 Training

5.5.1 All staff should access asthma awareness training and receive regular updates so that they recognise and know how to manage a child having an asthma attack, when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.

6. Children with special medical needs

- Should we be asked to admit a child to school with special medical needs we will in partnership with the parents/carers, school nurses and our medical advisors, discuss individual needs.
- Where appropriate an individual Care Plan will be developed in partnership with the parents, school nurse and/or medical advisor.
- Any resulting training needs will be met.
- Care Plans will be kept in the Staffroom and a copy will be kept with the child's emergency medication kit (If one is required).
- Parental permission will be sought to display the Care Plan with the child's photograph in the staffroom and in the class register.

7. Medical Emergencies

- 7.1 See 'Emergency Action in Case of Accident' for procedures for calling an ambulance.
- 7.2 Emergency medication must always be readily accessible and never locked away. A copy of the child's care plan should be kept with the medication and should include precise details of the action to be taken in the event of an emergency.
- 7.3 The emergency medication kit and member of staff who has received training on its use must go wherever the child goes e.g. educational visits, swimming etc.
- 7.3 Whenever an ambulance has been called a Medical Emergency Report Form should be completed after the event. This form (see Appendix 3, supply kept in School Office) should then be sent to Chris Rumney, Nurse Adviser, Medical Needs in Schools. Information will be treated confidentially and will help to ensure that the Nurse Adviser can offer appropriate advice and training.
- 7.4 Specific specialised training is required for those staff prepared to act in emergency situations. **Staff who administer emergency medication must have training from an appropriate health care professional which should be repeated annually.**
- 7.5 Children who have diabetes must have an emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweet or drinks. Some children will also have a concentrated glucose gel preparation e.g. Glucogel. These are used to treat low blood sugar levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

8. Alternative Medications (e.g. Homeopathic and Herbal Remedies)

- 8.1 The school will only administer alternative medication which has been prescribed or supported in writing by a General Practitioner or Consultant.

Signed:

Approved: 25 February 2016

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