

Alverthorpe St Paul's CE (VA) School 3-11yrs

(includes Early Years and St Paul's United)

Medicines in School

Medicines and tablets are not allowed in classrooms under any circumstances. The only exceptions are inhalers belonging to asthmatic children and any children who have Health Care Plans. Inhalers are kept in classrooms and taken out during games lessons. Parents are requested to fill out a form for the class teacher to state the dosage allowed for when the child uses the inhaler.

In line with National Guidelines, our policy is that children who are ill should not be in school, for their own welfare, and prevent illness spreading.

However children who are well enough to be in school but have a course of prescribed treatment to complete, or children who are on permanent medication **MUST** follow the set procedure.

- All cases to administer medicines that are not prescribed by the doctor will be considered on an individual basis by the Headteacher. Parents should speak to the Headteacher to check that school can administer the medicine.
- Parents must give signed authorisation to school to administer the drugs, stipulating dosage and time to be taken.
- All medication must be clearly labelled with the child's name.
- Drugs will be stored in the staff room where there is a designated locked fridge and a locked cabinet, whichever is appropriate.
- Named members of staff with first aid qualifications will administer the drugs. The date, time and dosage is recorded each time on a form kept in the staff room. (This eliminates the chance of a child being given it twice).
- **No** drugs must be kept in classrooms and either taken by pupils unsupervised or administered by class teachers.
- Epipens are kept in the stock cupboard in the main entrance. Any child in **Key Stage 1** will have arrangements made for storage of the Epipen outlined in individual health plan as required. Any child who participates in any off site activity, the epipen will be kept by the member of staff, who is trained and willing to administer.
- If the Head teacher feels that it is inappropriate for certain drugs to be administered by school, she can ask the parent to come to school to carry this out.
- For children who take medication on a regular basis, it is the responsibility of the parent to check expiry dates and bring into school any re-fills.
- No over the counter medicines such as cough sweets or syrups will be administered in school by any member of staff. **(Exceptions may be made with the permission of the Headteacher)**

Children with long term medical problems

Children who have specific medical problems are identified in individual classrooms, in the office and on the staff room medicines cupboard. These children also have Health Plans which class teachers, **the Lead First Aider** and the SENCO have copies of.

Staff will be trained in any first aid/administering of medicines for any child who has a specific illness. **A record of this will be maintained by the Lead First Aider.**

First Aid

Trained First Aiders are: Mrs Watson, Mrs McDermott, Mrs Ashton, Mrs Sykes, Mrs Gay, Miss Taylor, Mrs Stones, Mrs Edwards, Mrs Davies, Mrs Allen, Mrs Warner, Mrs Midgley, Mrs Berryman, Mrs Dove, Mrs Brearey, Mrs Greenaway, Miss Atkinson, Mrs Langdale, Miss Fettes and Mrs McClean who will deal with Emergency First Aid such as cuts and bumps but any serious injuries will be referred to the LEAD first aider.

The following staff have received Paediatric Training:

Mrs McClean, Mrs Gay, Mrs Edwards, Mrs Davies, Mrs Langdale and Miss Taylor.

The following staff will be responsible for administering medicines: Mrs McClean, Miss Fettes and Mrs Ashton.

First Aid Boxes are located in the stock cupboard in the main entrance, in Pacific, in the stock cupboard in St Paul's United, and also in **Key Stage 1 building in the kitchen area.**

*** All medication must be clearly labelled with the child's name.**

On school educational visits the teacher is responsible for ensuring that there is an appropriate first aid kit and that a designated adult is responsible for it. Epipens and inhalers must be taken on trips.

St Paul's United

St Paul's United will adopt the school policy on medicines. However

- Medicines will not be administered to children at St Paul's United except in exceptional circumstances and approved by the Headteacher.
- **In exceptional circumstances medicines will be kept in a cupboard that is out of reach for the children.**
- Copies of children's Health Plans will be given to St Paul's United for children who are on roll by the SENCo.
- St Paul's United play care manager will ensure Health Plans are followed and items such as epipens are available where necessary.

Policy written by Christine Chell and Olwen McClean

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Appendix 1

Legal Requirements and Statutory Guidance for Medicines in School

- Employees working in school (teacher or non-teaching) have neither a legal or contractual duty to administer medicines or provide health treatment.
- However if employees volunteer or agree to be trained to administer medicines, then clear procedures must be outlined in the school policy (record keeping, storage and handling), appropriate levels of pay and training must be provided as well as insurance cover and cover for absence of staff.

Legal requirements by the School

- Schools must implement an effective policy on administering medicines. The policy must include effective management systems to support individual children with medical needs.
- Schools must keep written records of all prescribed medicines administered to children, and parents must be aware.
- Schools must obtain prior written permission from parents for each and every item of medication before it can be administered.

Statutory Guidance for Schools

- Schools should ensure that they have sufficient information about the medical conditions of any child with long-term medical needs.
- Schools should ask parents about medicines that their child needs to take and provide details of any changes to the prescription or the support required. If the administration of prescription medicines requires technical/medical knowledge then individual training should be provided for staff from a qualified health professional. Training should be specific to the individual child concerned.
- Medicines should only be taken to a setting when this is essential and schools should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. It is for the school to arrange who should administer medicines, either on a voluntary basis or as part of a contract of employment.
- Schools should keep prescribed medicines in a locked non-portable container (or a suitable fridge) and only named individuals should have access. A record should be kept for audit and safety purposes.

Appendix 2 Authorisation Forms

To be completed by parent / guardian

I give permission for a member of staff at Alverthorpe St. Paul's CE (VA) School to administer the following medication to my child.

Name of child

Class:

Name of medicine/ Expiry date

Dosage required

Time medicine to be given

Signed Date

Parent/Carer

Date	Time	Given by	Parent/Carer

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Appendix 3

Advice for Staff in School about specific medical conditions

Asthma

More children are admitted to hospital with asthma each year than any other condition. Approximately 1,500 people die from asthma attacks each year. The narrowing of the airways in the lungs causes asthma: children who suffer from asthma have permanently inflamed airways and are thus sensitive to a wide variety of triggers, which causes this narrowing. These triggers include:

- Allergies, especially to bed mites, dust or fur
- Viral infections
- Exercise
- Cold weather
- Strong winds
- Sudden change in temperature
- Fumes
- Excitement or prolonged laughing

Asthma attacks involve breathlessness and coughing, with a wheezing or whistling sound coming from the chest. The feeling of tightness they experience in their chests often frightens children suffering from an asthma attack. Individual children are affected in different ways.

There are two main types of medication used for treating asthma:

Preventers which are taken daily in an attempt to make the airways less sensitive. Usually brown or white in colour, eg Intal, Becotide

Relievers or bronchodilators which quickly open up the narrowed airways. Usually blue in colour, eg Ventolin.

Children with asthma should be encouraged to look after their own medicines as soon as their parents and teachers feel that they are old enough to take on this responsibility. Younger children's medicine should be looked after by the teacher but should be readily accessible. All medicines should be labelled with the child's name. A small number of children have larger items of asthma equipment which must also be labelled and should be accessible in the classroom.

All asthmatic children should be encouraged to keep spare medication at school and not be reliant on remembering to bring it home. They must be reminded to always take their medication on any visits out of school eg swimming, matches, trips etc.

Teachers can help asthmatic children by:

- Remembering that the goal for all but the most severely afflicted children is normal activity.

Exercise is to be encouraged although asthmatic children should be allowed to stop whenever they feel wheezy. They should be encouraged to take their medication prior to vigorous exercise.

- Help other children in class to understand what asthma is and what it means to those who suffer from it.
- Checking that the children concerned are taking their medication properly.

In the event of an attack:

- Ensure that the reliever medicine is taken
- Stay calm and reassure the child. Listen carefully, hold hands, but do not put your arm around the child's shoulders as this can restrict breathing.
- Help the child to breathe slowly and deeply. Lean forward slightly. Loosen tight clothing and offer a drink of water.

The child should be taken to hospital or doctors if:

- The reliever has no effect in 5-10 minutes
- The child is very distressed
- The child is becoming exhausted
- You remain concerned about the child's condition

Suggested Treatment of Asthma Attacks in School and on Trips

These attacks can be frightening therefore the following are guidelines to help you and the patient:

- Never stand over the patient as this gives a feeling of being closed in. This leads to panic.
- **Never lay them down as this will make breathing more difficult.**
- Always be firm but sympathetic. Children are inclined to panic but if they are told firmly to start breathing at a steady pace, then they may make their condition worse. Don't be afraid to get them to try and breathe with you. Take slow deep breaths. This will help them even if you yourself feel embarrassed. This will stop any panic.
- When they begin to breathe more steadily and stop gasping for air or coughing then they should be encouraged to take any medication they might have, including inhaler (ventilators).
- They will wheeze for quite some time after the spasm, which is normal and must, if possible, seem to be ignored as drawing attention to it can bring on further attacks.
- They may complain of nausea, drowsiness or an aching sensation in diaphragm region either at the front or the back. This is normal and can be eased by a gentle rub on the back or just above the stomach. If after the attacks they are in need of sleep they should, if possible, be allowed to do so, but under strict staff supervision.
- They should be encouraged to sit at the front of the coach or the minibus after an attack where there is more space and where they can be observed without it being obvious that you are doing so.
- The main thing is that you know that you must remain calm yourself at all time and be firm if they panic. Most sufferers know their own limits and know how to deal with an attack when it occurs. The after effects of an attack can be different with each person.

Children with Epilepsy

At some stage most teachers are likely to have an epileptic child in their class. Epilepsy is a tendency to have disruptions in the normal electro-chemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or illness, but may be a symptom of some physical disorder. Its cause often has no precise medical explanation. Sometimes the teacher may be the first person to realise that a child has epilepsy. The role of the teacher is to ensure the young person and other members of the class accept the condition sensibly and are given plenty of advice and information.

Types of Seizures

- **A major fit or convulsion:** May include crying out, falling, jerking of muscles, saliva around the mouth. This type of fit is usually harmless to the child although he/she may be dazed and confused and need to rest afterwards. It is only a medical emergency if one fit follows another and consciousness is not regained.
- **A minor fit, absence or 'petit mal':** Can easily pass unnoticed by parents and teachers. The child may appear to daydream or stare blankly. There might be frequent blinking of the eyes. Though brief these periods of clouded consciousness may be frequent and can lead to a serious learning problem.
- **Psychomotor fit:** Only part of the brain is affected. There may be involuntary movements such as twitching, plucking at lips or lip smacking. The child appears to be conscious but may be unable to speak or respond.

Classroom Responses to Epilepsy

In the event of a major fit teachers should stay calm, let the fit run its course and observe these simple rules:

- Move furniture to create a safe space around the child.
- Cushion the head with something soft. Do not try and restrain.
- Do not give anything to drink.
- Gently loosen tight clothing from around the neck.
- Only call an ambulance if the condition continues.
- As soon as possible turn the child to the side in the recovery position to aid breathing and general recovery. Wipe saliva from around the mouth.
- If possible stay with child to offer reassurance during the confused period which follows this type of seizure.
- It is not usually necessary for the child to be sent home. Only if the period of disorientation is prolonged is it necessary to contact parents.
- Procedures to be followed must be discussed in some detail with parents. As far as possible epileptic children should be involved in the full range of school activities. Special care will need to be taken for certain activities. Any child who suffers from epilepsy should be watched one-to-one at the swimming baths.

