



POLICY INFORMATION

Name of Policy/Procedure: Administration of Medicine Policy

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Reviewed by	Date	Approved

Administration of Medicine Policy

The following guidance should be observed in cases where medicines are administered at Ruskin Community High School.

The school must receive a written request from the parent/carer giving clear instructions regarding required dosage. A doctor's (or Health Professional's) note should also be received to the effect that it is necessary for the medicine to be administered during school hours. The necessary form should be completed by the parent/carer whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly.
(See Appendix 1)

Prescribed Medicines

Ruskin will only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. **Ruskin will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent/carer's instructions.** Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parent/carers are encouraged to ask their prescriber about this.

Non- Prescribed Medicines

Staff should never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parent/carers and accompanied by a doctor's (or Health Professional's) note for medicine to be administered during school hours. For example, if a young person suffers from frequent or acute pain the parent/carers will be encouraged to refer the matter to their GP.

However, during an Educational Visit involving a residential or overnight stay (when a parent/carer is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent/carer has given consent and specified the medicine on the '**Parent/Carer/Guardian Consent for an Educational Visit**' form. **A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor.**

Training and Instruction

Where possible the medicine, in the smallest amount, should be brought into school by the parent/carer, or their nominee, and it should be delivered personally to the Visitor Office. If a young person brings to school any medicine for which the school has not received written notification, the staff at Ruskin will not be responsible for that medicine.

Only one member of staff at any one time should administer medicines to a young person (to avoid the risk of double dosing). However there may be circumstances where an additional member of staff may check doses before they are administered. Arrangements should be made to relieve the member(s) 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 medicines a system

must be arranged to avoid the risk of double dosing.

Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention.

Storing Medicines

Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labeled with the name of the young person, name and dosage of the medicine and the frequency of administration.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. There should be restricted access to refrigerators holding medicines.

The young person should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the young person and should not be locked away.

Record Keeping

Ruskin keeps a written record each time medicines are given and staff complete and sign this record. (See Appendix 2). Good records help demonstrate that staff have followed the agreed procedures.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. Ruskin will need to know about any particular needs before the young person attends for the first time, or when they first develop a medical need, and will develop a written Health Care Plan for such a young person, involving the parent/carers and relevant health professionals. Such plans will include the following:-

- Details of the young person' condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side affects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

The member of staff responsible for writing the Health Care Plan is Mrs Jane Spencer (SENCO)

(See Appendix 3)

Self Management of medicines

Ruskin supports and encourages young people, who are able, to take responsibility to manage their own medicines. Health professionals need to assess, with parent/carers and young person, the appropriate time to make this transition. This should be recorded in the young persons Health Care Plan. If the young person can take their own medicine themselves, staff will then need to supervise the procedure.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). A young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.

Ruskin keeps controlled drugs in a lockable non-portable container and only named staff have access to it. A record must be kept for audit purposes.

Disposal of Medicines

All Medicines, including controlled drugs, will be returned to the parent/carer, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parent/carers do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Emergency Procedures

Ruskin's First Aid Procedure covers Emergency circumstances. Individual Health Care Plans should also include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff at different times during the day.

Educational Visits

Ruskin will consider what adjustments it may need to make to enable young people with medical needs to participate fully and safely on visits, i.e. review existing policy and procedures and ensure risk assessments cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions will be aware of the medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan available during the visit could be beneficial in the event of an emergency.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, Ruskin will seek parent/carer views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

CIRCUMSTANCES REQUIRING SPECIAL CAUTION

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parent/carers are unable to come to school themselves. These are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken;
- Where some technical or medical knowledge or expertise is required;
- Where intimate contact is necessary.

In exceptional circumstances the Headteachers will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Headteacher will seek advice from the consultant community paediatrician, G.P or school doctor (See Appendix 4 for contacts). Clear policies should exist for administration for such medication and there should be clear written instructions, which are agreed by the parent/carers, teachers and advisory medical staff. The Medical Professionals must confirm that non-nursing staff can administer such medicines and what training is necessary and by whom. Clear records should be kept of any medication administered in school and parent/carers should be informed whenever a child is given such medication, which is not part of a regular regime.

INVASIVE PROCEDURES

Where it is known in advance that a young person may be vulnerable to life-threatening circumstances the school should have in place an agreed Health Care Plan. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

Whether or not Headteachers agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician or Specialist Nurse etc. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual young people have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

GUIDANCE FOR TEACHERS ON PARENT/CARER CONSENT FOR MEDICAL TREATMENT

In general a competent young person may give consent to any surgical medical or dental treatment. For younger students parent/carer consent does not constitute a problem in the vast majority of cases. Sometimes a member of staff does meet the problem of a young person belonging to a religious body, which repudiates medical treatment. Normally the parent/carer will make the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent/carer unavailable. Parent/carers who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a member of staff would have recourse to ordinary medical treatment.

If a young person is being taken on a school journey where medical treatment may be needed and the parent/carer is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the

young person should not go on the journey, harsh as this may appear to be.

If a member of staff undertakes responsibility for administering medicines and a young person were to have an adverse reaction, in the event of a claim by the parent/carer/guardian then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

COMMON CONDITIONS AND PRACTICAL ADVICE

The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma

Asthma is common, one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

There are two main types of medicines to treat asthma, relievers and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

Preventers (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young persons name and always available during physical education, sports activities and educational visits. Students with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

Ruskin has an 'Asthma Policy', (see separate policy)

Epilepsy

Young people 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. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parent/carers and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.

If a young person experiences a seizure in school the following details should be recorded and relayed to the parent/carers.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.

After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep.

Most young people with epilepsy take anti – epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan.

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young persons needs or the insulin is not working properly (Type 2 diabetes).

Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parent/carers' attention.

Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care

professionals.

Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (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. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. 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 or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. **An Ambulance should always be called.**

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt it is better to give the injection than hold back.

Day to day policy measures are needed for food management, awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parent/carers may often ask for the Headteachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

APPENDIX ONE

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that (full name of student) be given the following medicine(s) while at school:

Name of Medicine

Duration of course

Dose Prescribed

Date Prescribed

Time(s) to be given

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child's name in FULL.

* * * * *

I accept that this is a service which the school is not obliged to undertake, and also agree to inform the school of any change in dosage **immediately**.

Signed: Parent/Carer

Address
.....
.....

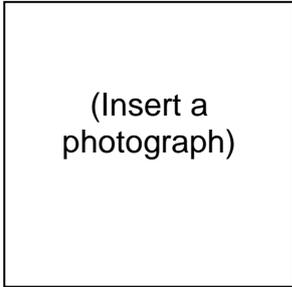
Date:

Notes to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal carer of the child, and that the administration of the medicine is agreed by the Headteacher.
2. This agreement will be reviewed on a termly basis.
3. The Governors and Headteacher reserve the right to withdraw this service.

APPENDIX THREE

**ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE
WITH LONGER TERM MEDICAL NEEDS
HEALTH CARE PLAN**



Form to be completed by Jane Spencer, SENCO

Young person's name

Date of birthGroup/class/form

Young person's address
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.....

Medical diagnosis or condition
.....

Date Review date

Family Contact Information

Name Phone no. (work)
(home)..... (mobile)

Name Phone no. (work)
(home)..... (mobile)

Clinic/Hospital Contact

Name Phone no.
G.P Name..... Phone no.

Describe needs and give details of young person's symptoms.

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Medicines To be kept in
.....

Daily care requirements (e.g. before sport/at lunchtime).

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Describe what constitutes an emergency for the child, and the action to take if this occurs.

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Follow up care.....

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Who is responsible in an emergency (state if different for off-site activities)?.....

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Form copied to:

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APPENDIX FOUR

List of Contacts

School Nurse Address.....
(Fill in your details)

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Consultant Community Paediatricians

NAME	ADDRESS	TELEPHONE
Dr H Joshi	Consultant Community Paediatrician Countess of Chester NHS Hospital Trust Liverpool Road Chester CH2 1UL	01244 364802
Dr R Jones (Covers South Cheshire and Vale Royal Areas)	Consultant Community Paediatrician Cheshire Community Health Care Trust Barony Road Nantwich Cheshire CW5 5QU	01244 415300
Dr J R Owens (Covers Macclesfield Area and Congleton)	Consultant Community Paediatrician East Cheshire NHS Trust Victoria Road Macclesfield SK10 3BL	01625 661431

Medical Needs Service

County Offices
Stanney Lane
Ellesmere Port
CH65 6QL

Medical Needs Manager – Rachel Taylor
Tel: 0151 337 6807 or 07770584631