

## **Malbank School and Sixth Form College**

### **Medical Needs and Administration of Medication Policy.**

Some students have a history of medical problems. In most cases pupils will be able to attend school and participate in educational activities. It may be necessary to make reasonable adjustments to facilitate this. If students have any medical problems staff are made aware of this. This includes teaching and support staff. The pastoral team work with Health professionals to ensure that care plans are devised and shared. Care plans are displayed in the staffroom and copies shared with staff as appropriate.

### **Medical Concerns**

There are a small number of students who suffer from allergies. This is recorded on SIMS and may include allergies that could lead to anaphylactic shock or other specific conditions. As well as being recorded on SIMS, which can be accessed by all staff, the information is displayed in the staffroom. Other medical conditions, such as Asthma or diabetes are also recorded on SIMS and care plans shared if appropriate. The care plans will contain information on the pupil's condition, special requirements, medication, possible side effects of medication, what action to take in an emergency and the role that staff can play.

The School Nurse team hold annual EPIPEN training for staff and the Diabetic team train staff on the treatment of individual pupils as necessary.

Training is also provided annually on Asthma and Diabetes. See appendix B for advice on Asthma, Epilepsy, Diabetes and Anaphalxis.

### **School trips**

The school considers what reasonable adjustments we may need to make to enable pupils with medical needs to participate fully and safely in school visits. Before any pupil is allowed to participate in an organised activity the MN1A form must be completed. The information provided forms part of the risk assessment in line with LA policy. Trip leaders ensure that there is an appropriately trained member of staff accompanying any trip where there is a pupil with a medical condition and that arrangements are made for taking any necessary medication. A copy of the care plan is available during the visit.

### **Illness**

When a student complains of feeling ill they are be assessed by a member of staff and an appropriate course of action is agreed upon. If a pupil needs to be sent home they must report to Student Services. The staff in Student Services will contact home and organise for their collection. If there is a concern about a pupil's attendance

record, the main office liaise with the appropriate Key Stage team, prior to making a call to parents.

### **Minor accidents**

In the case of minor accidents, students are attended to by their class teacher or member of staff on duty during break and lunch. The pupil is seen by a trained first aider who will record details of the incident and what action was taken. Parents are contacted.

### **Accidents**

In the case of a more serious accident or illness the priority is to ensure that the pupil involved is safe and the welfare of the pupil is the primary concern. A qualified first aider is sent for immediately and the advice and support of other health professionals called for as necessary. If a pupil is sent to hospital a member of staff remains with the pupil until a parent or carer arrives. This may mean accompanying a pupil in an ambulance.

The incident is recorded in school and also recorded on the PRIME system.

### **First aiders**

There are a number of qualified first aiders working at Malbank School and Sixth Form College. These are;

Name	Where they are based in school
Vicky Denny	Main office
Nicola Hemmings	KS4 office
Aeron Brown	Main Office / Finance Office
Jenny Aspinall	PE / KS3
Karl Stockton	ICT office
Tina Baker	Duty areas outside
Mike Spencer	Site team

### **Administration of Medication in School**

A few students, whilst fit to attend school, may require medication during school hours. In addition, it may be necessary for children with long term complaints or chronic illness such as asthma or diabetes to receive medication. The following policy is designed to give direction as to the procedures and arrangements which should be observed when dealing with this subject.

## **Parent / Carer's Responsibility**

The parent / carer has the prime responsibility for their child's health and is required to supply the school with information about their child's medical condition. Wherever possible the parent / carer should make arrangements to administer medicines at home. However, when a student needs to take medication at school a written consent form provided by the school must be completed in advance by the parent / carer authorising the school personnel to administer the medication (Appendix A). Medicines will not be administered by school personnel if all sections of the form are not completed. A note from a health professional should also be provided to explain that it is necessary for medication to be administered during school hours.

Prescriptive medication must be brought into school in the original labelled container as dispensed by a pharmacist and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions. Where medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents / carer must ensure that this is done.

Over the counter medicines must also be brought in their original container / package and placed inside a sealed container clearly showing the student's name and dosage to be given. Details of any possible side effects should be clearly stated. A "request for the school to give medication form" must be completed prior to administration of medication by school personnel.

No persons under the age of 16 will be given aspirin or medications containing ibuprofen unless prescribed by the doctor and requested by the parents / carer.

Herbal, holistic, homeopathic and/or natural products will not be administered by the school.

Any medicines stored in school will be kept in an individual student locker outside the school medical room. Students should report to student services to be able to access medication.

It is the responsibility of parents / carers to maintain adequate supplies.

The parent / carer must collect any medications from school either when the student is no longer taking that particular medication or at the end of the school year. If the medicines are not collected within one month of the above, medicines will be safely destroyed.

It is important that a parent / carer provides an up-to-date record of home and work contact numbers in case of emergency.

## **School's Responsibility**

The day-to-day administration of medicines is delegated to fully trained first aid personnel in Student Services. Medication will only be given once the parental consent form has been completed; consent forms will then be stored with the medication. If a student refuses to take the medicine staff will not force them to do so, but will note this in the records and inform the parent / carer.

Staff will ensure that the container in which the medicine is held is clearly labelled with the name of the student, name and dosage of medicine and the frequency of administration. Medication will be stored in individual lockers outside the medical room. Access to the medicine will only be allowed in the presence of a fully trained first aid member of school personnel unless the parent / carer determines that the student is able to administer independently for example students who are diabetic or asthmatic.

### **Non- Prescribed Medicines eg.Paracetamol**

Staff should never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents 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 parents should be encouraged to refer the matter to their GP.

Medication needed for emergency situations will be readily accessible. Inhalers should be carried by students wherever possible; a spare inhaler may be stored in school and should be clearly marked with the student's name.

The school nurse will, in conjunction with the students put together the health care plan. This will be kept in the staff room.

The school will support and encourage students, who are able, to take responsibility to manage their own medicines.

A record of all medicines administered to all students by school personnel will be held in Student Services.

Medicines will be stored in accordance with the product instructions and in the original container in which dispensed. These will be kept either as described above in individual lockers or were necessary in a sealed container in the fridge in the print room.

During Educational visits 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 has given consent and specified the medicine on the parent / carer consent on an educational visit form which is available from the school. No persons under the

age of 16 will be given aspirin or medications containing ibuprofen unless prescribed by the doctor and consent given by the parent / carer.

Signed

Headteacher \_\_\_\_\_

Chair Of Governors \_\_\_\_\_

July 2018

To be reviewed July 2020

Appendix A

**MALBANK SCHOOL & SIXTH FORM COLLEGE**

**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:

Date of birth ..... Year//form group. ....

Medical condition or illness .....

Name/type of Medicine .....

(as described on container)

Expiry date..... Duration of course.....

Dosage and method ..... Time(s) to be given.....

Other instructions .....

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed .....Print Name .....

(Parent/carer)

Daytime telephone number .....

Address .....

.....

Note 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. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.

The Governors and Headteacher reserve the right to withdraw this service.

## Appendix B

### **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.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. **There must be written asthma plans, individual Health Care Plans and training and support for staff.**

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) are 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 safely but in an accessible place, clearly marked with the young person's name and always available during Physical Education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

#### **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. Parents 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 parents.

- 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 change 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 supervised 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 person's 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 parents' 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 usually 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.

Parents may often ask for the Principal 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.

School hold an epipen on our premises in case of emergency.