Grangewood School
Medical Policy

Supporting Pupils with medical needs and the administration of medication

Effective Date: *January 2023*

Next Review Date: *September 2025*

Grangewood School

Eden Academy Trust

CONTENTS

1. Audit of compliance with Special Schools Medicines Policy
2. Protocol for registered school nurses and appropriately trained school staff to administer paracetamol
3. Model process for developing individual healthcare plans

1. Scope

The policy applies to the staff of Grangewood School, drivers and escorts and LABS, medical professionals working in the school, parents, and governors of the school and the trustees of Eden Academy.

2. Introduction

Grangewood School supports children with special medical needs. These pupils have the same rights of admission to the school as other children and cannot generally be excluded from the school for medical reasons. School will accept responsibility for managing and administering medicines either orally or via an enteral feeding tube e.g. gastrostomy or nasogastric tube.

Anyone caring for children including teachers, other school staff and day care staff in charge of children has a common law duty of care to act like any reasonable prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and \ or taking action in an emergency

3. Managing Medicines in Schools and Early Year Settings

Staff of Grangewood School support the welfare of pupil with medical needs by administering medication, following appropriate training from member of community children's nursing team. Administration of medication is identified as a requirement on the job description of Teaching Assistants and Health Care Workers. There is full insurance cover provided for staff who are acting within the scope of their employment. Therefore, designated members of staff may be expected to administer medication on a regular basis, following the appropriate training and evidence of up to date competency. (Note - Although teachers are not contractually required to administer or supervise medication, or support a child's medical needs, they are expected to ensure the welfare of children. that they have responsibility for, by managing and supervising the administration of medication - unless they have opted out by agreement with the Head)

The Administration of medication

- All matters to do with medication are confidential.
- The storage and administration of children's medication follows the school's procedures at all times.
- Procedures have been set up after consultation with the consultant pharmacist, the doctor, the community nurses and Social Care. They are regularly reviewed and updated.
- Staff who administer medication must have the necessary training before they do so
- *Staff will wear the appropriate PPE when administering medication*
- If a pupil does not like taking medicine willingly, an assessment must take place with the Head and the School nurse, who will discuss the situation with parents and if necessary

contact the child's GP or Paediatrician. A plan will be drawn up as to how this situation will be managed. If the school nurse is not on site then the school will contact the Community Paediatric Nursing Team for advice.

Medication permission forms and medication record forms are essential to the safety of the system.

of medication to the child.

The following points can serve as a check list to ensure all necessary information is available:

- Full name and date of birth of the pupil
- Any known allergies, including food allergies
- Name of medicine
- Strength of medication (e.g. 10 mg)
- Form of the medicine (e.g. tablet, capsule, suspension)
- The dose
- The route (e.g. PEG tube, oral, ear drops)
- The frequency and time of administration
- Any special instructions e.g. with or after food, swallow whole etc.
- For 'as required' medicines, the reason to give the medicine, and maximum amount and frequency must be stated
- The medication start and finish dates, if appropriate
- Signature of the consenting adult

Each child requiring medication has their own medication record form which lists the medication, dose, route and time.

Medication must come in its original package and must have the original label, both as supplied by the pharmacy. The label must state the following: pupil's name, name of dispensing pharmacy and date of dispensing name of medication and dose / frequency. If any of these details are missing, no member of staff should administer the medication. Where administration of this medication is essential to the welfare of the child, then the school nurse will seek further advice. In the absence of the school nurse the school should contact the Community Paediatric Nursing Team

Procedures for the administration of medication

Transporting of medication

Parents and staff are requested to write in the home school book when they are sending medication into school.

Parents and staff are asked to ensure that they notify each other, and the escorts and taxi drivers, that a child is carrying medication.

- Medication is sent into school in a secure bag.
- Parents are asked to hand the child's medication and record books directly to the escort for safe passage and delivery to the school nurse of health care worker.
- Parents should notify staff in the home / school notebook that their child has medication with them.
- On arrival at school, the escort must hand the medication to the school office or to a permanent member of staff. The medication will then be passed to the health care team and be locked in medical cupboard in medical room or in the case of Early years in their own medical cupboard.
- Class staff should check bags and home link books on arrival in case medication was not handed in on entry to school and pass it over to the health care team.
- At the end of the school day the health care team will return the medication and associated documents to appropriate staff member. These will then be handed directly to the escort for safe passage and delivery to the parent. If medication has been placed in the child's school bag the escort will be informed.
- On arrival at home, the escort should hand the medication to the parent / carer *or let them know it is in the school bag.*

Procedures for receiving and storing medication

Each class will have at least one member of staff trained for the administration of medication.

Storage of medicines
Daily medications, including controlled drugs, whether kept in school or brought in each day, must be stored in a locked, non-portable medicines cupboard or locked medicines fridge according to the manufacturer's instructions and in the original containers in which they were dispensed.

The exceptions are asthma inhalers, auto injectors i.e. Adrenalin auto injector , and emergency medicines such as buccal midazolam These may remain with the child when travelling around school and be kept in a locked cupboard when in the classroom.

Generic oxygen gas cylinders must be stored in a secure manner. Oxygen supports combustion. There is always a danger of fire when oxygen is being used. It is potentially dangerous when in contact with sources of ignition and flammable material.

Inhalers should be stored in the child's classroom and spare inhalers in the medical room.

Medication must be checked against the medication record form.

Expiry dates must be checked with at least *14 days* written notice being given to parents to request replacement.

Parents are responsible for the disposal of date-expired medication. School staff should not dispose of medicines. At the end of the academic year all medication should be returned home.

Medication Record Forms and Consent Forms

Consent forms are obtainable from the school nurse on request.

Consent will be gained from parents for trained staff to administer medication for their child. Each medication will be listed on a consent form stating: Names of medication, dose, times to be given, route, signature and printed name of parent, and date.

Procedure for changes to prescribed medication doses when the parent/prescriber is unable to provide written consent (Verbal orders)

This procedure can be used for:

- Changes in dose or formulation of the child's own medication already prescribed (including controlled drugs)
- Changes of dose when following a staggered increase or decrease in dose directed by a Doctor
- Short courses of antibiotics
- Any inconsistency on written consent form
- Non-prescribed Paracetamol (See appendix)

When

- a parent is unable to attend to supply written consent immediately
- a parent hasn't completed the form correctly
- the client has had a medical assessment resulting in a change to the prescribed dose and the parent/carer has not yet been able to obtain a new prescription
- a dosing regimen is being followed by a parent and they inform the nurses when the dose changes (a copy of the regimen must be with the nursing staff as supplied by the prescriber)
- A parent documents a request in the home school communication book

Verbal orders regarding medication are not condoned due to risk of error; however there may be exceptions when communication is delayed from the parent/prescriber

In these circumstances:

- The nurse/school nurse assistant must contact the parent/prescriber directly and request clarification re dose change

- The nurse/school nurse assistant taking the verbal order must ask the prescriber to provide full details of the medicine including the dose and route of administration

- The nurse/school nurse assistant must then repeat the instructions back to the parent/prescriber to confirm that the details are correct and then document the instructions on the child's electronic health record and also in the relevant medication paperwork in use in the area.

- Where possible a second nurse/school nurse assistant must also listen to the verbal orders then repeat these instructions to the parent/prescriber to confirm they are correct.
  This is not possible in areas where there is only 1 nurse/school nurse assistant on site.

The client's condition, parent/prescriber consulted and any directions received must be recorded in the client's electronic health records with:

- Date and time
- Name of the parent/prescriber contacted
- Drug, dose and route as directed by the prescriber

The parent/prescriber must supply written consent/confirmation as soon as possible.

Separate verbal orders should be obtained each time a dose change is required.

If there are any changes to medication, new consent forms must be completed and signed by the parents

For "one off medication", such as antibiotics, written instructions from the parents must be obtained (usually a note written in the home /school book). Staff should notify the medical team, or designated member of senior management staff who will complete a medication record form and arrange for the administration of medication. The school nurse is available for advice regarding medication. A photocopy of the written instructions should be attached to the medication record form. Once the course of medication is finished, the forms should be returned to the health care worker to file.

Temporary medication is to be given by the health care worker, member of the senior management team or a trained member of staff.

Medication Record Forms

The medication record forms are stored within the medications folder in the medical room or within the medical folder within individual classes.

The medication record forms are completed, amended, signed and dated by the medical team, or a member of staff trained to give medication. These forms are for school purposes only. They indicate the times when a child should receive their medication.

In the event of “one off” medication being sent in to school a medication record form must be used and countersigned by the medical team or member of the Senior Management Team.

Staff must not use 'Tippex' on the medication record forms -these are legal records and they must not be tampered with.

It is a legal requirement to store medication record forms for two years. These will be filed and stored in the medical room. Until the child leaves the school then they are transferred with child’s complete school records to the child’s new setting or archived.

Black pen only should be used to sign the medication record form.

At the end of the school day, staff responsible for administering medication will check that all medication and feeds have been given and all signatures have been recorded

Administration of medicine

Staff may only give medication to a child if they have received the necessary training and have been deemed competent to administer medication in school.

Prior to administration, the 'consent form' must be checked for:

- Child's full name and date of birth
- Any recorded allergy or dietary restrictions
- Name of medicine
- Strength of medicine (can be added by the nurse in circumstances where the parent has not detailed)
- Dose of medicine
- Route of medicine
- Special or additional instructions e.g. take with food
- Date therapy commenced if for short term prescriptions i.e. antibiotics
- Signature of the parent/guardian
- Date completed by parent (Consent form is valid for 1 year)

Staff can only give authorised medication to a child. Before administering, all medicine must be checked against the medication record form, ensuring the correct medicine \ dose \ route \ time and the name of the child along with the expiry date.

All medicine must be prepared IMMEDIATLELY, before giving it to the child and signed for by the person administering the medication, immediately after on the medication record form.

Children need to be encouraged to take their medication. If a child spits out or refuses to take the medication, the school nurse, health care worker, or a member of the senior management team must be informed immediately. This will also have to be indicated on the medication record form and appropriate action will need to be taken.

Spillage must be recorded on a *Behaviour watch* and the school nurse, health care worker or a member of the senior management team informed. Parents should also be informed.

Pupils should have their own syringes for medication stored separately in a named container. These should be washed in warm soapy water after use, rinsed and allowed to air dry. Syringes should be changed weekly.

For Community Nurses, covering in the absence of the school nurse, photographs may be used as an additional resource to identify the child

Errors

- If errors occur, e.g. overdose, wrong medication administered or medication forgotten, staff must inform the health care worker, school nurse or a member of the senior management team immediately. The member of staff involved must complete a record on behaviour watch.

- Parents must be informed of any errors immediately by the school nurse, health care worker or a member of the senior management team.
- Medical advice must be sought immediately from the school nurse, by telephoning the pharmacist, or by telephoning NHS Direct on 0845 4647 or 111 The poison information service is also available on 0344 8920111.
- A follow up meeting should take place between the health care team, appropriate class staff and a member of SMT to discuss how the error occurred and what actions or system changes need to be put in pace to prevent a reoccurrence.

School Outings

Medication needed for an outing must be taken in its original container and stored in an identifiable bag (small yellow rucksacks.) The above procedures should be followed. The school medication policy should be adhered to on outings.

Non Prescription Medicines (excluding paracetamol)

School Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and agreement from the Head. Staff should also check that the medicine has been administered, without adverse effect to the child in the past, and that parents have certified this is the case. The medication must be in its original container with the manufacturer's name and guidelines. An expiry date must be present.

When administering non-prescribed medication to a child the above procedures should followed and parents informed.

Paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

Although a child who is unwell should be at home it is sometimes appropriate to give paracetamol at school. In this respect, parents are asked to give written consent for the administration of paracetamol in school. Each child has their own 'Consent for Paracetamol' form stored in the medication folder in the medical room.

Paracetamol may only be given by the school nurse, healthcare worker or a member of the staff trained to administer paracetamol.

If paracetamol is required prior to mid-day, the parent must be contacted to confirm whether the child may have been given a dose of paracetamol before coming to school. There should be

at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in any 24 hours. Many non-prescription remedies such as Beechams Powders, Boots Pain Relief Syrup for Children, Lemsip, Night Nurse, cold relief products , etc, contain paracetamol. If paracetamol tablets are taken soon after taking these remedies it could cause an unintended overdose.

The school has its own stock of liquid paracetamol which is stored securely in a locked cabinet in the medical room.

Guidance for the administration of paracetamol – see appendix 6. Or can be found in the Calpol folder in the medical room

If this fails to alleviate symptoms contact the parent or the emergency contact.

When administering paracetamol to a child, the above procedures should be followed and parents informed. The school must write to the parent on the day, stating the time and the amount of the dose.

Administration of paracetamol should be recorded on a medication record form, stating dose and time given.

Use of food supplements

Some children are prescribed food supplements for example Maxijul \ Seravit from the dietician or food thickeners such as Thick n' Easy which is prescribed by SALT. Parents should fill in school consent forms stating quantities to be given and times due. This should be recorded on a medication record form and administered by trained staff. These should be treated as prescribed medications and the same checks should apply.

Emergency medication

Staff who are trained to give emergency medication in the event of a prolonged seizure, may do so by strictly following the individual child's emergency medication care plan. Administration will be recorded on appropriate medication record form and parents should be informed.

There must be a written care plan in place for the management of pupils who suffer seizures which is devised in conjunction with the child, parents, school and/or Doctor. This must include the administration of prescribed medications such as Buccal Midazolam.

There must be a written care plan in place for the management of pupils who are likely to suffer from anaphylactic reactions which is devised in conjunction with the child, parents,

school and/or Doctor. This must include the administration of prescribed medications such as an Adrenalin auto injector .

A copy of the care plan must be provided to class staff and another copy kept with the child's emergency medication if it is carried around the building with them.

Changes to the care plan can only be made at the direction of the Lead Consultant in liaison with the school nurse. It is the responsibility of parents to contact the Lead Consultant regarding any amendments to the care plan. Care plans must be signed by the Lead Consultant parents / carers, the School Nurse.

Buccal Midazolam

Although not a legal requirement it is good practice for controlled drugs to be accounted for at all times. Buccal Midazolam is a controlled drug.

- Buccal Midazolam should be stored in a locked environment
- Buccal Midazolam should be signed out when taken out and signed back in when returned
- Whenever a child goes off site their medication, must go with them and kept with the child for use in an emergency.
- A child may only go off site if there is an accompanying member of staff trained to administer Buccal Midazolam.
- A child 's emergency medication should be available to them at all time. However, if for any reason a child's medication is not brought in to school with them there is no reason for their exclusion. However, parents should be informed and possible emergency medication should be brought into school at the earliest possible time. The School Nurse and Head should also be informed.
- If a child has a seizure and their emergency medication is not available an ambulance should be called if the seizure lasts over 2 minutes.

Borderline Substances

The following borderline substances may be applied by school staff during the normal day to day care of a pupil. These include sunscreen, emollients / barrier creams, e.g E45, Vaseline, Sudocrem, Metanium, toothpaste and Lipbalm, etc. Written consent should be obtained by parents/carers where possible.

It is the responsibility of the parent to provide instructions as to the application and ensure they are clearly labelled with the child's name. Parents are also responsible for ensuring any products are in date. These items are only to be used on the pupil for which they were supplied.

Training Requirements

All staff must undertake;

- Annual emergency treatment of epilepsy training
- Annual asthma and Anaphalaxis training
- Staff administering medication should have an annual competency check from the school nurse
- Staff trained in enteral feeding should attend updates 2 yearly and be assessed by school nurse.

Audit

- The school nurse or member of the healthcare team will complete an audit of compliance (appendix 2) each term and discuss and identify learning needs with the headteacher.

Individual Health Care plans

- All children with an underlying medical or continence need should have an individual Health Care plan in place. This should be written and reviewed annually by the school nurse and agreed with parents and school. Healthcare plans should be easily accessible to the class teams and those caring for the child

4. Enteral feeding Policy

In order to support pupils who require enteral feeds during the school day, some members of support staff are trained to administer either bolus or pump feeds via either a gastrostomy, jejunostomy or naso-gastric tube as required.

In order to provide safe and accurate administration of enteral feeds the following principles must be maintained: -

- The storage and administration of children's feeds follows the school's procedures at all times.
- Procedures have been set up in partnership with Community Children's Team and are regularly reviewed and updated.
- Staff who administer feeds all have the necessary training and are deemed competent before they do so.

- There is a robust system in place to ensure the competency of staff is regularly assessed.
- Feeds can only be administered if parental consent has been given.

1. **Procedures for the Administration of Enteral Feeds**

Bolus feeds

Staff can only give the feed prescribed for that individual child.

- Before administering, all feeds must be checked against the consent form and record chart, ensuring the correct feed, amount and time along with the expiry date. (this should be checked against the consent form by a member of class staff). In the absence of the Health Care Worker these should be completed by the School Nurse.
- The equipment is prepared including feeding sets, syringes and extension sets (these items are for the individual child only and should be stored when not in use in the child's named container).
- Strict hygiene is to be observed, including hand washing and the wearing of gloves throughout the procedure.
- The extension set must be primed with water and attached to the Mic-key or Mini button.
- The tube should be flushed with water as directed in the feeding regime. For naso-gastric tube feeding the tube needs to be aspirated and tested with pH paper to verify correct position/placement prior to any usage.
- A large syringe or feeding set (primed with milk) is then attached to the gastrostomy, extension set or naso-gastric tube and the prescribed amount of feed is given slowly by gravity.
- After the feed is finished the tube should be flushed with water as directed in the feeding regime and signed for on the record chart
- The extension set is then detached and washed in warm soapy water until tubing is clear along with any re-usable syringes and stored in the child's named container.

Pump feeding

- Staff can only give the feed prescribed for that individual child.
- Before administering, all feeds must be checked against the consent form and record chart, ensuring the correct feed, amount and time along with the expiry date.
- The equipment is prepared including the child's individual feeding pump, feeding sets, syringes and extension sets (these items are for the individual child only and should be stored when not in use in the child's named container).
- Strict hygiene is to be observed, including hand washing and the wearing of gloves throughout the procedure.
- The extension set must be primed with water and attached to the Mic-key or Mini

button.

- The tube should be flushed with water as directed in the feeding regime. For naso-gastric tube feeding the tube needs to be aspirated and tested with ph paper to verify correct position/placement prior to any usage.
- The giving set must be primed with milk before attaching to the pump.
- The pump rate and dose should be checked against the consent chart and signed for on the record form both at the beginning and the end of the feed.
- After the feed is finished the tube should be flushed with water as directed in the feeding regime and the extension set is then detached and washed in warm soapy water until tubing is clear along with any re-usable syringes and stored in the child's named container.

Dealing with problems

There is an information booklet for each of the types of gastrostomy, jejunostomy and naso-gastric tubes and feeding pumps located in the gastrostomy box in the Medical Room. These booklets have information on general issues and problem solving and should be referred to for advice. Listed below are the most common problems:-

Problem	**Action**
Gastrostomy site red/infected	Keep stoma clean and dry. Can be cleaned with gauze and cooled boiled water. Inform parents in home/school book. Refer to Children's Community Nurse if concerned.
Blocked tube	If blocked do not attempt to feed. See booklet and discuss with family or Children's Community Nurse for advice.
Tube falls out – this requires immediate action.	There are appropriate emergency temporary tubes in the gastrostomy box in the Medical Room. Please refer to the Emergency Gastrostomy Plan at the front of the box or in the health information file in each class.

Additional Information

If a pupil has difficulties tolerating enteral feeding (for example, retching, vomiting or loose stools) this should be reported to the Health Care Worker, parents or Children's Community Nurse for advice.

Additional water may be required in hot weather. This should be discussed with the Health Care

Worker, parents, dietician or Children's Community Nurses.

Hillingdon currently uses Abbott feeding pumps and staff training can be arranged with school health sister. It should be noted that other CCGs may use other provider equipment such as Fresenius and therefore training should be sourced directly in relation to these pumps

All supplies for the enteral feeding tubes, milk feeds and feeding pumps are managed by the Community Children's Nurse and are either ordered by the Nurse or sent in by the parents. Details of individual arrangements are recorded in the Medical Room in the Feeding Regime File and the Class Health Information file.

There is a spare feeding pump kept in the Medical Room in case a child's machine breaks down, the Community Children's Nurse should be advised if the spare is being used so that the child's own pump can be replaced as soon as possible.

In the absence of the School health Sister, the Community Children's Nurses can advise on all problems relating to gastrostomy tubes and provide further training/support for school staff. Their contact telephone number is 01895 279227.

5.Epilepsy Policy

In order to support pupils with Epilepsy, some members of support staff are trained to administer emergency medication.

In order to provide safe and accurate administration of emergency medication, the following principles must be maintained:-

- The storage and administration of children’s medication follows the school’s procedures at all times.
- Procedures have been set up in partnership with The Community Children's Nursing Team and are regularly reviewed and updated.
- Staff who administer emergency medication all have the necessary training before they do so.
- Medication can only be administered if parental consent has been given and a care plan has been completed medication must come in its original package and must have the original label both as supplied by the Pharmacy. The label must state the following:- pupil’s name, date, name of medication, dosage and clear instructions for use.
- Emergency medication must be available for use for pupils with epilepsy at all times.

Procedures for the Management of Epilepsy

- All relevant school staff are aware of pupils with epilepsy and their individual Emergency Plan.
- The School nurse, or, in her absence, The Community Children's Nurse Team is responsible for producing and maintaining the School's Emergency Treatment Plan, under the direction of the Lead Consultant or the epilepsy nurse specialist. The School Nurse is responsible for disseminating information to school staff.
- In the event of a pupil having a seizure appropriate first aid is commenced. A trained member of staff should be called and if more assistance required an emergency call out given.
- Protect the child from injury and note the time of onset of seizure.
- Collect the child's emergency medication and refer to the pupil's individual care plan. *This plan must be adhered to and protocol for individual child followed.*
- If no medication is required record time, length and description of seizure in the child's home / school book or seizure diary.
- When possible place child in the recovery position.
- If in any doubt an ambulance should be called.
- If emergency medication is given the time and date of administration must be recorded on the pupil's emergency care plan.
- The member of staff and witness should sign the record sheet and inform the School Health Sister or Community Children's Nurse.
- If a child is given emergency medication an ambulance **must** be called unless it states otherwise in the Care Plan. Parents must also be informed.
- If the emergency medication has expired, is not present in school, or the pupil does not have a care plan, then an ambulance must be called if the seizure lasts 2 minutes or longer.
- In the event of emergency medication being used, parents need to supply replacements

If a child is experiencing any changes in seizures, the school nurse will advise parents to discuss these changes with the Lead Consultant and/or epilepsy nurse specialist.

Additional Information

A list of expiry dates of emergency medication is kept by the Health Care Worker in the Medical Room. At least ~~one month's~~ notice is given to parents to ensure they have time to order new supplies.

6. Asthma Policy

School supports all children with special educational needs and special medical needs and this includes those with asthma.

The school recognises that asthma is a widespread and serious condition but that it is controllable and supports the view that students with asthma will not be excluded from participating in all aspects of school life.

Staff Training for Asthma

All staff that come in contact with students with asthma should have an understanding of what asthma is, what signs to look out for and what to do in the event of a student having an asthma attack. All staff should have training once a year from the School Health Sister or Community Children's Nursing Team, or a member of the respiratory team.

Asthma Medication

Asthma medication must be easily accessible at all times .

Parents are asked to supply a prescribed inhaler and a spacer device for use in school labelled for that particular student. When this expires parents are asked to provide replacements.

Emergency asthma kits are available around the school in identified locations. These are for emergency use only and for those children for whom consent has been obtained.

Persistent use of the emergency inhaler kit may incur a charge to the parent for replacement medication and equipment.

Record keeping.

At the beginning of the school year; or from the date that the student starts, parents are asked to complete a medical questionnaire. Parents are asked to complete a MY ASTHMA INFORMATION sheet and return this to the school. The school medical staff use this information to create an asthma care plan that is student specific.

The students' individual medication care plan and the health care plan will be updated regularly.

Class teachers and staff will be aware of the students in their class who have asthma through regular training and health care plans.

School staff will record any reliever inhaler usage and will notify school medical team and parents.

School environment

The school does all it can to ensure the environment is favourable to those students with asthma.

The school has a NO Smoking Policy and as far as possible chemicals for science or art are not used that may be triggers for pupils with asthma.

Furry or feathered animals are not kept in school and permission is sought from parents if animal events are planned.

In times of high pollen or pollution levels , advice may be sought from the School Health Sister in relation to the management of a pupil's asthma.

Emergency Inhaler Kit.

A kit is located in the medical room to be used in the event of an emergency.

The kits will is sealed, and will contain:

- 2 In date Salbutamol inhaler
- 2 Plastic Spacers with facemasks (detachable)
- 1 medium facemask.
- Instruction for use of the spacer and inhaler
- Record of Administration
- List of Students authorised to use the Emergency Kit

When an emergency kit has been opened it will be returned to the Medical Room for replenishing

The emergency kit will be audited monthly and records will be kept by the medical team.

In the event of a known asthmatic not having their inhaler in school, if participating in off site activities they may take one of the emergency kits with them. This should be logged in and out as per the normal school medication policy. The inhaler kit should be assigned to a named member of staff and should be noted on the going out form. New kits can be obtained from a Pharmacy by giving the Pharmacist a signed and dated letter from the Headteacher, stating what is needed.

Managing an Emergency –Asthma Attack.

If there are signs of an asthma attack: wheezing, coughing or shortness of breath, give 2 puffs of a salbutamol via spacer and inform parents and health care assistant/school nurse.

No better? Give up to 6 puffs of salbutamol via spacer and call parents to collect from school. Inform health care assistant/school nurse and advise that child should be seen by GP.

No better? Give up to 10 puffs of salbutamol via spacer and call 999 and ask for Ambulance. Give up to 10 puffs every 15 minutes until child is better or help arrives.

If an emergency kit is used, the inhaler casing can be washed and left to air dry, but the spacer must go home with the child and be replaced following the instructions in the box on how to get a new one.

Monitoring Students with Asthma.

The school medical team will record incidences of absence due to asthma, tiredness due to disturbed sleep and increase in inhaler use with in the school. The school office will notify the medical team of any absences due to the above reasons.

The school medical team will liaise with parents to assist with the management of their child's asthma and refer to the respiratory team as necessary.

7.Procedures for the Management of Allergies

Allergy/Anaphylaxis (adrenalin auto injectors) Policy

In order to support pupils with Allergies some members of support staff are trained to administer emergency medication (adrenalin auto injectors, Salbutamol inhalers and anti-histamine).
In order to provide safe and accurate administration of emergency medication, the following principles must be maintained:-

- The storage and administration of children's medication follows the school's procedures at all times.
- Procedures have been set up in partnership with the Hillingdon School Nursing Team and are regularly reviewed and updated.
- Staff who administer emergency medication all have the necessary training before they do so.
- Medication can only be administered if parental consent has been given. (see appendix A)
- Medication must come in its original package and must have the original label both as supplied by the Pharmacy. The label must state the following:- pupil's name, date, name of medication, dosage and clear instructions for use.
- Emergency Medication packs must be available for use for pupils with risk of Severe Allergy at all times.

- All relevant school staff are aware of pupils with allergies and their individual treatment plan.
- The School Nurse and the Children's Community Nursing Team is responsible for producing and maintaining the School's Emergency Treatment Plan, under the direction of the Lead Consultant, and disseminating information to school staff.
- In the event of a pupil having suspected exposure to an allergen, appropriate First Aid is commenced.
- Refer to the child's emergency pack and administer the appropriate medication, ie anti-histamine for mild symptoms and Adrenalin auto injector for severe reaction and prescribed inhaler.
- If in any doubt an Ambulance should be called. If the Adrenalin auto injector is given an ambulance **must** be called.
- While waiting for the ambulance to arrive, if the child is experiencing severe breathing difficulties, the prescribed dose of Salbutamol can be repeated every few minutes as required. See emergency asthma plan.
- Each pupil with risk of severe allergic reaction has an Adrenalin auto injector , anti-histamine, inhaler and treatment plan with them at all times. There is a spare auto-injector for each pupil kept with the child, in case one fails.

Additional Information

Only a trained member of staff plus a witness (the witness does not have to be trained) can administer emergency medication.

As with all medications, it can only be administered to children for whom it has been prescribed and for whom written instructions have been obtained.

A list of Expiry dates of Emergency Medication (Adrenalin auto injectors) is kept in the medical Room. At least one month's notice is given to parents to ensure they have time to order new supplies.

Parents are responsible for checking the expiry dates and contents of the emergency pack that remains with the child at all times.

8. Diabetes Policy

In order to support pupils with diabetes some members of support staff will be trained to test blood glucose and administer Insulin.

In order to provide safe management of a child with diabetes the following principles must be maintained:-

- The storage and administration of children's medication follows the school's procedures at all times.
- Procedures have been set up in partnership with The Community Nursing Team and are regularly reviewed and updated.
- Staff who administer insulin and test blood glucose all have the necessary competency training before they do so.
- There is a robust system in place to ensure the competency of staff is regularly assessed.
- An individual Health Care Plan will be devised for pupils with diabetes in agreement with parents, Paediatric Consultant, School and Children's Community Nursing Team and will be regularly reviewed.
- Emergency packs have been developed for pupils with diabetes which must be available at all times.

9. Procedures for Oral Suction

- All relevant school staff are aware of pupils who may require oral suction.
- Children requiring oral suction need the following items; Suction machine with tubing attached, oral suction catheters (yankeur sucker) and bottle of cooled boiled water. All equipment is supplied and maintained by the parents. These items are for the individual child only.
- Strict hygiene is to be observed, including hand washing and the wearing of **PPE throughout** the procedure.
- To clear oral secretions, turn on the suction machine and check pressure settings as per child's individual care plan, insert yankeur sucker into the mouth making sure the catheter tip can be seen and apply suction by occluding the port for no more than 10 seconds at a time.
- At any time during the procedure if the child is distressed stop and allow them to recover.
- Any waste should be disposed of in a yellow clinical waste bin.
- Refer to the child's individual care plan for more information.

To be reviewed annually:

Date of next review: September 2025

Signed on behalf of the Board of Trustees : _____

Appendix 1
Audit of compliance with Special Schools Medicines Policy

The audit should be completed each term and be held by the School Nurse.

AIMS and OBJECTIVES

To ensure compliance with recommendations of
Policy
To identify as a result of the audit:

- Practical changes required (e.g. whether drug storage is in accordance with the policy)
- Any staff training needs.

AUDIT FINDINGS

School :	
Date of audit:	
Member/s of staff carrying out audit:	
Name,(legible),	
Signature:	
Phone number:	
Date next audit is due:	

Tick as appropriate. If 'no', state action required	**Yes**	**No**	**Comments**
Is there a Consent form for each child whose medicines are stored in the medicine cupboard?			
Are there completed Administration of Medicines Training and Assessment Forms for all staff who administer medicines in the school?			
Are all medicines in date?			
Are all medicines cupboards locked?			
Are all emergency medicines stored in accordance with the policy?			

Were any learning needs identified?			

Appendix 2

Protocol for registered school nurses and appropriately trained school staff to administer paracetamol

Administration of Non-prescribed Paracetamol Protocol
The following procedure allows registered school nurses/school staff to administer the following non-prescribed medicines from stock: **Paracetamol 500mg tablets** **Paracetamol 250mg/5ml '*Six Plus*' oral solution/suspension** **Paracetamol 120mg/5ml oral solution/suspension**

Name, strength and form of medicine.	• Paracetamol oral solution/suspension: 250 mg/5 ml. • Paracetamol oral solution/suspension: 120mg/5ml Paracetamol tablets: 500 mg tablets (also available as soluble tablets).
Indication	• Treatment of mild to moderate pain. • Treatment of pyrexia.
Criteria for inclusion.	• Signed parental consent form allowing the administration of paracetamol. • If consent form not completed, verbal consent can be obtained from parent/carer if two members of staff listen to the consent.
Criteria for exclusion.	• Previous allergy to paracetamol or any ingredients contained within the preparations. • Pupils who have taken paracetamol-containing products within the previous 4 hours.
Cautions.	• If the dose is required before 12 noon, the school nurse or school staff must speak to the pupil's parent/carer to confirm whether a dose of paracetamol (e.g. Calpol, Medinol, or other product) was given at home before school, and if so at what time.

<table>
<tr><td></td><td>

- Use in renal or hepatic failure.
- G6PD deficiency

</td></tr>
<tr><td>Action if pupil
declines treatment or
if excluded from
treatment</td><td>

- Document in the pupil's health care plan refusal or reason for exclusion.
- Contact the pupil's GP /parent/carer if necessary.

</td></tr>
<tr><td>Quantity to
administer</td><td>

Paracetamol 500mg tablets:

<table>
<tr><th>Age</th><th>Dose</th></tr>
<tr><td>6-12 years</td><td>Half – one tablet
(250mg – 500mg)</td></tr>
<tr><td>12-18 years</td><td>One to two tablet(s) (500mg-1g)</td></tr>
</table>

Dosing for Paracetamol <u>120mg/5ml</u> oral solution/ suspension:

<table>
<tr><th>Age</th><th>Dose</th></tr>
<tr><td>2- 4 years:</td><td>7.5mls</td></tr>
<tr><td>4- 6 years</td><td>10mls</td></tr>
</table>

Dosing for Paracetamol <u>250mg/5ml</u> oral solution/ suspension:

<table>
<tr><th>Age</th><th>Dose</th></tr>
<tr><td>6-8 years</td><td>5mls</td></tr>
<tr><td>8-10 years</td><td>7.5mls</td></tr>
<tr><td>10-12 years</td><td>10mls</td></tr>
<tr><td>12-16 years</td><td>10-15mls</td></tr>
<tr><td>16yrs+</td><td>10-20mls</td></tr>
</table>

</td></tr>
</table>

Dose and frequency	One dose in a school day to be given
Route / Method.	Oral/ enteral
Maximum total dose	One dose in school only to be given.
Side effects.	Usually mild and infrequent. Skin rashes and blood disorders have been reported rarely. For full list refer to patient information leaflet and current BNF.
Interacting medicines	• Colestyramine - decreased absorption of paracetamol if taken at the same time • Oral anticoagulants • For full list refer to current BNF.
Advice to pupil	Explain treatment.
Information to parent **carer**	Inform reason for administration via telephone, written in pupil's Home School Diary or via a letter from the school nurse.
Records	Record the following information in the pupils care plan and medicines chart: reason for administration, name of medicine, dose, date, signature of nurse/school staff and time.
Reference	British National Formulary 2018 - 2019

Appendix 3

Annex A: Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed or is due to attend new school or id cue to return to school after a long-term absence, or that needs have changed.

↓

Head of school or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs and indentifies member of school staff who will provide support to pupil

↓

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

↓

Develop IHCP in partnership – agree who leads on writing it.
Input from healthcare professional must be provided

↓

School staff training needs identified

↓

Healthcare professional commissions /delivers training and staff signed-off as competent – review date agreed

↓

IHCP implemented and circulated to all relevant staff

↓

IHCP reviewed annually or when conditions changes. Parent or healthcare professional to initiate