



Policy Owner	Jacque Smith RGN. OHN. Cert.
Approving Body	Board of Governors
Date Approved	November 2018
Effective Date	November 2018
Review date	November 2019

Medicines Policy including EYFS (Including Asthma and Anaphylaxis Guidelines)

St Aubyn's School



Children with medical needs have the same rights of admission to a school as other children. Most children will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with diabetes or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an Adrenaline auto-injector (AAI). Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

St Aubyn's School has a full time School Nurse who will take responsibility for the storage, administration and disposal of medicines; however, in the absence of the School Nurse, certain medicines can be administered by a member of staff at the parent's request. This will include medicines required on a short term regular basis e.g. antibiotics, eye drops and emergency medication such as asthma inhalers and adrenaline injections. It may also include non-prescription medicines such as paracetamol (calpol). All medicines, whether prescription or non-prescription, should only be given with the parents written consent. In the case of EYFS pupils, non-prescription medicines can only be given if parental consent is obtained on the day the non-prescription medicine is to be administered.

Written Consent

Specific, named medication brought into school

- If this is the first time it is to be given, consent will be obtained by completing the 'APPLICATION FOR ADMINISTRATION OF MEDICINE' form (kept in the small shelving unit in the Medical Room or from the School Office or Before School Care), (Appendix 1). Once completed, the forms are kept in a GREEN ring file on the desk in the Nurse's Office.
- Those children already on a course of medicine should have a completed form already in the GREEN file (this includes long term medication such as asthma inhalers and eczema cream). The parent fills in the top section and signs it, the member of staff completes the section marked for 'School use only' and files it in the front of the GREEN file. These forms are updated annually by the School Nurse.
- If the parent has dropped the child off at school, the parent must be telephoned before any medicine is administered. The parent must complete the form at the end of the day.

Medication kept as stock items

From time to time a child may become unwell or injured at school and would benefit from the administration of simple over-the-counter medicines such as paracetamol or antihistamines. A member of staff may administer such medication under the direction of the School Nurse, but in the case of EYFS pupils, non-prescription medicines can only be given if parental consent is obtained on the day the medicine is to be administered. For pupils in Year 1 to Year 8, if possible, the parents should be contacted first, however with the occasional exception; parents of these pupils have given written consent for such medication to be given in an emergency, when their child started at school. (Those exceptions are on the 'CAUTION' list, stuck on the medicine cupboard door). It is important that the member of staff ensures that no other medication has been given within the recommended dosage schedule.



Medicines Act 1968

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labelled and supplied; and that no-one other than the prescriber may vary the dose and directions for administration.

Therefore any medicine brought into school must be in the original container with the dosage, frequency, expiry date and batch number. If it is a prescription medicine the name of the child must also be on the container.

The administration of prescription-only medicine by injection e.g. adrenalin, may be done by any person but must be in accordance with directions made available by a doctor, dentist, nurse prescriber or pharmacist prescriber in respect of a named patient.

Storage of Medicines

Children need to have access to their medicine when required. All emergency medicines, such as asthma inhalers and adrenaline injections, should be readily available to children and should not be locked away. Asthma inhalers and AAI's for EYFS, Pre- Prep and Middle School are kept in classrooms in the class asthma box, whilst pupils in the Senior School and some older Middle School pupils able to take responsibility, keep their own inhalers. AAI's for Senior School pupils are kept in the Medical Room.

Other non-emergency medicines should generally be kept in a secure place not accessible to children. On no account should medicines be left in school bags or carried by pupils themselves except in certain circumstances previously agreed by the School Nurse and parents.

Correct storage of medicine is necessary. Some will require refrigeration. As a rule, most liquid antibiotics and eye drops should be stored in the fridge. This may be marked on the bottle but if in doubt, refrigerate – it won't harm them, unless otherwise stated.

Record Keeping

Records must be kept of all medicines administered to children. This will normally be recorded on ISAMs by the School Nurse. In the absence of the School Nurse a written record must be kept of:

- The child's name
- The name of the medicine
- Expiry date and batch number
- The dose and time
- Method of administration

This record must be passed to the school Nurse on her return.

If a child has become unwell during the school day and medication has been administered, including use of their asthma inhaler, the parents must be notified as soon as possible.



School Trips

Administration of medication may be required during an educational visit. All educational visits have a risk assessment undertaken by the Group Leader which includes a request for all relevant Medical information and requirements. Any medication required will be discussed with the parents, School Nurse and Group Leader prior to the visit. However, as detailed above, non-prescription medicine for EYFS pupils can only be administered if permission from the parent is received on the day the medicine is to be administered. The Group Leader will also take responsibility for emergency medication such as AAI's and asthma inhalers.

Residential Educational visits may also require additional medication such as paracetamol, antihistamines and travel sickness tablets. A Consent form for Educational School trips (Appendix 2) (to be updated by MS) should be completed by parents prior to the visit. The Group Leader must ensure in advance that these forms are sent out and collected.

Any medication administered on an Educational Visit must be recorded in the School Trip Medication Log (Appendix 3)

Location of Medication

AAI's for children in EYFS, Pre Prep and Middle School are kept in the class asthma box, and for Senior School children in the Medical Room. Those children with a second AAI have another one kept in the Medical Room along with emergency antihistamines. AAI's are kept in a named plastic box. Each pupil with an AAI will have an individual treatment plan kept in the plastic box. A copy of the treatment plan is also available on the Network. AAI's are prescribed only for that individual pupil and should not be given to anyone else.

Asthma Inhalers for children in EYFS, Pre Prep and Middle School are kept in the class asthma box. Pupils in the Senior School and some older Middle School pupils able to take responsibility keep their own and may have a spare inhaler in the Medical Room, kept with the AAI's.

Other Long Term Medication will be kept in the Medical Room either in a named cupboard or fridge (e.g. eczema cream, antihistamines, glucagon injections and insulin).

Emergency Asthma Inhalers

From the 1st October 2014, new Guidelines have been issued by The Department of Health allowing schools to keep salbutamol inhalers for emergency use

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication and their own inhaler has been misplaced, broken or is empty. The names of these children must be kept on an asthma register. This register is kept in the Emergency Inhaler Box and is also available on the Network, or available from the School Nurse. Guidance notes (Appendix 4 and Appendix 5) will be displayed in the Staff Room and on the Network.



The Emergency Inhalers will be kept in the Medical Room, the office of the Headmaster's PA, Sports Hall, by PE staff and Cadet staff. Sports Staff taking a pupil with previously diagnosed asthma to an away fixture must check before leaving that a pupil has their own inhaler and it is in working order.

As with all medication, a written record must be made if the inhaler is used and the parents informed.

Salbutamol inhalers are intended for use where a child has asthma. It is important that it is not administered inappropriately to a breathless child who does not have asthma. **Therefore the emergency inhaler can only be used for those children on the asthma register.**

Emergency Adrenaline Auto-Injectors (AAIs)

From the 1 October 2017, new Guidelines have been issued by The Department of Health allowing schools to keep AAIs for emergency use.

The emergency AAI should only be used by children, for whom written parental consent for use of the emergency AAI has been given, who have been diagnosed with anaphylaxis and prescribed an AAI and their own AAI has been misplaced, broken or is out of date. The names of these children must be kept on an Anaphylaxis register. This register will be kept with the emergency AAI, will be on the Network, or available from the School Nurse. Guidance notes (Appendix 6 and 7) will be kept with the AAIs and displayed on the Network.

The emergency AAIs will be kept in the Medical Room, the office of the Headmaster's PA and Staff Room. Sports staff taking a pupil with a previously prescribed AAI to an away fixture must check before leaving that a pupil has their own AAI and it is in working order. As with all medication, a written record must be made if the emergency AAI is used and the parents informed.

The emergency AAI should only be used for those children on the Anaphylaxis register, however, in the event of a possible severe allergic reaction in a pupil who does not meet the above criteria, Emergency Services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Staff training

Training will be undertaken by The School Nurse or appropriate outside agencies, for relevant staff at regular intervals. Some staff may need to have further information and training about a medical condition or specific training in administering a particular medicine.

Guidelines

Before giving any medicine, the following points should be noted: -

- Ensure that you understand what the medicine is for, when and how to give it. Do not give any medication that has come from abroad that is not written in English and you are not sure what it is for. Herbal remedies should not be administered.
- The medicine should be in the original container and clearly marked with: -

1) The Drug Name.



- 2) The child's name – (check the name on the medicine is the name of the child you have been asked to give it to!)
 - 3) The Dose and Time (some antibiotics must be given 1 hour before meals).
 - 4) Expiry Date (some pharmacy dispensed medicine will have a dispensing date only).
- Do we have written permission from the parents?
 - When giving the medicine, check all the details on the container and record your activities.
 - When the medicine is brought in, in the morning, make sure the parents know it is their responsibility to collect it at the end of the day. Any medicine not collected should be stored in the fridge overnight and a message left for the parents. If a child is attending A.S.C. – the medicine should be given to A.S.C staff to return to the parents.

The aim of giving medicine at school is to enable a child to remain in school with as little disruption as possible, but if you have any doubt about giving a medicine – then don't! – contact the parents. We are under no obligation to administer medicine; it is the parents' responsibility.

With the exception of asthma inhalers, Adrenaline and occasionally anti-histamines, withholding medicines will not be life threatening.

This policy is to be reviewed by the H & S Committee and Governors annually.



APPENDIX 1

ST AUBYN'S SCHOOL

APPLICATION FOR ADMINISTRATION OF MEDICINE

Name _____ Class _____

Reason for medication _____

Medicine

Dose and Time

1 _____

2 _____

3 _____

Special Instructions

I declare the above named medicine (delete as appropriate)

1. has been prescribed by my child's GP, hospital, dentist
2. is on general sale and I have requested the School Nurse or in her absence a First Aider to administer the above medicine.

Signature Parent/Guardian _____ Date _____

For School Use:

Date	Medicine	Batch no	Expires	Manufactured by	Supplied by



APPENDIX 2

Consent to Administer Medication on a Residential Educational Visit

Date of trip: _____

Name of residential trip: _____

Child's name: _____

Parent's phone Numbers: _____

Parent's Email: _____

*MEDICATION REQUIRED:

Name of Medicine	Dosage	Time/frequency	Reason for medication

Dietary Needs:

I give permission for my child to be given over-the counter medicines such as Paracetamol (calpol), Piriton (for an allergic reaction), strepsils, travel sickness pills if necessary

Parent's signature _____

*** NB: Medicines brought by the child need to be clearly labeled with child's name, dosage and time, expiry date, batch number and in the original container.**

APPENDIX 3

	SCHOOL TRIP MEDICATION LOG AUTHORISED USE ONLY
 Selles Medical	
Administration of Medicines Please ensure authorised staff are familiar with the School/College Homely Remedies Policy and Procedures. Always keep a record of any medication that is given.	
Organisation	
Trip Details	



APPENDIX 4

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed



APPENDIX 5

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way



APPENDIX 6

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. **It is potentially life threatening and always requires an immediate emergency response.**

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food; contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- **Food:** While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to **insect stings** are often faster, occurring within 10-15 minutes.

APPENDIX 7

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behavior

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline auto-injector(s)
- Give antihistamine according to the child’s allergy treatment plan
- Phone parent/emergency contact



WATCH FOR SIGNS OF ANAPHYLAXIS (Life-threatening allergic reaction):

- | | |
|----------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  ✓  ✓ 
2. **Use Adrenaline auto-injector without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another auto-injector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline auto-injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.