Hambling View
Medications Policy

Ratified by Chair of Govs.   **Signed by .**

                                                Date 24th October 2024

Date   03.04.2024
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Schools' have a statutory duty to support students with medical conditions under section 100 of the Children and Family Act 2014.

At Hambling View, we wish to ensure that students with medical needs receive proper care and support whilst at school

The aims of the policy are:

- To ensure that students with medical needs receive proper care and support in school
- To enable regular attendance for all students
- To give clear guidance to school staff involved in medicine management and administration for students
- To ensure all staff and parents understand and follow the legal framework governing administration of medication and drugs
- To protect students with medical needs from discrimination

Administration of Medication

Medication will only be received in school if it has been prescribed by a Doctor or on the written request of a parent.

Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time).

Each item of medication must be delivered in its original container and handed directly to the receptionist.

Where the student travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the student, including medication for administration during respite care. It is important that in such cases the parent checks with the Local Authority around their transport policies which may prohibit the transportation of medication on school transport. In these cases it will be the parents responsibility to make appropriate arrangements to being the medication into school.

Each item of medication must be clearly labelled with the following information

- Student's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date

The school will not accept items of medication which are in unlabelled containers.

Unless otherwise indicated all medication to be administered in school will be kept in a locked medical cabinet.

On request the school will provide parents/carers with details of when medication has been administered to their child.

Where it is appropriate to do so students will be encouraged to administer their own medication, under staff supervision, however, these medications will still be kept within the guidelines of this policy. Students must not carry medication in their schoolbags or about their person while in school.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the student's need for

medication. Parents are responsible for ensuring emergency medication stored in school is in date. The Health and Safety Co-ordinator will regularly monitor that stored medication is in date, acting as appropriate.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance.

The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required.

Pain Relief Medication

If a student is required to take pain relief, not prescribed by a doctor, during the school day, parents will be required to come to the school to administer the medication. If the parent is not available, they may send a representative but should contact the school and provide a written permission for their representative to administer the medication.

ASTHMA Medication

Asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by the school.

Treatment

Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking, preventers come in brown (sometimes white) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open narrowed airways and help the student's breathing difficulties. Generally speaking, relievers come in blue containers. Details around requirements on reliever medication are set out in Annex 1 to this policy.

STUDENTS WITH CARE PLANS

Should a student be identified by the School Nurse as needing a Health Care Plan the plan will be drawn up by the Health and Safety Co-ordinator in conjunction with the School Nurse, SENDCO, Parents (and student if appropriate). The Health and Safety Co-ordinator will inform the Clerical Team for entry of the basic information onto SIMS (see flow chart). The Health Care Plan itself will be held by the Health and Safety Co-ordinator and will be implemented, monitored and evaluated in liaison with parents (and student if appropriate) and relevant staff.

TRAINING

All members of staff will receive annual training in dealing with students who suffer from asthma, diabetes, epilepsy or who may suffer anaphylactic shock.

FIRST AID

A number of staff have qualifications in First Aid. An up-to-date list is held by the Headteacher who is responsible for ensuring staff receive regular training to update their qualifications.

INTIMATE CARE

Should any student require intimate care this will be identified in a Care Plan. Staff involved in providing intimate care will be identified in the plan, will receive appropriate training and will follow NHS Essence of Care Guidelines (available from the Nurse).

DEALING WITH ACCIDENTS

Students

a) Use common sense and speedy action. Help keep the student calm and send for help from a qualified First Aider using your two-way radio or by sending a student. Remain with the original student. Calmly give clear and precise instructions about your location and the nature of the injury.

b) Later but at the earliest convenient time complete an Accident/Incident report – found on the intranet page and email to the Health and Safety Coordinator.

c) Parents will be notified so that a student can be taken home or for medical treatment. In urgent cases an ambulance will be called.

d) If the accident does not warrant a student leaving your room it is wise to see the student at the end of the lesson to check on his/her welfare and in marginal cases you or your Department Head may wish to contact home to inform parents.

Staff

e) If you injure yourself seek help or send a student for help. First Aid or medical assistance will be provided.

f) As soon as possible after the accident complete an Accident/Incident report – found on the intranet page and email to the Health and Safety Coordinator.

g) If you have an accident outside working hours this must also be reported to the Head on the same form, irrespective of whether you are prevented from attending school.

h) If the accident is serious and has happened at work or during a work activity off-site, e.g. a broken bone, or involves a stay in hospital you should ALSO notify the Health and Safety coordinator who will produce a RIDDOR report.

Near Misses

i) Accidents can often be prevented if action is taken following a near miss. Report any incident you witness on the normal accident form, labelling it accordingly.

IDENTIFICATION OF STUDENTS WITH LONG TERM MEDICAL CONDITIONS

Students New To School

- Parents inform school of a long-term medical condition via the admission form
- Form passed to clerical team
- Information entered by clerical team onto Arbor

Existing Students with A New Medical Condition

- Parents inform school of a long-term medical condition by any other method (Medical Information Update Form)
- This information should be logged onto Arbor and added to student records

Information Sharing & Staff Responsibilities

- Information will be shared with all staff who come into contact with the young person during the school day so that they are aware of how to support the young person.
- Information will be shared with all qualified First Aiders.

ANNEX 1 - RELIEVER MEDICATION SHOULD BE CARRIED BY THE STUDENT AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH AS CROSS-COUNTRY RUNS /PE

Children with asthma learn from their experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

During an attack

a) Ensure that the reliever medicine is taken promptly and properly:

b) Make sure an adult stay with the student, if in doubt contact a qualified First Aider

c) Stay calm and reassure the student:

- Listen to what the student is saying and to what he/she wants: the student probably. has been through it before.
- Loosen tight clothing around the neck.
- Offer the student a drink of warm water.
- Try tactfully to take the student's mind off the attack.
- Don't put your arm around the student's shoulder as this is restrictive.

d) Help the student to breathe:

- Encourage the student to breathe deeply and slowly.
- Most people with asthma find it easier to sit upright or to learn forwards slightly.
- The student may want to rest his/her hands on the knees to support the chest.
- Make sure that the student's stomach is not squashed up into the chest.
- Lying flat on the back is not recommended.

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE.

After an attack

Minor attacks should not interrupt a student's concentration and involvement in school activities. As soon as the attack is over, encourage the student to continue with normal activities.

DIABETES MELLITUS (TYPE 1 DIABETES)

All students with Diabetes Mellitus will have a Care Plan that will be shared with all staff

This is a condition which is ever present in schools. The following can happen:

- **Hypoglycaemia** – when blood sugar levels fall below normal 4mmol/l
- **Hyperglycaemia** – prolonged high blood sugar level, which can lead to diabetic coma.

Hypoglycaemia (low blood sugar most common) – symptoms:

- Faintness
- Palpitations
- Strange behaviour
- Sweating
- Cold skin
- Strong pulse
- Shallow breathing

Treatment – Follow the student's Care Plan

Mild or Moderate Hypoglycaemia; below 4mmol/l

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint

- Sit down, check blood glucose level. Stay with child.
- Give 3 dextrose tablets or sugary drink i.e. 50 mls of lucozade or 100 mls of coke or sugary drink.
- Type 1 Diabetics have emergency boxes stored in the medical room.
- Students also carry emergency supplies with them.
- When student recovers - blood glucose rises above 4mmol/l - give starchy food, e.g. 2 biscuits or sandwich.
- In the unlikely event of a student losing consciousness call an ambulance.

Severe hypoglycaemia

- If student is unconscious and not able to swallow do not give anything by mouth.
- Stay with the student put in recovery position.
- Call 999.

Hyperglycaemia (high blood sugar) – symptoms:

- Dry skin, rapid pulse.
- Deep breathing, very difficult to inhale.
- Smell of acetone on casualty's breath.
- Treatment – rest and reassure patient, call for an ambulance.

(This usually comes on over days and so is not an acute problem) but can be serious.

ANAPHYLACTIC SHOCK

There is a sudden allergic reaction to:

- Certain foodstuffs
- Drugs
- A sting from an insect
- Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

Symptoms:

- Anxiety
- Blotchy skin/rash
- Swelling of face/eyes/throat
- Seriously impaired breathing
- Rapid pulse
- Unconsciousness

Treatment:

- Dial 999
- If shocked, best to lie patient down
- Keep patient warm

If a member of school displays those symptoms **contact a First Aider IMMEDIATELY.** Medication for all known sufferers of anaphylactic shock is kept in a named box in the medical cupboard in the medical room. Key is kept in main office.

EPILEPSY

Minor Partial Seizure – A sufferer may remain conscious with the following

Symptoms:

- Sudden 'switching off'
- Staring blankly
- Slight twitch/jerking
- Possible shouting/noise making

Treatment:

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

Complex Partial seizure – Where consciousness is affected

Symptoms:

- Confusion
- Unaware of surroundings
- Mumbling sounds
- Chewing movements
- Not respond when spoken to

Treatment

As above

Generalised –Tonic Colonic Seizure

In some cases, a child or young person loses consciousness

Symptoms:

- May start with casualty crying out
- Casualty falls down & may go unconscious
- Rigid back
- Breathing may become difficult
- Lips may go blue
- Clenched jaw
- Convulsions
- Saliva and/or blood in the mouth

Loss of bowel control.

Treatment:

- Observe casualty
- Loosen clothing
- Administer Emergency Medication (as per care plan)
- Place in recovery position when convulsions cease
- Call 999 if fitting continues and recovery to consciousness is slow
- Contact Parents

Quiet often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours.

In all the above conditions the school keeps a medical record, and staff should familiarise themselves with this.

Medication should be stored in the medical cupboard.