

## Perrymount Primary School

### Administration of Medicines Policy June 2019

Under current policy, medicines cannot be administered by the school unless a medicine form (available in the office) has been completed by a parent/carer. The only medicines allowed to be administered are those prescribed by a Doctor. The exception to this rule are medicines that have in 2018 been taken off the prescription list such as hayfever tablets.

Medication will be administered by a trained first aider.

No creams or lotions can be applied (except sun tan lotion).

#### Asthma

Parents who report that their child has asthma must provide the school office with an inhaler labelled with the child's name which will be kept at school. A form must be completed by parents indicating how often the inhaler can be administered before parents are called.

- Inhalers for Nursery children should be stored in the first aid cabinet in a specially marked bag which is secure but visible so they can be issued for use as and when needed.
- Inhalers for all other children should be stored in the medical room in specially marked bag with the name of the class and a photo of the child. These must be kept in a secure but visible place so they can be issued for use as and when necessary.
- If a child uses their inhaler this should be logged on the form, showing the date, name, medication and time taken. The person who administers the inhaler is responsible for completing the form and signing it.
- For serious attacks, children should be watched and checked by an appointed first aider. Parents should be informed by the office staff and asked to come to the school to collect the child or monitor their reaction and decide whether they are well enough to remain in school. If there are serious concerns, an ambulance should be called immediately and the child accompanied by a member of staff if the parents cannot be contacted in time. **See also Accident Reporting Policy**

## **Anaphylaxis**

There are children at the school who suffer with allergies likely to result in an anaphylactic reaction. Care plans have been created for the children which are held in the school office with their medication staff have been trained in the use of an Epi-Pen. A labelled container with the epi-pen is held in the Medical room with a photograph of the child(ren) and details of their reaction. Staffs have been informed of its location. Updated epi-pen training will be arranged as new staff members join the school.

- If the child(ren) is(are) out of school on a school organized activity (i.e. school trip), the epi-pen container must be given to the activity leader.
- Parents must be notified if their child has suffered an allergic reaction and a parental advice slip given. Parents should be asked to come in to school to monitor their child and decide whether they are well enough to remain in school after treatment. A full investigation should be conducted to try to ascertain what the child came into contact with that triggered the attack and a CS3 form completed.
- An ambulance should be called in line with the directions on the care plan held by the school. If the parents are not able to get to the school in time, a member of staff should accompany the child.

## **HIV and Aids**

Any information on a child or adults HIV status will be kept confidential to key members of staff who need to know. This decision will be made by the Head Teacher. It will be agreed with the member of staff, or in the case of a child, his/her parents/carers who needs to be informed.

For their own safety, all staff should assume that all people receiving treatment are suffering from an infectious disease when administering to an injury.

## **Epilepsy**

Children who are known to have epilepsy will have a care plan drawn up by the health team. All teachers, staff and first aiders will be made aware of the child's condition so they can be vigilant. If a child/adult starts to fit, clear the area and make the environment safe, keep calm, ensure someone stays with the patient and time the duration. When the fit has finished, place in the recovery position and monitor breathing.

If the patient has a care plan, refer to the plan to check next action – ie. Ambulance or Rectal Diazepam. An ambulance should always be called if pupil does not have a care plan.

## **Sickle Cell/Thalassemia**

Inherited disorders affecting mainly people of African, Afro-Caribbean and Mediterranean descent.

Children with sickle cell will often complain of pain in joints, stomach or head. Treat by keeping warm, give fluids and call parents in to give pain relief. A severe crisis can lead to haemorrhage or stroke. Some parents will withhold details of this condition. If you have concerns about a pupil, please liaise with the Head Teacher so that parents can be contacted.

Children with Thalassemia become very anaemic and need transfusions which can lead to frequent absences.

## **Other unspecified medical conditions**

It is the responsibility of the parents/carers to bring to the school's attention any other medical conditions that require specific action (i.e. sickle cell, diabetes etc). These should be discussed by parent/carer and appointed first aider in the office. Where necessary, a care plan should be drawn up with the school nurse. The Head Teacher and Senior Leadership Team will be consulted to agree the next steps and who needs to be informed. Additional training will be organized for staff when required.

## **Disposal of Medication**

All out of date medication should be returned to the child's parent/carer for return to their pharmacy or Doctor. Where this is not possible the school should arrange for the medication's safe disposal

Reviewed June 2019

Next Review June 2022