

# **Moorcroft School**

## **Supporting Pupils with medical needs and the administration of medication**

**Effective Date:** June 2018

**Next Review Date:** June 2019

## Statutory? Y

Scope .....	3
Introduction.....	3
The Administration of medication .....	4
Procedures for the administration of medication.....	5
1. Transporting of medication.....	5
2. Procedures for receiving and storing medication .....	5
3. Medication Record Forms and Consent Forms .....	6
4. Medication Record Forms .....	6
5. Administration of medicine.....	7
6. Errors .....	8
7. School Outings.....	8
8. Non Prescription Medicines .....	8
9. Calpol (Liquid Paracetamol) .....	8
10. Use of food supplements .....	9
11. Emergency medication.....	9
12. Buccal Midazolam.....	10
13. Borderline Substances.....	10
Appendices .....	11
Enteral feeding Policy.....	11
1. Procedures for the Administration of Enteral Feeds.....	11
2. Dealing with problems .....	12
3. Additional Information .....	13
Epilepsy Policy .....	14
1. Procedures for the Management of Epilepsy .....	14
2. Additional Information .....	15
Asthma Policy .....	16
3. Staff Training for Asthma .....	16
4. Record keeping.....	16

5. School environment .....	17
6. Emergency Inhaler Kits.....	17
7. Managing an Emergency –Asthma Attack. ....	18
8. Monitoring Students with Asthma. ....	18
Procedures for the Management of Allergies.....	18
1. Allergy/Anaphylaxis (EpiPen) Policy.....	18
2. Additional Information.....	19
Diabetes Policy .....	20
Procedures for Oral Suction .....	20

## Scope

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

## Introduction

Moorcroft 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. Moorcroft 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 have 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"

DfES 03/05

Managing Medicines in Schools and Early Year Settings

Staff of Moorcroft School support the welfare of pupil with medical needs by administering

medication, following appropriate training. 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 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 Headteacher).

## 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 Hillingdon community nurses and Hillingdon Social Services. They are regularly reviewed and updated.
- Staff who administer medication must have the necessary training before they do so.
- If a pupil does not like taking medicine willingly: an assessment must take place with the Headteacher 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.

The name, dose and time for each medication are listed individually on 'Consent for medication in School' form.

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

### 1. 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 locked bag. Parents can purchase a suitable bag via the school office.
- 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 or 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. The office will then pass the medication to the health care team.
- Class staff should check bags on arrival in case medication was not handed in on entry to school.
- At the end of the school day the health care team will return the medication and associated documents to the school office. These will then be handed directly to the escort for safe passage and delivery to the parent.
- The school office will keep logs of all medication coming in and out of school and will pass these logs to the school nurse. Expiry dates must also be checked for medication coming in and out of school.
- On arrival at home, the escort should hand the medication to the parent / carer.

### 2. Procedures for receiving and storing medication

Each class will have at least two named members of staff trained for the administration of medication.

All medicine, with the exception of inhalers must be kept in the medical room in a locked cupboard or fridge. The keys must be kept in a named place at all times.

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 28 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 - parents should be sent \ collect medicines held at school at the end of each term.

Emergency medication will be stored in a locked room. The health care worker will check expiry dates of emergency medication, and give parents / carers 28 days written notice of when replacement is due.

### **3. 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 permission form stating: Names of medication, dose, times to be given, route, signature and printed name of parent, and date.

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.**

### **4. Medication Record Forms**

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

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 (see 3.3) a medication record form must be used and countersigned by the medical team or member of the Senior Management Team.

Staff must not use 'Tipex' 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 filled and stored in the medical room.

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

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

## **5. 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.

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 IMMEDIATELY, 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 school incident form 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.

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

## **6. 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 in the school incident record book.
- 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, or by telephoning the pharmacist, or by telephoning NHS Direct on 0845 4647 or 111

## **7. School Outings**

Medication needed for an outing must be taken in its original container and stored in an identifiable bag (not plastic.) The above procedures should be followed.

## **8. Non Prescription Medicines**

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 Headteacher. 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 manufacturers 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.

## **9. Calpol (Liquid 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 Calpol' form stored in the Calpol 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, Vicks Cold Card, 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 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 non-prescribed medication 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.

#### **10. Use of food supplements**

Some children are prescribed food supplements for example Maxijul \ Seravit from the dietician or food thickeners such as Think 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.

#### **11. 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.

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, and the Headteacher.

## **12. 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 room.
- Buccal Midazolam should be signed out of the room, when taking it out and signed back in when returning it. The record sheet will be in the medical room, adjacent to the medical cabinet.
- 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 Headteacher 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.

## **13. 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.

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.

# Appendices

## 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 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. The Health Care Worker is responsible for compiling the record chart (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 flushing.

- 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 flushing.
- 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.
- 2.9 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.

## **2. Dealing with problems**

There is an information booklet for each of the types of Gastrostomy, Jujunostomy 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:-

<b>Problem</b>	<b>Action</b>
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 is a temporary tube for every child 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.

### **3. 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 or Children's Community Nurses.

Hillingdon currently uses Abbott feeding pumps and staff training can be arranged from Abbott.

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.

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.

## Epilepsy Policy

In order to support pupils with Epilepsy, some members of support staff are trained to administer emergency medication. (Rectal Diazepam or Buccal Midazolam)

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 packs must be available for use for pupils with Epilepsy at all times.

### **1. 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. 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 pack and refer to the pupils' individual care plan.
- 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 it should be recorded in the Emergency Medication record file (in Medication cupboard in Medical Room) and should be attached to the care plan.
- The member of staff and witness should sign the record sheet and also advise the Community Children's Nurse.
- It should also be recorded on the box of Buccal Midazolam, so as to ensure there is always an adequate supply of Emergency Medication
- 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.

If a child's seizures are increasing in frequency, duration, the school nurse will advise parents to discuss these changes with the Lead Consultant.

## **2. Additional Information**

Only a trained member of staff plus a witness (the witness does not have to be trained) can administer Rectal Diazepam, Buccal Midazolam or other 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.

If a child's emergency pack is required to be taken off site, the member of staff responsible for medication should fill out and sign the record sheet. (The record sheet is kept in the Medical Room) to indicate they have the pack, once returned to the Medical Room the pack should be signed back in.

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.

## Asthma Policy

Moorcroft 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.

### **3. 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 Nurse (who has had asthma training) or a member of the respiratory team.

### **1. Asthma Medication**

Asthma medication must be easily accessible at all times and students with Asthma should have their inhalers with them.

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 Kits will be held around the school in set locations of the medical room, hydro pool and the office. These are for use for emergencies only.

Persistent use of the Emergency Inhaler Kit may incur a charge to the parent for replacement medication and equipment.

### **4. 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 of children who have asthma 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 have a will record any Reliever inhaler usage and will notify school medical team and parents.



## **5. 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 students for whom pollen or pollution is a trigger staff should consult the Nurse or the Health Care worker on whether the child should remain indoors.

## **6. Emergency Inhaler Kits.**

Kits are located around the school to be used in the event of an emergency.

The emergency kits will be kept in: Medical room, hydro pool and the reception.

Rooms containing the kits will be identified and signs identifying the nearest room will be posted around the school.

The kits will be sealed, with a numbered seal issued by the medical team and will contain:

- 1 In date Salbutamol inhaler
- 2 Plastic Spacers
- 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 Kits 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; when they are due to leave the school premises, the emergency Inhaler kit can be taken from the following location only – Office –; 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.

## **7. Managing an Emergency –Asthma Attack.**

Signs of an asthma attack can be wheezing, coughing or shortness of breath.

Give 2 puffs of a blue inhaler via spacer. (if symptoms improve inform parents and advise that the child should be seen by their GP).

If this has no or minimal effect give up to 10 puffs. (If symptoms improve parents and advise that an urgent appointment with the GP or Asthma Nurse is needed).

Ensure Student is sat upright and reassure student.

If this has no or minimal effect then dial 999 and continue to give 10 puffs every 15 minutes until medical help arrives or symptoms improve.

## **8. 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.

## **Procedures for the Management of Allergies**

### **1. Allergy/Anaphylaxis (Epipen) Policy**

In order to support pupils with Allergies some members of support staff are trained to administer emergency medication (Epipen, 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 Epi-pen for severe reaction and prescribed inhaler.
- If in any doubt an Ambulance should be called. If the Epi-pen 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.
- Each pupil with risk of severe allergic reaction has an Epi-pen, anti-histamine, inhaler and treatment plan with them at all times. There is a spare Epi-pen for each pupil in the Medical Room.

## **2. 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 (Epi-pens) is kept by the HSW 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.

## 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.

## 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 **gloves 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:** June 2019

**Signed on behalf of the Board of Trustees :** \_\_\_\_\_

Trustees