



St. Mary's College
Preparatory School

Medicine Policy

Date Written: August 2016
Reviewed: February 2023

St Mary's College Preparatory School – The Prep

Medicine Policy

(This policy includes EYFS Reception, KS1 and KS2)

This policy has been written in consultation with staff and governors of The Prep and with due regard to the school's mission statement:

Our Mission is to provide an independent Catholic education for boys and girls of all faiths aged 0-18; to provide individual challenge towards holistic and balanced development, service and achievement for life and beyond; and to try to show our Faith by the way we live, showing care and consideration for each other, those around us and the environment.

We aim to promote the good health of the children attending The Preparatory School. It is important that policies and procedures are in place to allow us to take appropriate action if children are ill whilst in our care.

Guidance has been taken from:

Supporting Pupils at School with Medical Conditions - December 2015 from the DfES, available online and a copy is available in the school office.

Consideration has also been given to the *Statutory Framework for the Early Years Foundation Stage, Setting the standards for learning, development and care for children from birth to five. (Published March 2017- Effective April 2017)*.

ADMINISTRATION OF MEDICATION

- Staff will only administer prescribed medication and over the counter medicines such as Calpol, providing parental permission has been given. It is the parent's responsibility to ensure that all medication has prescription labels on the container.
- Any prescribed medication without a prescription label will not be administered.
- If in any doubt whatsoever staff will consult and abide by the guidance in *Supporting Pupils at School with Medical Conditions (2015)* and in the *Statutory Framework for the Early Years Foundation Stage, Setting the standards for learning, development and care for children from birth to five (2017)*.
- Parents sign the Administration of Medication form.
- Mrs Howat or Miss Shiels will check the following details on any form of medication;
 - i) Child's name is correct.
 - ii) Prescribed dose.
 - iii) Expiry date.

iv) Instructions on label or container.

- Medicine is stored in a locked/secure safe, or in the case of antibiotics, within a fridge. These are in areas where the children cannot gain access.
- Medication can only be administered by Mrs Howat, Miss Shiels or Mr Webster.
- Staff are made aware of the child's medication, dosage and time to be given so the children can be sent to receive their medication with another member of staff in the case of younger children. Children may also be collected from their classroom in order to be given their medication.
- The person who administers the medication will note the medication, dosage and time given in the Record of Medicines Administered log book.
- The administration of any medication will be witnessed by another member of staff at all times.
- Medication will be returned to the parents at the end of the day.
- Children can attend the setting whilst on antibiotics; although we do advise that they ought to remain at home for the initial forty-eight hours of treatment.
- Children who are on long term medication will have a health plan on file which will be signed by parents and any other agencies involved. The named people above will administer any long term medication for all children providing the Administration of Medication form has been completed by the parent/s.

COMMON MEDICAL CONDITIONS

- The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, seizures/ epilepsy and severe allergic reaction (anaphylaxis). It is important that the needs of children are assessed on an individual basis.
- On admission of a child with any of these conditions parents will be required to complete an administration of medication form, provide any relevant health plans and the emergency procedures to follow in the event of an occurrence of any of these conditions.
- These admission procedures are also relevant to those children who have dietary needs which require medication and extra vigilance at snack and meal times.
- Health Alerts are posted in all classrooms which any of these pupils access. Additionally medical and dietary information /alerts are posted in communal areas of the school for

example dining room, hall and library. Mrs Howat keeps a record of all pupils with such conditions.

- All staff are informed of any medical or dietary needs.

ASTHMA

(Consideration should be given to DoH Guidance on the use of emergency salbutamol inhalers in school March 2015)

- Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time. However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicine they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens.
- Children with significant asthma should have an individual health care plan and parents should be consulted regularly regarding dosage and frequency.
- There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.
- Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.
- Staff should make sure that inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.
- The signs of an asthma attack include:
 - coughing
 - being short of breath
 - wheezy breathing

- feeling of tight chest
- being unusually quiet

When a child has an attack they should be treated according to their individual health care plan as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

ANAPHYLAXIS

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention.
- It usually occurs within seconds or minutes of exposure to certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years.
- More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.
- The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh.
- An ambulance should always be called.

SEIZURES IN CHILDREN

- In young children, seizures- sometimes called fits or convulsions-are most often the result of a raised body temperature associated with a throat or ear infection or a different form of infection for example tonsillitis or glandular fever. This type of seizure, also known as a febrile convulsion or seizure often occurs because the electrical systems in the brain are not mature enough to deal with the body's high temperature. With regard to older children seizures may also occur but Absence Seizures are a more common form and may well

precede a full seizure. The symptoms of these are; a sudden switching off, staring blankly, slight or localised twitching, odd automatic movements such as lip smacking, chewing or making noises.

- Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.
- Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.
- Children with epilepsy will be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan.
- Absence Seizures are a mild form of epilepsy.
- When dealing with any seizure or epileptic episode the aim is to protect the casualty until he/ she is fully recovered.
- Medical advice should be sought immediately and no medication given to a child after a seizure. Emergency procedures should be followed and parents notified immediately.
- If a child does experience a seizure in our school details will be recorded and communicated to parents including: any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset) any unusual “feelings” reported by the child prior to the seizure parts of the body demonstrating seizure activity e.g. limbs or facial muscles, the timing of the seizure – when it happened and how long it lasted whether the child lost consciousness, whether the child was incontinent.
- First Aid procedures should then follow once the seizures have stopped, keeping the airway clear by placing the child in the recovery position appropriate to their age and then the monitoring and recording of vital signs until the ambulance/paramedic arrives.
- An ambulance should be called during a convulsive seizure if:
 - it is the child's first seizure
 - the child has injured themselves badly
 - they have problems breathing after a seizure
 - a seizure lasts longer than the period set out in the child's health care plan
 - a seizure lasts for five minutes if you do not know how long they usually last for that child
 - there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

DIABETES

- This is a long term (chronic) condition in which the body fails to produce sufficient insulin. Insulin is produced by the pancreas (a gland which lies behind the stomach) which regulates the blood sugar or glucose level in the body.
- This condition can result in higher than normal blood sugar- hyperglycaemia or lower than normal blood sugar – hypoglycaemia
- There are two types:

Type 1 insulin- dependent diabetes

Type 2 non-insulin-dependent diabetes (usually associated with adults)

Type 1 is referred to as juvenile diabetes or early onset diabetes because it usually develops in childhood or teenage years.

Insulin can be administered for Type 1 using a syringe or an injection pen.

In both cases the administration of medication would require training and Emergency Procedures should be followed.

If a child attends The Prep and is diagnosed with diabetes then there would be a health plan for the child and also training would be arranged via the health support the child receives for example at Alder Hey Hospital or via the GP.

STAFF TAKING MEDICINES

All staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or too unwell to meet children's needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice. The Headmaster will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment. Where staff may occasionally or regularly need medication, any such medication must be kept in the person's locker/separate locked container in the staff room where staff may need easy access to the medication such as an asthma inhaler. In all cases it must be stored out of reach of the children. It must not be kept in the first aid box and should be labelled with the name of the member of staff. Staff who have changes in medication or need medication for a period of time should inform their line manager and also declare it on their staff suitability supervision check. Where necessary a risk assessment may be completed in order for that staff member to complete their duties safely and without risk to the children.

FURTHER NOTES

Mrs Pauline Howat is the named person for the administration of medication.

In her absence this role is taken by the Head Teacher, Mr Jonathan Webster or Miss Shiels.

There is also 9 staff present on The Prep site with Paediatric First Aid.