



ST ANDREW'S C OF E INFANT SCHOOL C of E INFANT SCHOOL



## Administering Medicines Policy

### MISSION STATEMENT

At St Andrew's C of E Infant School we are 'Learning, Caring together in Faith.'

### MEDICAL NEEDS

St Andrew's C of E Infant School is an inclusive school and will support the needs of children with **long-term conditions** and **special medical needs**. Staff are trained deal with those specific needs; trained staff follow procedures regarding the care and associated medication required by the child. If a child is in this category and has been prescribed regular medication please consult the Headteacher so that appropriate arrangements can be made.

### ADMINISTERING MEDICINES

The School staff is not legally, or contractually, required to give medicines to children but to note medical conditions and we do discourage medicines in school. Wherever possible please arrange for your child to receive their medicine outside school hours.

### Unprescribed medicine

No unprescribed medicine will be administered by the school staff.

### Prescribed medicines

We recognise that there may be times when a prescribed medicine has to be administered in school and the Headteacher should be notified, in writing, on the appropriate form.

For medication prescribed by a doctor or dentist, which only require a **3 times per day** administration, we would expect these doses to be given out of school time.

For medication prescribed by a doctor or dentist, which needs a **4 times per day** administration and therefore requires a dose to be administered in school, the parents will be able to visit the school during the day to administer medication in person. If the parent can demonstrate that they are unable to come into school, this must be clear when completing the relevant form.

If your child is self administering medication please ensure that the school has a letter indicating the child's needs with details of time and frequency of administration so that reminders may be given. We will, wherever possible, observe the child administering their own dose of the prescribed medicine rather than us administering to them. This obviously depends on the age of the child and nature of the medicine.

Children with asthma may keep their medicines in school following the completion of the appropriate form from the school office.

The parent must supply the medication in a suitable container clearly labelled with:

- the child's name
- the name of the medicine
- the method, dosage and timing of administration
- the date of issue and the expiry date of the course of treatment

1. Whenever possible parents should ask their GP to prescribe medication in dose frequencies which enable it to be taken outside school hours.
2. Details of possible side effects should also be given.
3. The medicines should be packed and labelled professionally.
4. Where possible not more than one week's supply should be sent at one time.

5. It is important that an up-to-date record of the parent's home and work telephone numbers be kept so that they can be contacted at any time.
6. Medicines are kept in a safe and secure place, separate from the first aid box.
7. A record is kept of when a **prescribed** medicine is administered in school.
8. Bronchodilators and medications needed in an emergency will be readily accessible.
9. A designated member of staff (Mrs Cliff and in her absence, Mrs Bullen=) will be made responsible for administering medication.
10. Medicines no longer required will be handed back to the parent.
11. We expect parents to collect medicines after a reasonable period of time; if not they will be given to a pharmacist for disposal.

### **Salbutamol Inhaler for Asthma**

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed an inhaler;
- who have been prescribed an inhaler as reliever medication;
- for whom written parental consent for use of the emergency inhaler has been given.

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

All inhalers and spacers are kept in a safe and suitably located in the classrooms, such as the school office, or staffroom, which is known to all staff and can be accessed at all times.

The inhaler is stored at the appropriate temperature (in line with manufacturer's guidelines).

The inhaler and spacers are kept separate from any child's inhaler and is clearly labelled to avoid confusion with a child's inhaler. A record of inhalers including identifying details:

- Child's name and expiry date, and a note of the arrangements for replacing the inhaler and spacers.
- Inhalers are checked each half term.
- Asthma card for each child.
- Care Plans for children who are unstable and have needed hospital treatment.

### **Staffing-**

#### **All staff receive Asthma training annually and are:**

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

The school follows the guidelines which can be found on Asthma UK. The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

#### **Common 'day to day' symptoms of asthma are:**

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of a salbutamol inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention. If a child regularly displays these symptoms during

exercise, a salbutamol inhaler should be used before the period of exercise, to prevent the occurrence of these symptoms and to encourage participation.

### **Early signs of an asthma attack include:**

- Persistent cough (when at rest)
- Audible wheeze (when at rest)

If a child is displaying the above early signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

### **Responding to early signs of an asthma attack**

- The child should be encouraged to sit up and slightly forward.
- The child's own inhaler should be used if it is available. If it is not (and the child is on the asthma register and has written parental consent for use of the emergency inhaler) the emergency inhaler and spacer should be used. • If possible, the member of staff should wash and dry their hands, but not if this would delay treatment (for example, if washing facilities are not close by).
- The inhaler and spacer should be brought to the child, rather than taking the child to them.
- The inhaler should be shaken, and fitted to the spacer and the spacer should be placed in the child's mouth.
- The child should take two separate puffs from the inhaler via the spacer immediately.
- If there is no immediate improvement the child should take one puff of the inhaler every minute for five minutes, or until their symptoms improve. The inhaler should be removed from the spacer between puffs and shaken.
- The member of staff should stay calm and reassure the child. They should stay with the child until they feel better. The child can return to school activities when they feel better.

### **Late signs of an asthma attack include:**

- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Being unusually quiet
- Being unable to complete sentences
- Going blue

If a child is displaying the above early signs of an asthma attack, the guidance below on responding to an asthma attack should be followed while urgent medical attention is sought, e.g. an ambulance is called.

### **Responding to late signs of an asthma attack:**

- The child should be encouraged to sit up and slightly forward.
- The child's own inhaler should be used if it is available. If it is not (and the child is on the asthma register and has written parental consent for use of the emergency inhaler) the emergency inhaler and spacer should be used.
- If possible, the member of staff should wash and dry their hands, but not if this would delay treatment (for example, if washing facilities are not close by).
- The inhaler and spacer should be brought to the child, rather than taking the child to them.
- The inhaler should be shaken, and fitted to the spacer and the spacer should be placed in the child's mouth.
- The child should take two separate puffs from the inhaler via the spacer immediately.
- If there is no immediate improvement the child should take one puff of the inhaler every minute for five minutes, or until their symptoms improve. The inhaler should be removed from the spacer between puffs and shaken.
- The member of staff should stay calm and reassure the child. They should stay with the child until they feel better. The child can return to school activities when they feel better.

## **What to do in an emergency :**

An ambulance should be called if there is any doubt about a child's condition when they are displaying late signs of an asthma attack, and in the following circumstances.

- the child's own inhaler cannot be located and the parent has not given consent to using the school's inhaler or
- the child's symptoms do not improve after 10 puffs of the inhaler or
- the child is either distressed or unable to talk or
- the child is getting exhausted or
- the child's lips are blue

The child should continue to take one puff of the inhaler every minute until the ambulance arrives.

- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Record the use of the inhaler and informing parents/carers.

## **Quick Reference Guide:**

### **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

Guidance on the use of emergency salbutamol inhalers in schools

### **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 separate 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.