

# Bill Quay Primary School



# Administration of Medication Policy

This policy outlines the procedures for managing medicines at Bill Quay Primary School.

Medicines will only be administered under the following circumstances:

- The medicine has been prescribed by a medical practitioner.
- The medicine is in date.
- The medicine needs to be administered in excess of 3 times a day.

We will not administer:

- General medication (e.g. Paracetamol) that has not been prescribed.

All medicine should be handed in to the school office and an 'Administration of Medicine Form' must be completed by the parent/carer. It will be the parent/carer's responsibility to ensure the medication is collected from the school office at the end of the school day.

The medicine will be kept either in a locked cupboard or the medicine fridge. It will be administered by one of the designated first aiders. The first aider will complete a record sheet (Appendix 1) detailing the date, time and dosage of the medication.

Under no circumstances should a parent/carer send a child to school with any medicines, e.g. throat sweets, without informing the school.

### **Children with long term medical needs**

Where a child has long term medical needs, a healthcare plan will be written in consultation with any medical professionals involved with the child. This plan will contain the following information:

- The pupil's medical condition
- Triggers
- Symptoms
- Medication needs
- Level of support needed in an emergency

The plan will be reviewed at least annually. It is the parent/carer's responsibility to inform the school of any changes to the child's medical needs that may require the details of the plan to be altered. We will ensure that the care plan is adhered to, engage in any training from medical practitioners and update it at least annually. Training will be specific to the individual child concerned. Where necessary, we will seek advice and training from our school nurse.

## **Administration**

As a general guideline, before administering medication to a child, the staff member should:

- Wash their hands.
- Ensure that a drink is available if appropriate (some tablets can irritate and damage the throat and oesophagus if administered without a drink).
- Check the label on the medication: name of child, dose, route of administration (e.g. by mouth, into ear/eye, rubbed on the skin), any special instructions and expiry date.
- When a child is given medicine he/she will first be asked his/her name and this name checked against the name on the medicine – even if the member of staff knows the child well. The appropriate form, signed by the parent, must be checked for the time the medicine is required and the dosage.
- If there is any doubt about the procedure staff should not administer, but seek advice from parents or health professionals.
- The record book must be checked to ensure that another member of staff has not already administered the dose.
- If the administration of prescription medicines requires technical or medical knowledge, then individual training will be provided to staff from a qualified health professional.

## **Pupils with asthma**

Inhalers will be kept in each child's classroom. They will be available for the child to use at any time. Should the class use the school field, then the inhaler will be taken with the member of staff in charge in a medicine bag. Inhalers will also be carried with the teacher when out on any school trips.

The designated first aiders will check dates on inhalers at the end of each term and inform parents/carers should a new inhaler be required. A record will be kept of when this check has been completed (Appendix 2). Out of date inhalers will be returned home. Each child will have a school asthma card completed by the parent/carer (Appendix 3)

An emergency asthma kit will be kept in the school office. This will contain:

- Salbutamol inhaler
- Spacer
- Monthly record check
- Administration record

## **Pupils using Adrenaline Auto-Injectors**

All pupils with adrenaline auto-injectors will have a care plan. Parents/carers will be advised that each pupil should have 2 adrenaline auto-injectors in school at all times. Spare injectors will be kept in the school office where they are easily accessible to staff. These will only be administered to pupils at risk of anaphylaxis if their own auto-injector has failed and where both medical and parental consent has been obtained. The emergency adrenaline auto-injector kit will contain the following:

- 2 adrenaline auto-injector
- Instructions on use and storage
- Monthly record check
- A list of pupils for whom the injector can be administered.
- An administration record.

In the event of an emergency situation, where a pupil appears to be having an allergic reaction (see signs and symptoms Appendix 4), but who does not have a prescribed auto-injector, the emergency services will be called and advice sought about whether the spare auto-injector can be administered. The school nurse will deliver training on an annual basis to all staff on the administration of the different types of adrenaline auto-injectors, as well as the signs and symptoms of an allergic reaction.

Any child who has been administered an adrenaline auto-injector will be transported to hospital.

Staff will follow the same procedures as above for inhalers when taking pupils on school trips or onto the school field/garden. A spare injector will be taken on all school trips.

The designated first aiders will be responsible for:

- Checking dates and keeping a record on adrenaline auto-injectors on a monthly basis. (Appendix 5).
- Obtaining a replacement injector when expiry dates approach.

## **School Residential Visits**

If a child requires any prescription medication during a trip / residential the parents' consent must be gained separately in writing (even if the school already has consent for in school giving of the medicine), the parents / guardian and trip organiser should have a meeting before the trip and agree in writing:

- The child's name, the name of the medication, the required dose and agreed time of administration. It should also be clear whether the medication is on-going or to be taken up until a particular date.

- Any possible side effects should be listed and/or the information leaflet that is normally supplied by the manufacturer made available.

Parents should bring the medicine into school on the day of the trip departing and hand it to the trip leader, who should then record that it has been received.

It is absolutely essential that medication is in its original labelled container. The person receiving the medicine will check that the label indicates the name of the child, that the dose parents have stipulated coincides with that detailed on the label and that the medicine is 'in date'. Where the medicine is in tablet or capsule form, they should check the number provided.

The trip leader is responsible for checking with the parents that the correct quantity of medication has been provided.

### **Emergency Procedures**

An ambulance will be called in all emergency situations. A child should not be taken to hospital in a staff car except in very exceptional circumstances.

In the parent's absence, a member of staff will accompany the child to hospital and stay with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

**Appendix 1**

**Medication Record**

Date	Name of Child	Medication and Dosage	Administered by



## Appendix 3

### School Asthma Card



## My Asthma Plan

### 1 My usual asthma medicines

- My preventer inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_  
I take \_\_\_\_\_ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_



If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.

### 2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than \_\_\_\_\_, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take \_\_\_\_\_ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



**URGENT!** If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take **emergency action now (see section 3)**



Other things to do if my asthma is getting worse

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than \_\_\_\_\_

If I have an asthma attack, I will:

-  **Call for help**
-  **Sit up** – don't lie down. Try to be calm.
-  Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.
-  **If I don't have my blue inhaler, or it's not helping,** I need to call **999** straightaway.
-  While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.



## Appendix 4

### Signs and Symptoms

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

#### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

#### ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS  
(life-threatening allergic reaction):**

#### AIRWAY:

Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue

#### BREATHING:

Difficult or noisy breathing  
Wheeze or persistent cough

#### CONSCIOUSNESS:

Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

#### **IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector\* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

#### **After giving Adrenaline:**

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

