



OLCHFA

ADMINISTRATION OF MEDICATION POLICY

September 2021

Overview

- Parents should inform the Pupil Welfare Officer if a pupil needs to take medication in school (prior to the pupil attending school).
- The attached form (Appendix 1) will need to be completed by a parent/carer. The form should be filed and kept with the Pupil Welfare Officer.
- Paracetamol (500mg) capsules are available on the school site if needed during the school day. Paracetamol should be administered by the Pupil Welfare Officer or cover first aider only.
- Parents/carers MUST sign the consent form in the pupil planner stating they are giving paracetamol consent. Alternatively, consent will be on SIMS.
- Medication is not given out until approximately 10.30am unless specifically requested by a parent/carer and the Pupil Welfare Officer has received the permissions.
- Once medication (such as paracetamol) has been administered, it will be recorded in the pupil's planner.
- If it is specific medication e.g. ADHD medication, it will be recorded in a book that can be found on the Pupil Welfare Officer's desk.
- ALL medication should be kept in a locked medicine cabinet in a locked cupboard in the Pupil Welfare Officer's room. A record of medication is kept in the cabinet.
- Pupils will be given a time to attend the Pupil Welfare officer's room to take medications e.g. antibiotics, and a note is put in the pupil's planner to inform teachers.
- It is the pupil's responsibility to attend the Pupil Welfare Officer for medication.
- The Pupil Welfare Officer will ask each pupil if they have eaten that day and if they have taken any other medication that day.
- The Pupil Welfare Officer will query what the medication is for
- The medicine cabinet to be checked regularly for out of date medication which can either be returned to the family or disposed of safely by the Pupil Welfare Officer.
- If medication is out of date, the Pupil Welfare Officer will contact parent/carers in the first instance.

EPILEPSY – PROCEDURES

What is Epilepsy?

An epileptic seizure is caused by a sudden burst of excessive, electrical activity in the brain causing a temporary disruption to signals passing between brain cells. There are many different forms of Epilepsy. The two main groups are:

A Partial Seizure

A partial seizure is a brief loss of responsiveness for a few seconds/minutes.

Recognitions – staring blankly, mood swings, feelings of déjà vu, twitching (face and body), tingling sensations

Treatment – ensure the casualty's safety (make sure people or objects are kept away). Stay with the casualty and time the episode

Generalised Seizures

Recognition – Convulsions, rigid muscles, arching back, blue or purple colour skin, crying out, rolling of eyes, clenched teeth, loss of bladder and/or bowel control, lack of consciousness.

Treatment – Ensure the casualty is safe. Remove any glasses, loosen any clothing around the neck, record time and duration of seizure and reassure the casualty at all times.

Protocols

1. Ensure a Health Care Plan is completed by parents/carers and the PWO
2. Ensure all staff are made aware that the pupil suffers with epilepsy and the procedures if a seizure occurs
3. All pupils with epilepsy have open access to the medical room
4. If the pupil is on medication, a small amount is to be kept in the locked school medical cabinet in case the pupil requires medication
5. If there are any changes to the pupil's medication or medical history, teachers are to be made aware

DIABETES – PROCEDURES

Diabetes

Diabetes is a medical condition caused by the failure of the body to regulate the blood sugar levels. Blood sugar levels are regulated by insulin produced in the pancreas.

Low levels of insulin and high sugar intake increase the blood sugar that leads to hyperglycaemia (high blood sugar). This can develop over a number of days. This can be controlled by diet, insulin injections/pump.

Too much insulin or too little sugar can cause low bloods (hypoglycaemia).

Symptoms

Hyper

- Thirsty
- Increase in need to use the toilet
- Dry mouth
- Tiredness/lethargic

Hypo

- Blurred vision
- Hunger
- Tiredness/lethargy
- Lack of concentration
- Increased heart rate
- Headaches
- Change in personality
- Faint
- Tingling sensations

Treatment – Hyper

Sit the casualty down. Encourage them to use their medication. Monitor the condition. Ask pupils to check ketone levels in blood if bloods are very high.

Treatment – Hypo

Sit casualty down, calm and reassure. Give sugary drink or food e.g. Jelly Babies. Monitor condition.

Check bloods every 15 minutes until they start to rise.

1. Pupils have open access to medical room
2. All pupils provide a snack/insulin treatment (if bloods are low) in a box complete with name. All boxes are kept in the locked cupboard.



3. Health Care Plan completed by individual's diabetic nurse with PWO and parents for school
4. Pupils encouraged to attend medical room every lunchtime to check bloods to monitor.
5. Staff to be made aware pupil has Type 1 Diabetes
6. Snack box locked away in cupboard and emptied on a regular basis.
7. Pupils will need to attend regular hospital appointments.
8. Pupils will need extra time for tests, assessments etc. The PWO will liaise with parents/carers, the hospital specialist team, Learning Leaders and the ALN coordinator regarding this.

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ASTHMA - PROTOCOL

Managing Asthma in School

Asthma Management: A Priority

- On average of out of every 10 school-age children have asthma
- Asthma is a leading cause of school absenteeism
- Asthma can be controlled through medical treatment and management of environmental triggers.
- Asthma is a serious, sometimes life-threatening respiratory disease that affects a large percentage of our school. Although there is no cure for asthma, it can be controlled through medical treatment and management of environmental triggers.

Asthma Attack

In the event of a student suffering from asthma like symptoms:

- Listen to the student who knows their own needs as they have had to deal with these attacks before
- Ensure that the student uses their asthma pump, an emergency pump is kept in the medical room
- If the student is able to walk, ask them to go to the PWO's office. N.B. They must be accompanied by a friend
- If the student is in extreme distress, contact the PWO in the first instance who will request an ambulance
- If the student is left to wait with you it is important to keep the student calm and extend the lungs to allow maximum air flow. (e.g. by having the student sit on a chair the wrong way around with their arms lifted up and resting on the back of the chair, leaning forward).

The PWO will contact parents/carers in the first instance if an Asthma pump is out of date. A message will also be sent to pupils when their Asthma pumps are out of date. **However, it is the parent/carers responsibility according to the hospital to take responsibility for this.**

Controlling common asthma triggers found in school

Many factors found in the indoor and outdoor environment can cause, trigger, or exacerbate asthma symptoms. Some common environmental asthma triggers found in school are listed below:

1. **Pests** – Cockroach body parts, secretions, and droppings, as well as the urine, droppings, and saliva of other pests (such as rodents) are often found in areas where food and water are present. Therefore, store food in tightly sealed containers and place bins away from the building. Follow Integrated Pest Management Procedures.

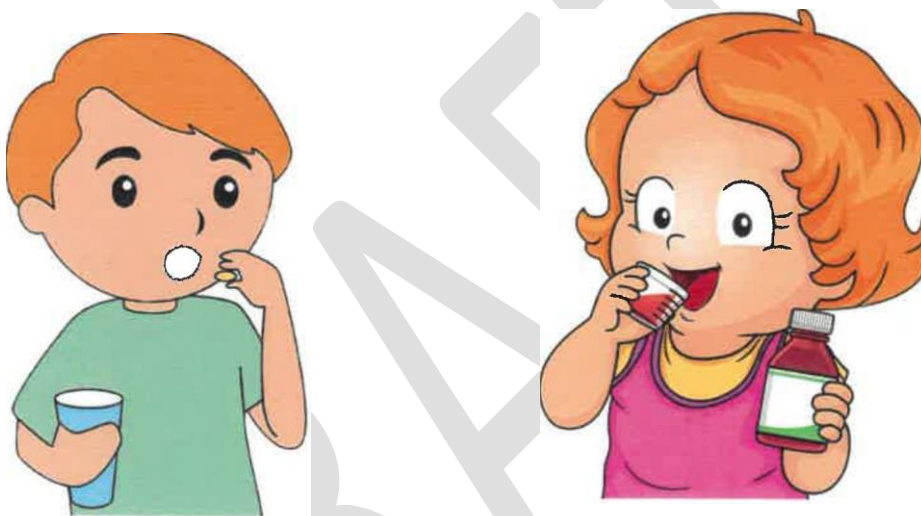
2. **Mould** can grow indoors when mould spores land on wet or damp surfaces. In schools, mould is most commonly found in toilets, kitchens, around room seams and plumbing, and in demountable classrooms. Mould can grow anywhere that moisture is present. Therefore, clean up mould and moisture. Fix leaks and moisture problems and thoroughly dry wet areas within 24-48 hours to prevent mould growth. Clean hard, mouldy surfaces with water and detergent, and then dry thoroughly.
3. **Dust mites** – Dust mites are too small to be seen but can be found in almost every home, school and building. Dust mites can be found in school carpeting, upholstered furniture and pillows. Reduce dust mite exposure. Make sure schools are dusted and vacuumed thoroughly and regularly, and keep classrooms free of clutter.
4. **Pets** - dander from home
5. **Weather** – hot and cold, pollen in summer months
6. **Chalk dust**
7. **Exercise** – especially in cold weather
8. **Chemicals** – teacher to be aware of chemicals in Chemistry lessons.
9. **Stress** – exams, bullying, anything at home
10. **Viral illness.**

APPENDICES

APPENDIX 1



Parental Consent Form (Administration of Medication)



Parent/Carer to complete this form to give permission to administer medication to a pupil during school hours.

Pupil's Name: _____ Form: _____

Medication: _____

Stored in fridge: Yes/No

(please circle)

Dosage: _____ Time: _____

Parent/Carer signature of consent: _____

PLEASE NOTE:

Parents/Carers are to inform PWO when medication is no longer required to be taken during school hours.