

SPALDING HIGH SCHOOL



FIRST AID AND ADMINISTRATION OF DRUGS/MEDICINE IN SCHOOL POLICY

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| SCHOOL MEDICAL OFFICER: | Mrs J PRYKE |
| LINK GOVERNOR: (SAFEGUARDING) (HEALTH & SAFETY) | Mr. E FRAGALE Mr. J SMITH |
| DATE AGREED: | June 2019 |
| REVIEW FREQUENCY: | Biennial |

Executive Summary:

This policy sets out the statutory regulations and government/Local Authority advice regarding the first aid and the administration of drugs/medicines in schools. As a maintained community school, Spalding High School follows the Lincolnshire County Council agreed practices and regulations for drugs and medicines in schools.

This policy has been written in accordance with Lincolnshire County Council School Administration Handbook Section A20 (April 2015); Medical Matters Relating to Pupils and full credit is given to this source. It has also been written in accordance with Health and Safety (First Aid) Regulations (1981); DFE Managing Medicines in Schools (2005); Equality Act (2010); DFE First Aid In Schools (2014); Human Medicines (Amendment) (No 2) Regulations (2014); DFE Supporting Students at School with Medical Conditions (2015) and Public Health England Health Protection in Schools and Other Childcare Facilities (2018).

Related Policies:

Attendance Policy
Health and Safety Policy
Drugs Education and Incident Management Policy
Supporting Students at School with Medical Conditions

Chair of Governors

Date

Headmistress

Date

SECTION 1: Introduction

- 1.1 Spalding High School believes that every lesson matters and actively promotes and rewards good attendance at school. However, we also recognise that on occasion students are too ill to attend or may put others at risk if they do so. If students are too unwell to attend then we ask parents/carers to follow our Attendance Policy and notify the School on the first day of absence. This policy explains our position on both our general first aid procedures and prescribed and non-prescribed medicine/drugs.
- 1.2 Due to our duty of care to all students, including those above the age of 16, this policy applies to all students and their parents/carers from Year 7 to Year 13.
- 1.3 Illegal substances are dealt with within the School's Drugs Related Incidents in School Policy.
- 1.4 The School strongly encourages communication with parents/carers and relies upon an open dialogue about a student's health needs and medical conditions. Parents/carers must inform the School of their daughter/son's illness/ injury or longer term medical condition that may be a cause for concern
- 1.5 If medical issues are identified as significant or long term then an individual Medical Needs Support Plan will be created in collaboration between home, student, school and the relevant health care agencies. Such significant medical issues are addressed within the School's Supporting Students at School with Medical Conditions Policy. Should parents/carers refuse to share information with the School we may take advice from the Local Authority Legal Department.
- 1.6 Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students at the school in the same way that parents might be expected to act towards their children.

SECTION 2: General first aid policy

- 2.1 It is essential to have adequate first aid provision and medical care for all pupils and school staff at all times whilst people are on the premises and also off the premises whilst on school visits. Spalding High School have a fully trained School Medical Officer and an appropriate number of trained first aiders to deal with accidents and emergencies, or to help if someone is taken ill during the school day.
- 2.2 We aim to:
 - Provide adequate first aid provision and medical care for pupils and school staff.
 - Have qualified first aid staff in place, including on school trips and fixtures.
 - Have in place adequate first aid equipment.
 - Have in place effective lines of communication with the emergency services and other external agencies.
 - Provide appropriate training for all nominated staff in first aid, administration of medicines and awareness of medical problems in pupils.
 - Ensure that staff are suitably trained in identifying students where a medical condition may be developing or symptoms worsening.
 - Train staff to ensure that they report any concerns they have on the medical welfare of any pupil.
 - Ensure that a record of trained staff is kept centrally and at posted at strategic positions around the School.
- 2.3 We have facilities for administering first aid in our School medical room, located near to reception. Students must inform staff when they feel unwell and report to reception for assistance. Students should

be accompanied to reception by another student or member of staff should they become ill during the school day. Where a student is unable to be moved, a member of staff or student will contact the nearest first aider or contact reception and ask for assistance.

- 2.4 We have staff who are qualified First Aiders who are available to administer first aid, to deal with any accidents or emergencies, or to help if someone is taken ill or injured during a school day.
- 2.5 First aid kits are kept at strategic positions around the School. The contents are checked and replaced after use/on a regular basis by the School Medical Officer. First aid bags are taken when groups of students go out of school on organised trips or to participate in sporting events. In addition, up to date medical lists are also taken (medical information is regularly updated on our SIMS system).
- 2.6 All new students (and staff) are given information on where to go for help in the event of an accident as part of their induction into the School. There are first aid notices placed strategically around the School.
- 2.7 Records are kept of all visits to the School medical room and accidents and injuries. If a student/member of staff suffers a serious injury, or if he/she becomes unwell and is not able to return to lessons, or if we have any worries or concerns about their health a parent/carers or nominated emergency contact will be contacted.
- 2.8 Staff/students must report **all** accidents and injuries to the School medical officer.
- 2.9 Spalding High School acknowledges its duty to report certain category accidents/illnesses to the Health and Safety Executive as part of the RIDDOR process in addition to reporting certain infectious diseases to Public Health England.
- 2.10 Spalding High School follows the regulations set down in “Health Protection in Schools and Other Childcare Facilities “December 2018 with regards to managing infectious diseases.
- 2.11 Head injuries can easily be underrated. Any significant knock to the head should be referred immediately for further medical attention. Slight knocks to students who have had previous head injuries could be serious and these also should be referred immediately for further medical attention. Parents are to be contacted immediately where further medical attention is necessary and informed via the standard letter of any non-significant head bumps which show no signs or only slight reddening.
- 2.12 Broken bones may sometimes not be obvious in children. Any injury which results in continued pain or changed mobility should be referred immediately for further medical attention.

SECTION 3: Prescribed medication

3.1 **No prescribed medicine should be brought into the School without our knowledge.** Many medications can be prescribed so that doses only need to be given when students are at home. Prescribed medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

3.2 Our preference is that if a **student** needs to take medication, that the doses are timed (if possible) to avoid school time. If this is not possible we require parents/carers to notify the School (on the first day and for urgent attention of the School Medical Officer) of the:

Name of the **student** for whom the medication has been prescribed.

- Medication name and type
- Prescribed dosage
- How the medication is to be taken
- When the medication is used
- Times the dosage must be taken
- What adverse effects may occur and what to do if adverse effects occur
- How the medication is to be stored
- Expiry date (all medicines must be within date)
- **Written consent** for the prescribed medicine to be taken by the student

3.3 Any member of staff may administer a controlled or prescribed drug to a student for whom it has been prescribed and with the written consent from the child's parent/carer. There is no legal duty that requires staff to administer medication. However, teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. Generally, the consequences of taking no action are likely to be more serious than those of trying to assist, particularly in an emergency.

3.4 Due to the age and competency of the students at our School, we would expect most, if not all to be able to self-administer (under supervision) their prescribed medicine.

3.5 Prescribed medicines must remain in their original container with pharmacists label and child's name and given to the School Medical Officer on arrival at school. Prescribed medicines will be stored safely. Children should know where they are stored and have access to them immediately as required. Some children may be competent to take responsibility for managing their own medicines and may carry them on them (e.g. an Epi-pen or inhaler). Such agreements and exceptions will be reflected in the student's individual Medical Needs Support Plan.

3.6 Students should report to the medical room at the required time in order to self-administer (under supervision) their medicine. The School will keep a written note of the medicine taken, dose and child's name.

3.7 If a student refuses to take their medication, they will not be forced to do so but parents/carers will be informed as soon as possible. Staff will record that the student has refused to take their medication. Staff with pastoral responsibility for the child, and if necessary the Headmistress, will speak to the student.

3.8 Children with asthma and allergies requiring the administration of adrenaline via an epi-pen are encouraged to keep a spare in school. This will be labelled with the student's name and kept securely by

the School Medical Officer. It is the parental responsibility to ensure that the medication is in date and to replace it when it expires.

- 3.9 No student under the age of 16 will be given medication without their parent's written consent, except in exceptional circumstances where medicine has been prescribed to the child without the knowledge of the parents/carers (DFE Guidance).
- 3.10 The School is able to keep a non-specific asthma reliever and spacer. The emergency reliever will only be used by students for whom written parental consent for use has been obtained, who have both been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Parents/carers will be notified if the School Inhaler is administered. See Appendix A for further information about asthma in school.
- 3.11 The use, storage and administering of adrenaline pens is explained in Appendix B.
- 3.12 Ritalin (or similar) is a Class B drug and must always be kept under lock and key; it should not be kept in school, rather it should be brought to school on a daily basis. See Appendix C for further details.

SECTION 4: Over the counter / non-prescribed medication

- 4.1 On occasion students may be able to maintain their normal activities in school with the assistance of over the counter medicine such as paracetamol/ibuprofen. It is for the parent/carer to decide if their daughter/son is too ill to attend school in the first instance, although we will assess students and contact parents/carers if we feel that they are too unwell to continue their day.
- 4.2 The **only** over the counter medication we allow students to carry on their person are two doses of paracetamol/ibuprofen (ordinarily 4 tablets). This level of dosage is all that is required to cover the normal eight hour period that the student is in school. In many cases, the timing of the morning dose will mean that only one dose actually needs to be carried in school providing that a further dose be taken upon the student's return home in the evening.
- 4.3 All other medication brought into school should be treated by parents/carers and students as explained above in the "prescribed medication" section.
- 4.4 Items such as cough sweets are not counted as medication for the purposes of this policy, although parents/carers should ensure that their daughter/son understands that many such treatments also have recommended dosages/limits.
- 4.5 **Parents/carers:**
- Will ensure that, on a daily basis, students only have **limited and permissible** medicines upon their person (e.g. an inhaler, two doses of paracetamol/ibuprofen).
 - Will always inform the School in writing as explained above, if it becomes necessary to bring **any** other prescribed medicine into school.
 - Will inform the School of any particular medical needs of their daughter/son before he/she enters the School.
 - Will work collaboratively with the School, in cases of significant or long term medical needs, to create, implement and review, the Medical Needs Support Plan.
 - Will keep their children at home if they are acutely unwell or if there is a risk of infection to others.
 - Are responsible for reviewing expiry dates on spare prescribed medication held in school.
 - Are responsible for the disposal of expired medicines. They should be collected at the end of each term.

4.6 **Students:**

- Will only bring the daily requirement of prescribed medicines to school, which should be handed to the School Medical Officer for safekeeping. Medicines and tablets must be kept in their original bottles and packages.
- Must never carry more than the maximum of two doses of any non-prescribed medicines e.g. paracetamol/ibuprofen, on their person at any time.
- Will work collaboratively with the School, in cases of significant or long term medical needs, to create, implement and review, the Medical Needs Support Plan.
- Will not give **ANY** medicines to **ANY** other student.

4.7 **Staff:**

- **Will NOT GIVE ANY non-prescribed medicine to a student WITHOUT parental permission.**
- Will be given appropriate training for students with specific medical needs.
- Will not usually take students to hospital in their own cars; staff will always, wherever possible, call parents/carers or an ambulance.
- Will collect medical information and contact details for all students attending trips and visits.
- Will assume the role of School Medical Officer (Group Leader or designated person) whilst on the trip or visit.
- Will ensure that they adhere to Medical Needs Support Plans if they apply to any student on the trip/visit.
- Apply duty of care to all students they are responsible for.
- Will work to ensure that reasonable adjustment is made to school activities and trips so that students can participate as fully as is reasonably expected.

4.8 **School Medical Officer:**

- **Will not give any non-prescribed medicine to a student WITHOUT parental permission.**
- Will notify parents/carers of any head injury incurred during the school day.
- Will administer, where necessary, commercially produced antiseptic wipes to minor external cuts, scratches and bites, checking first that the student has used them before.
- Will only give prescribed medicine to a student with the written permission of the parents/carers.
- Will oversee self-administration of prescribed medicine, with the permission of parents/carers, and check: the child's name, the prescribed dose, the expiry date and the written instructions on the container.
- Will keep medical information confidential, sharing it only with appropriate adults (although this may include all members of staff, staff on trips, pastoral staff etc.).
- Will keep all prescribed medicines in a safe place and keep a record of medicine administered.
- Will at the end of each term, ensure that any leftover prescribed medicines that have not been collected by parents/carers are taken to a pharmacy for safe disposal.
- Will ensure that all needles are to be disposed of in a sharps' box.
- Will be responsible, along with the SENDCO, SEND Manager, for all MNSP's (Medical Needs Support Plans) involving cases where significant or long-term medical care and support is identified. Such plans outline the level of medical support needed and an example can be found in Appendix B of the Supporting Students with Medical Needs in School Policy.

Appendix A: Asthma

Spalding High School is committed to giving students with asthma the support they need to enable them to take part in school activities and trips by:

- Ensuring that all staff who come into contact with children have advice on practical asthma management and what to do in the case of a serious asthma attack.
- Ensuring that the school environment is favourable to children with asthma.
- Ensuring that students have immediate access to their reliever inhaler at all times.
- Having an emergency procedure, to be applied in the event of a serious asthma attack.

Implementation:

- The School will raise staff awareness of asthma through training.
- On admission, parents are asked if their child has asthma or uses an inhaler. A record of all students with asthma is maintained. If medication changes between time, parents must inform the School.
- Students will need to have a reliever inhaler to keep with them (generally, it is blue).
- Staff will be aware of students with asthma from the information held on SIMS and the medical register. Students with asthma are encouraged to participate fully in PE to. Teachers will remind students whose asthma is triggered by exercise to take their reliever before the lesson and complete a warm-up before the lesson. Each student's labelled inhaler should be kept in their pocket or handed to the member of staff at the start of the lesson. If the student needs to use the inhaler during the lesson, they should be encouraged to do so.
- Spalding High School is 'a smoke-free zone' and therefore students will not be exposed to this hazard.

What to do in the event of an asthma attack:

If an asthmatic student becomes breathless and wheezy or coughs continually:

- Let the student take their usual reliever treatment – normally a blue inhaler
- They should be urged to keep calm
- They should be allowed to sit down in the position they find most comfortable but NOT lying down.
- wait 5 minutes
- If the symptoms disappear, the student can go back to what they were doing but report the attack to the Medical Officer
- If the symptoms have improved, but not completely disappeared, contact reception/ Medical Officer and ask them to attend. Give another dose of inhaler while waiting for them.

What is a severe asthma attack?

It should be classed as a severe asthma attack if the normal medication or procedures set out above have no effect. In addition, if the student is any of the following: distressed, unable to talk, getting exhausted or if staff (or the student) has **any** doubts about the student's condition.

How to deal with a severe attack:

- Contact reception or the School Medical Officer and check that they will, as a matter of urgency:
- Summon a doctor
OR
- Take the student to the nearest casualty department, warning them they are coming
OR
- Call an ambulance.
- Keep trying with the usual reliever inhaler every 5 minutes.

Appendix B: EpiPen® Information & Guidance

The medicine in the auto-injector (the pen) is adrenaline, which is an adrenergic drug. It works directly on the cardiovascular (heart and circulation) system and respiratory (lung) system, to stop the possible fatal effects of anaphylactic shock by very quickly making the blood vessels smaller, relaxing muscles in the lungs to improve breathing, reducing swelling and stimulating heartbeat.

EpiPen® is to be used for the emergency treatment of sudden life threatening allergic reactions (anaphylactic shock) to insect stings or bites, foods or drugs or exercise. The reaction is the result of the body trying to protect itself from the allergen (the foreign substance that causes the allergy) by releasing chemicals into the blood stream. Sometimes the cause of the allergic reaction is not known.

Symptoms that signal the onset of an anaphylactic shock occur within minutes of exposure to the allergen and include: itching of the skin; raised rash (like a nettle rash); flushing; swelling of the lips, throat, tongue, hands and feet; wheezing; hoarseness; shortness of breath; nausea; vomiting; stomach cramps and in some cases, loss of consciousness.

The EpiPen® is intended for immediate self-administration by a person with a history or recognised risk of going into anaphylactic shock. Those at risk, should always keep their EpiPen® with them (spares are kept in the Medical Officer's room). It is designed as an emergency rescue therapy but medical attention **must** be sought as soon as possible after its use.

EpiPen® is intended to be used by people with a body weight above 30Kg. For persons weighing less than 30 kg (4 stone 9lbs), EpiPen® Jr. may be more appropriate for use. The patient's doctor will decide the prescribed dosage. The usual adult dose for allergic emergencies is 0.3 mg adrenaline for injection into the muscle (intramuscular use). Each EpiPen® delivers one single dose of 0.3 ml liquid, which is equal to 0.3 mg (300 micrograms) adrenaline. After use, a volume of 1.7 ml will remain in the Auto-injector but this cannot be reused.

Before the EpiPen® is used:

There is no known reason why anyone should not use EpiPen® during an allergic emergency. Adrenaline is essential for the treatment of anaphylaxis. However, special care should be taken with EpiPen®:

- Particularly if there is the history/possibility/diagnosis of heart disease as it may affect the medicines being taken and may bring on an attack of chest pain (angina)
- If there is the history/possibility/diagnosis of an overactive thyroid
- If there is the history/possibility/diagnosis of high blood pressure
- If there is the history/possibility/diagnosis of diabetes
- If the patient is elderly, pregnant or the child weighs less than 30 kg (4 stone 9lbs) as there is a greater risk of side effects.

Patients should make sure they have discussed this with their doctor if any of these points apply to them.

Patients with these conditions, or anyone who may be in the position to administer EpiPen® to a patient having an allergic reaction, should be properly instructed on how and when to give it. SHS provides regular staff training on how to administer EpiPen®.

How to use EpiPen®:

The instructions for use must be carefully followed in order to avoid accidental injection. Parents should ensure that when their doctor prescribes EpiPen® that their child understands the reason it has been prescribed and that their child is confident to know exactly how and when to use it. EpiPen® should always be used exactly as explained by the doctor.

If you notice the signs of an acute allergic reaction, use EpiPen® immediately, through clothing if necessary.

How to administer EpiPen®:

- Grasp EpiPen® in dominant hand (the hand used to write) with thumb nearest coloured cap and form fist around unit (tip down)
- With other hand pull off coloured safety cap
- Hold the EpiPen® at a distance of approximately 10cm (4 inches) away from the outer thigh. The tip should point towards the outer thigh
- Jab the EpiPen® firmly into outer thigh at a right angle (90-degree angle). Listen for click
- Hold firmly in thigh for 10 seconds. EpiPen® should be removed and safely discarded
- Massage the injection area for 10 seconds
- A small air bubble may be present in the EpiPen® Auto-injector. It does not affect the way the product works
- Even though most of the liquid (about 90%) remains in the EpiPen® after use, it cannot be reused.

As the EpiPen® is designed as emergency treatment only, medical help must always be sought immediately after use by reporting to the doctor, or nearest hospital or by calling an ambulance.

In case of overdose or accidental injection of the adrenaline, emergency medical support should be sought immediately. Blood pressure may rise sharply and it will need to be monitored.

If the patient has been stung by an insect, try to remove the stinger with your fingernails – do not squeeze, pinch or push it deeper into the skin. If possible, put an ice pack on the area of the sting. Keep warm and avoid exercise. For allergic reactions caused by foods make sure you remove any remaining food from the mouth immediately.

Appendix C: Ritalin and Similar drugs

Ritalin (methylphenidate) is a stimulant medication that is most commonly prescribed to children with Hyperkinetic Disorders (HKD), the most usual of which is Attention Deficit Hyperactivity Disorder (ADHD). Alternatively, similar drugs (such as Dexadrine or Strattera) may be prescribed.

Students who are prescribed stimulant medication often need to take their medication during the middle of the day, as the effects usually wear off after 4-5 hours. This means that many children need to take their medication during school hours.

Spalding High School follows the Lincolnshire County Council Policy for Ritalin as outlined in Section A20 Appendix 3 of the Schools' Handbook (April 2015) along with the DFE Managing Medicines in Schools (2005) and Supporting Students at School with Medical Conditions (2014).

For the purpose of this policy, Ritalin (or similar) are considered prescribed drugs and should be dealt with and managed within the framework explained within this policy. All students diagnosed with HKD will have a Medical Needs Support Plan. However, these medicines will then be stored in a locked, non-movable container that is out of reach of other children. Only named staff (School Medical Officers / Headmistress) have access to the container.

When overseeing the administration of Ritalin (or similar), staff should ensure that the medicine has been taken. This can be done by spending a few minutes with the student, talking to them or offering them a glass of water to be drunk after the medicine has been taken.