

<b>Al Ain English Speaking School</b>  <b>مدرسة العين الناطقة بالإنجليزية</b>			
<b>Document Title</b>	Policy on Administration of Medication		
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## 1. INTRODUCTION

Al Ain English Speaking School aims to outline the policy and procedures for managing medicines in schools so it is understood by staff, parents and children and so that all children, including those with medical needs receive proper care and support in our school.

## 2. OBJECTIVES

- 2.1 To set forth the provision that must be followed when administering both prescription and non-prescription medication to students at the schools.
- 2.2 To provide guidance for safe medication administration at the school by the HAAD Licensed School Nurse.
- 2.3 To encourage and support inclusive practice.
- 2.4 To ensure regular attendance by all children

## 3. IMPORTANT PROCEDURES

- 3.1 Procedures for managing prescription medicines which need to be taken during a school day.
- 3.2 Procedures for managing prescription medicines on trips and outings.
- 3.3 Statement of roles and responsibilities for staff managing and administering medicines.
- 3.4 Statement of parental responsibilities in respect of their child's medical needs.
- 3.5 The need for prior written agreement from parents and carers for any medicines to be given to a child  
Circumstances in which a child may take non-prescription medicines.
- 3.6 Policy on assisting children with long term or complex medical needs.
- 3.7 Policy on children carrying and taking their medicine themselves.
- 3.8 Staff training.
- 3.9 Record keeping.
- 3.10 Safe storage of medicines.

### **As an inclusive setting:**

- 3.11 We recognize that there may be times when medication needs to be administered to ensure a child's participation in our school. We will therefore administer medication and supervise children taking their own medication according to the procedures in this policy:
- 3.12 We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.
- 3.13 We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the HAAD Standards for Administration of Medication in Schools.

3.14 We will usually only administer prescribed medication.

#### **Children with Special Medical Needs:**

3.15 Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents/carers discuss their individual needs and write a Personal Care Plan. We will also involve other outside agencies as appropriate to the needs of the child and family.

3.16 Care Plans will be on display in classrooms, staffrooms and kitchens.

3.17 Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

## **4. PROCEDURES**

### **4.1 On Admission**

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months.

### **4.2 Emergency Medication**

Specific specialized training is required for those staff prepared to act in emergency situations. Staffs who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies eg. EpiPen, emergency treatment for epilepsy, emergency treatment for diabetes.

### **4.3 Administration of Prescribed Medication**

4.3.1 Should a child need to receive medication during the school day parents or carers will be asked to come into school and personally hand over the medication to the Nurse.

3.2 On receipt of medication, a 'Medicine Record Sheet' should be completed and signed by the Parent/Carer. Completed forms will be kept with medications in the School Clinic.

3.3 The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:

- The child's name
- Name of medication
- Strength of medication
- How much to be given
- When to be given
- Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
- Length of treatment
- Any other instructions such as label 'to be taken as directed' does not provide sufficient information.

3.4 Liquid medication should be measured accurately using a medicine spoon or syringe.

3.5 Medication should not be added to food or drinks unless there is a specific reason.

3.5 A record of the administration of each dose will be kept and signed by the School Nurse.

3.6 Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the School Nurse should be notified in writing by the parent/carers. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

3.7 Should the supply need to be replenished this should be done in person by the parent or carer.

#### **4.4 Application of Creams and Lotions**

4.4.1 Non-prescribed creams and lotions may be applied at the discretion of the School Nurse in line with this policy but only with written consent from parents and carers.

4.4.2 Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.

4.4.3 Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.

4.4.4 Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams but parents and carers must ensure it is in date and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility.

#### **4.5 Alternative Medication Alternative**

Medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

#### **4.6 Simple Analgesics (Pain Relief)**

These will only be given if the child has conditions such as mild headache, muscle aches, back ache, tooth ache, colds and fever. Parents/Carers must have prior consent before giving pain relievers. The Nurse should take the child's comprehensive history prior to giving medication to understand if a medication has been taken, to prevent overdose and to manage future medication administration accordingly. This should be consulted with parents as well.

#### **4.7 Refusing Medication**

If a child refuses medication the School Nurse will not force them to take it. The refusal will be noted and parents contacted by telephone. In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and the School Nurse will accompany the child to hospital to allow parents time to arrive.

#### **4.8 Storage and Disposal of Medication**

4.8.1 All medication (with the exception of any requiring refrigeration) will be kept in School Clinic. Children prescribed with an Epi-pen will need to have TWO pens in school – one to be kept with them/in the classroom and the other as a 'back up' to be kept in the locked box in the School Clinic. Parents must provide a consent form and prescription signed by the HAAD Licensed Physician of the use of Epi-pen. Epi-pens should be kept in a clearly labelled box in the classroom; this must travel with the children at all times including PE lessons and off-site visits. Parents are responsible for ensuring that Epi-pens they supply to school are 'in date'.

4.8.2 Emergency medication will be stored out of the reach of children. All members of staff working in the school will need to be made aware of the location of the emergency medication. The School Nurse will make sure that emergency medication must be kept safe and secure but quickly accessible in an emergency

4.8.3 Medication requiring refrigeration will be stored in the locked fridge in the Clinic. It will not be accessible to children.

4.8.4 A regular check of all medicines in the School will be made every 6 weeks and will be completed by Mr. Kent Go or Ms. Faye Pagulayan. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

4.8.5 Any medication which is not collected by parents and carers and is no longer required will be disposed of safely. No medication should be disposed of into the sewage system or refuse.

4.8.6 Asthma medication/inhalers will be kept in a locked drawer.

#### **4.9 Offsite Activities and Educational Visits**

4.9.1 The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also includes asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

4.9.2 All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of Paracetamol to be administered should the child require this during the trip. Any such administration of Paracetamol is recorded and parents are informed and asked to counter sign on the child's return.

### **5. APPENDIX**

#### **I. POLICY ON RESPONDING TO ASTHMA**

##### **AIM**

The policy sets out the system for ensuring that:

- Staff and pupils with asthma are known;
- Appropriate training is given to staff and pupils;
- All staff knows their roles in ensuring that asthma attacks are dealt with quickly and effectively;
- Teachers, Admin staff, pupils and parents know what the system is and the part they have to play.

##### **RESPONSIBILITIES**

###### **The Principal is responsible for:**

- Ensuring that a system is in place and is properly managed and reviewed;
- Ensuring that a system is in place for recording asthma sufferers;
- Ensuring that a system is in place for training staff;
- Reporting annually to the Health Authority on any incidents and the general working of the system.

###### **The School Nurse is responsible for:**

- The management of the system;
- Ensuring that asthma sufferers are known and records and register kept appropriately;
- Ensuring that appropriate training is given;
- Obtaining and circulating appropriate guidance;
- Ensure that the Asthma procedure in the event of an asthma attack is visibly displayed in the staffroom and in classrooms.
- Reviewing the system periodically;
- Ensuring that appropriate storage for medicines is provided, where necessary;
- Liaising with teaching and admin staff as necessary;
- Communicating with teaching and support staff, and parents; and
- Reporting to the Principal.

**All Teaching Staff will:**

- Know which of their pupils is on the medical register – including asthma
- Allow pupils to take their own medicines when they need to;
- Know what to do in the event of an asthma attack in school;
- Make a note to the School Nurse when a pupil has had to use the inhaler.

**Parents/Carers of asthma sufferers are responsible for:**

- Completing and returning the Medical Form which includes medical history of the child, medications, allergies, asthma triggers, and other necessary information with regards to the health of their child.
- Ensuring that the inhalers are in date.
- Providing the School with inhalers, labelled with the pupil's name and dosage to be given.

**All Pupils will:**

- Be told by teachers about asthma. Health teachings will also be done by the nurse as additional information.

**RECORD KEEPING**

Parents will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually.

All pupils with asthma will be filed and records are kept in the School Clinic.

**PE AND GAMES**

Taking part in PE activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in PE activities.

All staff will know who has asthma from information in the clinic.

Before each lesson staff will remind pupils whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson. The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

**SCHOOL ENVIRONMENT**

The School will do all it can to make the environment favourable to pupils with asthma. There is a rigorous no smoking policy. The School will as far as possible not use chemicals in the premises that are potential triggers for asthma. Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

**DEALING WITH THE EFFECTS OF ASTHMA**

When it is known that a pupil has to miss a lot of School time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil's tutor and the Nurse will talk to parents/carers to determine how best to ensure that the pupil does not fall behind. If appropriate the Tutor will also talk to the Head of Department about the pupil's needs. In the event of an asthma attack the school will follow the procedure outlined by the Health Authority and the Student Emergency care plan as approved by the parents.

## **II. EPILEPSY**

### **WHAT IS EPILEPSY?**

Pupils with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20. Epilepsy is the second most common medical condition that teachers will encounter. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition. Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning.

### **WHAT CAUSES EPILEPSY?**

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy. Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

### **TRIGGERS**

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- Tiredness;
- Lack of sleep;
- Lack of food;
- Stress;
- Photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognize them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil. The School should obtain detailed information from parents and health care professionals. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

### **MEDICATION**

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their

seizures. Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff. There are some pupils who require medicine three times daily but even then it is usually taken before the school day, after the school day and before going to sleep. The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the pupil goes into '**status epilepticus**'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth. Schools with pupils who require rectal diazepam should have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

## **WHAT THE SCHOOL SHOULD DO?**

Most teachers during their careers will have several pupils with epilepsy in their class. Therefore all staff should be aware that any of the pupils in their care could have a seizure at any time and therefore should know what to do. It is important that cover supervisors and new staff are also kept informed and upto-date. All individual pupils with epilepsy should have a health care plan that details the specifics of their care. The Principal should ensure that all class and subject teachers know what to do if the pupil has a seizure. The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required. If a pupil does experience a seizure in the School the details should be recorded and communicated to parents. This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist. Pupils with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height or working in science laboratories. Concerns about safety should be discussed with the pupil and parents as part of the health care plan.

During a seizure it is important to make sure that:

- The pupil is in a safe position;
- The pupil's movements are not restricted; and
- The seizure is allowed to take its course. In a convulsive seizure something soft should be put under the pupil's head to help protect it. Nothing should ever be placed in the mouth. After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- It is the pupil's first seizure;
- The pupil has injured him/herself badly;
- They have problems breathing after a seizure;
- A seizure lasts longer than the period set out in the pupil's health care plan;
  - A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil);
- There are repeated seizures - unless this is usual for the pupil as set out in the pupil's health care plan. This information should be an integral part of the school's general emergency procedures but also relate specifically to each pupil's individual health care plan.

## **SPORTING AND OFF-SITE ACTIVITIES**

All schools should have agreed procedures about what to do when any pupil with a medical condition or disability takes part in PE and sports, or is on a school activity off-site or outside school hours. Such procedures should include details of each pupil's individual needs. All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil. The parents and pupil should be involved in drawing up the details for the individual and know exactly what the procedure is. The majority of pupils with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be recorded in his/her individual health care plan. Schools should encourage pupils with epilepsy to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable such pupils to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include the pupil and might also include risk assessments for such pupils. Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

## **DISABILITY AND EPILEPSY**

Some pupils with medical needs are protected from discrimination. Epilepsy is a long-term medical condition and therefore pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress. Schools and academies must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. The Schools should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of school life. Thus pupils with epilepsy should take part in all activities organized by the school, except any specifically agreed with the parents and/or relevant health adviser. Whether or not the epilepsy means that an individual pupil is disabled, the School must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

### III. ALLERGIC REACTIONS/ANAPHYLAXIS

#### WHAT IS ANAPHYLAXIS?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat. Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

#### CAUSES

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis. In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

#### SYMPTOMS

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness. This is rare in young pupils but does occur in adolescence.

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body;
- Sense of impending doom;
- Swelling of throat and mouth;
- Difficulty in swallowing or speaking;
- Alterations in heart rate;
- Severe asthma;
- Abdominal pain, nausea and vomiting;
- Sudden feeling of weakness (drop in blood pressure)

A pupil would not necessarily experience all of these symptoms. Even where only mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

#### MEDICATION

The treatment for a severe allergic reaction is an injection of **Adrenaline**. Preloaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior. Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips. 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.

## **WHAT THE SCHOOL SHOULD DO**

Pupils who are at risk of severe allergic reactions are not ill and neither are they disabled. They are normal pupils, except that if they come into contact with a certain food or substance, they may become very unwell. It is important that such pupils are not made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance. Many schools and academies have decided that it is necessary to draw up individual protocols for pupils with severe allergies. The School (in consultation with the school nurse) and the pupil's doctor should agree such protocols with the parents and pupil. The risks for allergic pupils will be reduced if an individual plan is in place. All staff should have at least some minimum training in recognising symptoms and the appropriate measures. Schools should have procedures known to staff, pupils and parents. The general policy could include risk assessment procedures, day-to-day measures for food management, including awareness of pupil's needs in relation to the menu, individual meal requirements and snacks in school. It is important to ensure that the catering supervisor is fully aware of each pupil's particular requirements. A 'kitchen code of practice' could be put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular pupil may be allergic. Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the pupil's leg. In cases of doubt it is better to give the injection than to hold back. Where pupils are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff. In large academies, it will be quicker for staff to use an injector that is with the pupil rather than taking time to collect one from elsewhere. Staff are not obliged to give injections, but when they volunteer to do so training should be provided by an appropriate provider e.g. one from the local health trust.

## **SPORTING AND OFF-SITE ACTIVITIES**

Whenever a severely allergic pupil goes out of the School building, even for sports in the School grounds, his/her emergency kit must go too. A staff member trained to treat allergic symptoms must accompany the pupil. Having the emergency kit nearby at all times is a habit the pupil needs to learn early, and it is important the School reinforces this. Where a pupil has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the pupil is not excluded from school trips and activities. For example, for a day trip a pupil can take a lunch prepared at home, and for longer visits some pupils take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil should always take plenty of safe snacks. Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat. Adults supervising activities must ensure that suitable medication is always on hand.