



MEDICAL SERVICES PROVISION

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The Role of the School Nurse

The School Nurses have the responsibility of providing a high standard of medical and pastoral care to pupils on a daily basis within the NMC guidelines and thereby supporting their welfare and personal development.

The Nurses are engaged:

- Being the first point of contact for children and young people requiring health advice or information and to provide advice and information for their parents/ teachers/ Nursery Nurses where appropriate;
- To maintain a high professional standard, following the code of practice set out by the NMC and the principles of nursing practice established by the RCN;
- To follow the above code/ principles and comply with School and local policies and procedures with regard to confidentiality and discretion, ensuring that the safeguarding and welfare of the girls are the key priorities throughout;
- To maintain a high standard of professional commitment and to make a full and active contribution to the wider life of the School through effective collaboration with other colleagues;
- To follow all Foundation and School policies and procedures with particular regard to Safeguarding, health and safety, First Aid and Medical Policies;
- To support inclusion in School and to follow the Foundation's Equality and Diversity Policy;
- To take ownership of your own personal development, participating in appropriate training to maintain up-to-date professional expertise;
- To participate in meetings, administrative and organisational tasks related to the post;
- To carry out any other reasonable duties or responsibilities as may be required from time to time within the context of the post.

On a daily basis the Nurses are expected:

- To work as an autonomous practitioner to ensure the best possible medical care for injuries, acute illness and long term health care needs is available to pupils in the Girls' Division (Senior & Junior Schools) or Boys' Division plus Beech House and the Nursery on an immediate and an emergency care basis;

- To support the urgent and emergency provision for pupils in the other parts of School/ the Nursery when necessary;
- To provide direct care to pupils, offering ‘drop in’ clinics during appropriate times of the day for girls and boys in the Senior, Junior and Infants’ schools for the purpose of assessing and treating their medical and health care needs within the scope of professional nursing practice;

To treat pupils and decide as appropriate either:

- encouraging pupils to return to their normal timetable as soon as appropriate;
- arranging to get the pupil home safely ○ arranging for pupils to receive alternative care (e.g. the individual’s GP or to hospital), ensuring that appropriate paperwork is filled in and pastoral staff are informed about what is happening;
- administering prescribed and OTC medication according to the schools’ policies;
- To maintain a record of dispensing drugs, following correct drug protocols;
- To support the compilation of medical record lists and first aid lists for staff taking trips or undertaking curricular and extra-curricular activities;

The Nurses are responsible for ensuring fundamental medical safety in school by:

- Ensuring that all relevant staff are aware of children with specific medical conditions or requiring specialist equipment, including inhalers and EpiPens;
- Working closely with pastoral staff, sharing information and expertise as appropriate, including when children show a high level of absence;
- Working closely with the Designated Safeguarding Leads and School Counsellors and to attend Safeguarding meetings on behalf of the schools if required;
- Supporting first aiders with advice where necessary and to train staff as appropriate (eg in the use of EpiPens);

The Nurses are responsible for putting best care and support into place for all pupils by:

- Performing necessary health checks to assist with diagnosis;
- Supporting pupils with disabilities and ongoing health needs and to help the development of self-care skills in children with complex health needs or long term conditions;
- Liaising with parents and staff, particularly pastoral staff, over pupils' medical needs in accordance with the School policies on medical and mental health care provision;
- Supporting the welfare of pupils by providing a listening ear at times of distress and anxiety with the aim of encouraging them to return to their normal timetable as soon as appropriate;
- Liaising with parents and staff, including pastoral staff and the SENCO, over the development and maintenance of health care plans where appropriate, giving support to relevant teaching staff in their dealings with pupils in the classroom and undertaking extracurricular activities or trips;
- Promoting a healthy school environment and advise staff and parents on outbreaks of communicable diseases and to inform the Health Protection Agency of any notifiable diseases;
- Being the first point of contact for children and young people requiring health advice or information and to provide advice and information for their parents/ teachers/ Nursery Nurses where appropriate;
- Liaising with local health authorities and other relevant bodies to organise immunisation and screening programmes;
- Arranging and communicating with parents and pupils as appropriate regarding consent;
- Maintaining records of immunisations and screening data as appropriate;
- Maintaining a safe environment for pupils, staff and visitors to the school;

The Nurses are responsible for putting in place training in best practice:

- To contribute to the planning and/or delivery of the PSHEE programme (including lessons and assemblies) when required by the Heads of PSHEE in conjunction with the Deputy Heads of the Senior Schools and the Headteachers of the Junior Schools;

- To help raise awareness of medical and health issues to pupils and staff throughout the School, for example by speaking at INSET sessions, distributing appropriate material or updating information on health issues on notice boards.
- Other health issues that pupils are advised to look out for in the senior schools, such as breast and testicular cancer may be addressed as part of the delivery of PHSEE.

The nurses are responsible for the following best practice and statutory duties:

- To work with staff to ensure the timely completion and submission of accident reports;
- To attend meetings of the School Health & Safety Committees as appropriate;
- To ensure that the Senior School Medical Centre(s) and the Junior School Healthcare Rooms are staffed appropriately at different times of the day and that they are stocked and equipped appropriately;
- To ensure the safe, hygienic and tidy storage, usage and disposal of medical supplies and drugs, in accordance with NMC guidance;
- To ensure the safe disposal of clinical waste;
- To provide and maintain first aid kits around the Girls' and Boys' Divisions and in the Nursery and for trips involving girls and their staff;
- To maintain the defibrillators around School;
- To ensure medical questionnaires and all relevant parental consent forms to administer or carry medicine on entry to School and at agreed stages of the children's school career are obtained and retained in accordance with Data Protection considerations;
- To update and maintain pupils' medical and healthcare information, including relating to allergies, and to ensure that this information is stored and shared appropriately, in line with data protection legislation;
- To maintain pupils' medical records, accident records and Medical Centre/ Healthcare Room attendance records and to report on these as required by the Headmistress/ Headmaster/ Headteacher/ Nursery Manager and Governors;

Further Details about Liaison with Outside Authorities:

The School Nurses and pastoral staff have good networks and working relationships with other health and social care professionals. The School Nurses help the Foundation to liaise with practitioners such as health visitors, speech and language therapists, paediatricians, specialist nurses for children with complex health needs, GPs, practice nurses, psychologists and mental health workers. The School Nurses also have a good working knowledge of other statutory

agencies and voluntary organisations. They are also encouraged to work collaboratively with those from other agencies for example, working with child and adolescent mental health service (CAMHS) workers to support young people with mental health problems.

Further Details about the Nurses' Contribution to Pupils' Welfare:

The School Nurses contribute to the Foundation's Safeguarding procedures, not only by supporting pupils to be healthy, but by looking out for children at risk of, or suffering from, child maltreatment and so ensuring they stay safe. The School Nurses can ensure pupils with complex health needs receive the support necessary to allow them to attend school, enjoy and achieve.

At Bolton School the Nurses:

- Contribute to the delivery of PSHEE across the Schools, giving appropriate advice to pupils in relation to their age and stage of development. The information and sessions delivered address topics such as having a positive body image, including weight, BMI and healthy eating, drugs, alcohol, the effects of puberty, sexually transmitted diseases; they are also able to give support and advice about contraception, and sexuality.
- Identify particular groups e.g. children and young people who are carers, those with diabetes etc. across the school community and work with specialists to develop programmes to meet the young person's needs. They meet with external health care providers to ensure that all the necessary support services are provided. They also support the development of self-care skills in children and young people with complex health needs and/or long term conditions.
- Act as an effective bridge between education, health and social care, supporting work on health issues in school and making health services more accessible to pupils, parents, carers and staff. They work with staff, and pupils to develop health-related policies for the school e.g. the benefits of good nutrition and physical activity, and they regularly run 'healthy lifestyle' events.

Confidentiality:

As part of their Professional Code of Conduct, the School Nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the Nursing and Midwifery Council (NMC). The Nurses also have a legal (common law and statutory) duty of confidentiality to pupils. Children have legal rights to confidentiality, depending on their level of development, intelligence and ability to understand. Where such a legal right exists, given the age and developmental ability of the pupil, the nurse will always seek the child's/ young adult's consent to disclose confidential health information to parents and, in appropriate circumstances, the school head teacher. If consent is withheld, there is a prima facie legal duty of confidentiality that forbids disclosure.

It is reasonable to expect that parents/guardians will be informed of all cases of illness and accident, but there are some sensitive health matters, about which the pupil may not wish their parents or the school to know. Legally the nurse has to respect this, while at the same time trying to persuade the pupil that it will be better for them to discuss the matter with their parents/guardians. These situations often arise about contraception issues, other sexual health matters, and alcohol and drug misuse. If the nurse considers that it is in the pupil's best interests

to disclose information to the school or parents, then they must inform the pupil before doing so and be prepared to fully justify their actions at a later date if necessary. For example, if a safeguarding issue is suspected the nurse has a duty to share concerns with the relevant authorities as per the School's Child Protection and Safeguarding Children Policy and Procedure.

The RCN scheme protects any nurse against both clinical negligence, (malpractice) and public liability claims, when performing a "professional nursing service" acceptable to the RCN. Further, the scheme will protect a member irrespective of their employment status, (providing that, if self-employed, the nurse doesn't employ other health care workers). A "professional nursing service" is very widely defined by the RCN, and would include almost all activities undertaken by a school nurse during the course of his/her employment, including activities out of school hours.

Consent:

In the context of this policy consent has three different interpretations.

- For pupils who are not Gillick competent, which as a general rule would mean all under 12 years of age, consent will be from parents
- For pupils who are Gillick competent, which means as a general rule those in senior school and below 18 years of age, consent will mean from the pupil where the pupil is mature enough to be so considered.
- For those sixth form pupils who are over 18 consent must only be from the pupil, with the parent having no legal standing.

Medical Records

The Nurses ensure that any medical information in their possession is stored safely, stays private and can only be seen by appropriate people and that it is only held in accordance with Data Protection requirements currently in place. If an external Professional requires access to the medical records of pupils the individual will be asked for their written consent (see note on consent) before this is released. Individuals have a right to see their own records, whether they are paper copies or electronic versions. Any individual wishing to see their records will need to apply directly to the Data Protection Officer, Mrs Cathy Fox.

Medical Cover for School Sports Fixtures

The school provides medical cover for some Saturday sports fixtures which take place at Bolton School during the Autumn and Spring terms. At Boys' Division fixtures there is normally a physiotherapist in attendance alongside trained First Aid personnel.

Health Surveillance/Medical Checks for Pupils

Although the School does not have a statutory duty to carry out medicals for pupils, these do take place, and may include tests for height, weight, hearing and Scoliosis. Eye Tests may also be carried out. Other health issues that pupils are advised to look out for in the senior schools, such as breast and testicular cancer are addressed as part of the delivery of PSHEE.

First Aid and Accidents

The Nurses contribute to the First Aid requirements of the Foundation. There is a separate **First Aid Policy**. Any incidents involving injuries or illness are covered by the relevant school's **Accident Management Policy**.

Insurance and Medical Provision

The School's medical cover is in two areas: -

Liability arising from administration of medicines is covered for all staff within the School's public liability insurance.

Separately there is the medical malpractice cover. This provides cover for activities such as:

1. Provision of first aid and associated activities such as the use of EpiPens, entonox, and insulin.
2. Regular medical advice such as referrals to general practitioners, health screening and the administration of prescribed medication.
3. Provision of vaccinations either as part of a medical regime or for one off situations such as travel vaccinations.
4. Blood tests and other similar tests.
5. Advice on health and wellbeing.



ADMINISTRATION OF MEDICINES IN SCHOOL POLICY AND PROCEDURE

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Introduction:

Bolton School is an inclusive community which aims to support and welcome all pupils irrespective of their medical conditions.

The purpose of this document is to provide advice to school staff on managing medication in schools and to put in place effective systems to support individual pupils. In the first instance the School Nurses will supervise or administer any medication whilst on school premises. Although the giving of medication to children is a parental responsibility, school teaching and support staff may also be asked to perform this task. The administering of medicines in school is entirely voluntary and not a contractual duty with the exception of the School Nurses who have been specifically contracted to administer medication within the scope of this policy. In practice though, many teaching and support staff do volunteer.

This policy and the procedures do not form part of the contract of employment; however, those members of staff who volunteer to administer medication will be expected to comply with the procedures herein. Each section of the school will assess the relevant circumstances and apply the policy accordingly. The policy will be regularly reviewed and may be amended from time to time.

Storage of Medication:

Each school has a setting in which generally, non-emergency medication is stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled, closed container in a refrigerator.

Pupils in the senior schools with anaphylaxis, asthma or diabetes will be expected to carry their own medication with a spare being stored with the School Nurses in the medical room(s). Pupils in the infant and junior schools generally will not be in charge of their medication except for asthma inhalers and in some cases epipens. This will depend on the child's age, maturity, parental and school consent. All emergency medication must be readily accessible but stored safely in a location known by the child and the relevant staff. The School Nurses will advise on suitable storage locations.

Record Keeping:

On admission to Bolton School all parents/guardians complete a medical form for their child stating whether their child has any health issues or medical conditions. Parents/Guardians have a responsibility to inform the relevant School of any changes and the records are checked routinely in the annual data check.

If a pupil has an illness or condition that requires regular medication a Health Care Plan, agreed between the Head Teacher, parent/guardian and the School Nurse will be completed for the pupil, along with a consent form to administer prescribed medicines. Any reasons for not administering the medication must be recorded and parents/guardians informed.

Consent for the administration of ‘over the counter’ medicines (homely remedies) is given on the medical information form and requires a parent/guardian signature. Records of ‘over the counter’ medication that is administered in school will be kept by the Nurses on ISAMS.

Prescription Audit trail

The consent (see note on consent in Medical Services policy) to administer a medicine must provide the nurse (or staff member) with a clear audit trail to an appropriate prescriber for that medicine. The prescriber may be a doctor, dentist, CAHMS, nurse prescriber or pharmacist. The consent will include clear name and identification details (DoB), the name of the drug and the limits and frequency of dosage.

‘Over the counter’ medicines at a pharmacist are essentially pharmacist recommended and would be accompanied by an advice note from the pharmacist.

Homely remedies are those that could be purchased at a supermarket. See notes of specific homely remedies below that this policy authorises the nurse to administer within the clearly stated limits of authority.

The Nurse

In this policy the nurse refers specifically to the nurses employed by Bolton School.

Miss Carly Fishwick

Miss Helen Moss

Administration of Prescribed or Non-Prescribed Medication in the Senior Schools and Junior Schools (for Nursery & Beech House, see separate policies- appendices 1 & 2):

According to DfE Guidance (Supporting Medical Conditions in School, 2015), medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so. No child under 16 should be given prescription or non-prescription medicines without written consent (see note on consent in Medical services policy). This will normally be from the parent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Pupils over 18 must give consent themselves.

Where clinically possible, parents are encouraged to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours.

Medication brought into school should be handed over by the parent/carer/ pupil (depending on the age of the child) to the Nurse/ head teacher or a named member of staff unless it has been previously agreed that the child can carry their own medication e.g. reliever inhaler/ epipen. Parents/carers must ensure that their child understands their responsibility if they carry their own medication, for example, an inhaler for asthma. Each school setting will make its own clear arrangements about who should be handed such medication.

It is the parents'/carers' responsibility to provide the school with the medication required. Prescribed medication should be as dispensed, in the original container and must be clearly labelled with:

- name of child
- name of medication
- strength of medication
- how much to give i.e. dose
- when it should be given
- length of treatment /stop date, where appropriate
- any other instructions
- expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months)

NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied. Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe.

If the medication and/or dosage needs to be changed or discontinued the school must be informed in writing by the parent/carer. It is the parents'/carers' responsibility to make sure that medication is replenished when needed.

Before administering medication, whether prescribed or over the counter, the member of staff should check the child's identity e.g. by confirming with the child where possible their name, date of birth and/or checking his/her ID badge and/or comparing with a recent photo attached to child's details on ISAMS.

- that there is written consent as appropriate (see note on consent)
- that the medication name and strength and dose instructions match the details on the consent form
- that the name on the medication label (if appropriate) is that of the child being given the medication
- that the medication to be given is in date
- that the child has not already been given the medication

This process establishes the necessary prescription audit trail for the administration of medicines.

If there are any concerns about giving a medication to a child, then the member of staff **must not administer the medication** but should check with the parent/carer (see consent) or a health professional, documenting any action taken, having checked that the parents/carer (see consent) are aware of the medication.

Immediately after administering, or supervising the administration of medication, written records should be completed, either on ISAMS (senior schools) *or* on ISAMS and in the school's medical day book (junior and infants' schools). The actual dose given as well as the time and date should be recorded.

When a medication cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed by the child, written instructions on how to administer the medication must be provided by the parent/carer, following advice from a healthcare professional.

If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents who have given consent should be informed as soon as possible on the same day.

Administration of Medication on a School Trip: If medication is required during a school trip it should be carried by the child if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication, or the parent/carer if present. If a child requires a travel sickness remedy, parents/carers should provide written consent and a suitable medication in its original container. (If trips outside of the UK are being considered, parents may need to seek advice from the child's clinician or pharmacist on the timings of medication, especially those such as medication for epilepsy. Information on the carriage of medication including specific advice about the carriage of Controlled Drugs can be obtained from the Home Office and the Embassy. In addition, a trip leader may need to contact the relevant airline for advice on the carriage of medication in hand luggage particularly if liquid medication is involved.

Administration of Pain Relief: Pupils may receive paracetamol (in the form of calpol as appropriate) from the School Nurse or other appropriate member of staff. This policy authorises the nurse to do so within the limits and scope detailed below. In such cases,

- the pupil will be asked if s/he has already taken medication which may interfere with the paracetamol, including whether s/he has already taken paracetamol;
- the relevant consent form (from parent or child depending on age) will be checked (e.g. on ISAMS) to ensure that permission has been obtained for him/her to take paracetamol and that s/he is not allergic to it;
- the minimum dose for the age of the child possible will be given;
- there will be full adherence to the manufacturer's instructions and warnings which accompany the product to be used;
- the pupil will be given a blue form (boys) or a pink form (girls) to take home to say that s/he has been given paracetamol. In addition, the girl's planner will be signed if she is in Years 7-11.

NB A child under 16 should never be given aspirin unless prescribed.

Administration of Antibiotics: Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent/carers (see note on consent) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the

morning and taken home again at the end of each day by the parent/carer. (Older pupils, typically from Year 5, may bring in and take home their own antibiotics if considered appropriate by the parent/carer.)

Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer, so that any side effects are dealt with by the parent/ carer.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing and be in their original container. This process provides the necessary audit trail for the prescription.

In the school/setting, the antibiotics will be stored in a secure cupboard or, where necessary, in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate way. A record that the antibiotic has been administered must be made on ISAMS (and in the day book, if appropriate.) If the pupil does not receive a dose, for whatever reason, the parent/carer must be informed that day.

Return or Disposal of Medication: Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.

Medications will be returned to the child's parent/carer:

- when the course of treatment is complete
- when labels become detached or unreadable
- when instructions are changed
- when the expiry date has been reached
- at the end of each term (or half term if necessary)

At the end of every term a check of all medication storage areas should be made. Any medication which has not been collected by parents/carers and is no longer required will be disposed of safely by returning it to a community pharmacy.

All medication returned or disposed of, including empty bottles, will be recorded.

Guidelines for Dealing with Emergencies:

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The correct information must be provided for navigation systems. The post code for the main School Reception (Riley Centre) and Beech House is BL1 4PB. For Park Road it is BL1 4RD.

Guidelines for the Administration of Epipen/Anapen by Staff

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

An Epipen/Anapen should normally only be administered by staff who have volunteered and have been designated as appropriate by the Head teacher/ Nursery manager and who have been trained by an appropriate health professional.

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe and, even if given inadvertently, will not do any harm. It is not possible to give too large a dose. The Epipen/Anapen should normally only be used for the person for whom it is prescribed. The Epipens/Anapens are readily accessible in the School medical rooms for use in an emergency and, where pupils are of an appropriate age, they are carried on their person. An Epipen/Anapen should be stored at room temperature, protected from heat and light and be kept in the original named box. It is the parent's responsibility to ensure that the Epipen/Anapen is in date.

The use of the Epipen/Anapen must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen.

Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parents notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.

The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who is confident to administer the Epipen/Anapen.

Guidelines for Supporting Children With Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Schools are also able to hold salbutamol inhalers for emergency use. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

If school staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. An Individual Care Plans need only be in place if a pupil has severe asthma which may result in a medical emergency.

Inhalers **MUST** be readily available when children need them. Pupils of Year 3 and above should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place.

Parents/ carers are asked to supply a spare inhaler for pupils who carry their own inhalers. This inhaler must have an expiry date beyond the end of the school year.

All inhalers (or their box) should be labelled where possible with the following information:-

- Pharmacist's original label
- Child's name and date of birth
- Name and strength of medication
- Dose
- Dispensing date
- Expiry date

Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be cleaned at least once a

term. Parents/carers are responsible for renewing out of date and empty inhalers. Parents/carers should be informed if a pupil is using the inhaler excessively. Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate. If pupils are going on offsite visits, inhalers **MUST** still be accessible.

Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Children with Type 1 diabetes manage their condition by the following:-

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/in the Nursery setting.

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

The insulin pen should be kept a room temperature but any spare insulin should be kept in the fridge. Once opened, it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times.

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan should provide details regarding their insulin requirements.

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

Guidelines for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

Hypoglycaemia which occurs when the blood-sugar level falls.

To prevent a hypo, there should be a Care Plan and consent form in place. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.

Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra curricular activities at lunchtimes or detention sessions.

Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carer.

To treat a hypo, if a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child may experience a "hypo". Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel), as per the Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many school-age pupils will carry the treatment with them.

It is the parent/carer's responsibility to ensure appropriate treatment is available.

Once the child has recovered, a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment.

The Parent/carer should be informed of a hypo where staff have issued treatment in accordance with Care Plan.

If Glucogel/Hypostop has been provided, the Consent Form should be available. Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Glucogel/Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it.

It is the parent/carer responsibility to renew the Hypostop/Glucogel when it has been used.

Do not use Glucogel/Hypostop if the child is unconscious.

Beech House Infant School:
Medicine Procedures (including for children in EYFS)

All medication

- When dealing with medication of any kind in Beech House, strict guidelines are followed.
- Staff must ensure that parents or guardians are informed of any medicines given to a child whilst at Beech House, together with times and dosage given, on the same day that that it has been administered or as soon as is reasonably practicable.
- Beech House DOES NOT administer medication unless prior written consent is given for each and every medicine.
- All medications should be in their original containers or they will not be given.

Prescribed medication

- Prescription medicines will not be administered unless prescribed by a doctor/dentist/nurse /pharmacist or other approved prescriber (with clear labelling to indicate this)
- If a child is taking prescribed antibiotics, s/he should have a minimum of 24 hours' absence from Beech House. This is to ensure that infections are not spread to other children and that any reaction to the antibiotic that may occur is supported by the child's parents/guardians.
- For Beech House staff to administer prescribed medication:
- Parents must give prior written permission for the administration of each and every medication.
- This permission should be signed and dated daily to confirm the agreed dosage for that day.
- Staff must ask when the child last received his/ her medication and must record this information on the medication form. Parents must be asked to sign this form.
- Staff must check that: prescribed medicines can only be given to the person named on the bottle for the dosage stated.
- All prescribed medicines should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This must be checked by staff, along with any expiry dates, before staff agree to administer the medication.
- The parent or guardian of any child requiring prescribed medication should have allowed a senior member of staff to have sight of the bottle. The staff member will note the details of the administration on the appropriate form. Another member of staff will check these details.
- Parents are asked wherever possible, to request that the GP prescribes the smallest number of doses per day.
- Where medication may have side effects, parents must discuss with Beech House staff what the appropriate response to such a side effect should be.

- When a parent/ guardian picks a child up, s/he will be given precise details of the times and dosage given throughout the day. The parent's or guardian's signature will be obtained again.
- At the time of administering the medicine a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form.
- If the child refuses to take the appropriate medication then a note will be made on the form
- Full staff training will be provided for particular medication, such as Epi Pens.

Non-prescribed medication

- The Beech House staff will administer non-prescribed medication (Calpol) for a period of three days. After this time medical attention should be sought.
- If a child needs liquid paracetamol or similar during their time at Beech House, such medication is treated as prescribed medication with the onus being on the parent to provide the medicine. In such cases, the procedure (above) for prescribed medication is followed.
- For any non-prescribed cream for skin conditions e.g. Sudocreme, prior written permission must be obtained from the parent/guardian
- If any child is brought to Beech House in a condition in which he/she may require medication sometime during the day, Beech House staff will decide if the child is fit to be left in school. If the child is staying, the parent or guardian must state if any kind of medication has already been given, at what time and in what dosage.
- Beech House uses the following table for statutory guidance for administration of Paracetamol Infant suspension (120mg/5ml).

Age	How Much	How Often (in 24hrs)
2-4 Years	7.5ml (at 120mg/5ml)	4 times
4-6 years	10 ml (at 120mg/5ml)	4 times
<ul style="list-style-type: none"> • Do not give more than 4 doses in any 24-hour period. • Leave at least 4 hours between doses. • Do not give this medicine to your child for more than 3 days without speaking to your doctor or pharmacist. <p>All the above information has been provided by : http://www.mhra.gov.uk/ (Medicines and Healthcare products Regulatory Agency)</p>		

Injections, pessaries, suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, they will not be administered by any member of Beech House staff.

Storage -All medication for children must have the child's name clearly written on the container and be kept in a medicine cabinet which is kept locked at all times, other than when medicines are being issued or received. The key to the medicine cabinet is kept safe and out of reach of the children at all times. Any antibiotics requiring refrigeration must be kept in an area inaccessible to children.

Policy review date	September 2018
Next review due	September 2019
Policy written by	Executive
Effectiveness of policy reported to	Miss S Hincks – Headmistress of Bolton School Girls Division

Appendix 2: Nursery Policy for Administration of Medicines (EYFS)

Bolton School Nursery

<p style="text-align: center;">Medication policy EYFS: 3.19, 3.44, 3.45, 3.46</p>
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When dealing with medication of any kind in the Nursery, strict guidelines should be followed.

Prescribed medication

- The parent/ guardian must give prior, written permission for the administration of each and every item of prescribed medication which the child requires. The parent/ guardian must sign and date this permission every day to confirm the agreed dosage for that day. When obtaining prescribed medication, parents are asked to request that the GP confirms a dosage which requires medication to be taken for the fewest number of times on any day (for example, three times a day in preference to four times a day) whenever possible.
- When prescribed medication is brought in to the Nursery, the parent/ guardian must show a senior member of staff the bottle/ packet containing the medication. The staff member will note details about how the medication must be administered on the medication form; either the short term or the long term form will be used, depending on the length of time for which the medication will be administered. A second member of staff will check these details. Parents should inform the member of staff if there is a possibility of any side effects resulting from the administration of the medication and must discuss with staff what the appropriate response in the event of such side effects occurring would be.
- The parent/ guardian must inform the Nursery staff member when the child was last given the medication before coming to Nursery. This information will be recorded on the medication form and the parent/ guardian will be asked to sign the form. When the child is collected from the Nursery, the parent/ guardian must be given precise details of the times and dosage given throughout the day. The parent's or guardian's signature must be obtained again.
- Prescribed medicine may only be given to the child whose name is on the medication. All medications should be in their original containers or they will not be given. All prescribed medicines should have the pharmacist's details and notes attached to show the dosage needed and the date the

prescription was issued. This will all be checked, along with any expiry dates, before staff agree to administer the medication.

- At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication.) If the child refuses to take the appropriate medication then a note will be made on the medication form. (Where medication is essential, staff will already have discussed with parents what they should do in such an event.)
- If a child in the Nursery is prescribed antibiotics, s/he may not attend the Nursery for a 24 hour period. This is because antibiotics are prescribed to fight off infections and we need to protect other children from such infections. In addition, it is because the child may react to the prescribed antibiotics and, should this occur, it is important that his/her parents/ guardians are on hand to support him/her.

Non-prescribed medication

- The nursery DOES NOT administer medication unless prior written consent is given for each and every medicine, including permission for non-prescribed cream for skin conditions, eg Sudocream, to be administered.
- The Nursery will administer non-prescribed medication (Calpol) for a period of three days. After this time, medical attention should be sought.
- As with any kind of medication, staff will ensure that the parent or guardian is informed of any non-prescribed medicines given to the child whilst at the Nursery, together with times and dosage given.
- If a child needs liquid paracetamol or similar during their time at Nursery, such medication should be treated as prescribed medication. The prescribed medication procedure (above) will be followed.
- If any child is brought to the Nursery in a condition in which he/she may require medication some time during the day, the member of staff will decide if the child is fit to be left at the Nursery. If the child is staying, the parent or guardian will be asked if any kind of medication has already been given, at what time and in what dosage.
- The following table for statutory guidance for administration of Paracetamol Infant suspension (120mg/5ml) will be used.

Age	How Much	How Often (in 24hrs)
2-3 Months		
1. Post-vaccination fever	2.5ml (120mg/5ml)	If necessary, after 4-6 hours, give a second 2.5ml dose.
2. Other causes of pain and fever if your baby weighs over 4kg and was born after 37 weeks	2.5ml (120mg/5ml)	
<p>To Note: Do not give to babies less than 2 months of age. Do not give more than 2 doses. Leave it at least 4 hours between doses. If further doses are needed, talk to your doctor or pharmacist.</p>		
3-6 Months	2.5ml	4 times
6-24 Months	5ml	4 times
2-4 Years	7.5ml	4 times
4-6 years	10 ml	4 times
<p>To Note: Do not give more than 4 doses in any 24-hour period. Leave at least 4 hours between doses. Do not give this medicine to your child for more than 3 days without speaking to your doctor or pharmacist. All the above information has been provided by : http://www.mhra.gov.uk/ Medicines and Healthcare products Regulatory Agency</p>		

Injections, pessaries, suppositories

- As the administration of injections, pessaries and suppositories represents intrusive nursing, they should not be administered by any member of staff. (If this causes a problem in providing appropriate care of a child, the Nursery will consult Ofsted.)

First Aid Boxes, including for Staff medication

- First aid boxes must only contain items permitted by the Health & Safety (First Aid) Regulations 1981, such as sterile dressings, bandages, and eye pads. No other medical items, such as Paracetamol, should be kept in the first aid box.
- The first aid box for staff is kept in a readily accessible position, out of reach of the children in the administration office.

Storage of Medication

- All medication for children must have the child’s name clearly written on the container and be kept in a medicine cabinet which is kept locked at all times, other than when medicines are being issued or received. The key to the medicine cabinet must be kept safely and out of reach of the children at all times.
- Any antibiotics requiring refrigeration must be kept in an area inaccessible to children.
- All medications should be in their original containers, in date, and (in the case of prescribed medication) with the pharmacist’s label on them, or they will not be given.

This policy was adopted on	Signed on behalf of the nursery	Date for review
<i>August 2018</i>	<i>A. Smith</i>	<i>August 2019</i>