



# **CHANNING SCHOOL'S MEDICATIONS POLICY, INCL. ALLERGY AND ASTHMA**

**This policy applies to the EYFS**

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**Reviewed by:** Tas Franklin

**Signed by:** Board of Governors

## **Medications Policy**

*This policy should be read in conjunction with the School's Safeguarding and Child Protection Policy, First Aid Policy, Medical Policy and Mental Health Policy*

There will be times when both staff and students will need to take medication during school hours.

The Nurses keep a stock of over-the-counter medicines for common ailments, such as colds, mild /moderate pain and hay fever. When their child joins the school, parents are asked to indicate their consent on Schoolbase for the Nurse to administer these medicines as required. Students can also give their own consent if they are Gillick competent.

Any medication given in school is recorded by the Nurse/ Welfare Assistant in the student's electronic medical records. The Nurse/ Welfare Assistant will inform parents (either by telephone or email) of any pupils in Reception to year 8 who are given medication.

If the Nurses are unable to get to the junior school, staff may administer medication to pupils under the direction of the School Nurse.

We do not administer medications covertly at Channing.

### **Prescribed Medicines / medicines not stocked by the school**

Medicines should only be brought into School when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the School day.

In order to safely administer these medicines, it is essential that parents complete a Medication Administration Consent Form (Appendix A) and send it in with the medication (in its original container, with a named label and expiry date visible) to the school office / medical room at the start of the day.

Medication Administration Consent Forms can also be used when medications need to be administered on School trips.

Staff administering medicines must complete and sign the reverse of the form. Used forms must be given to the School Nurses to be filed in the student's medical notes.

Pupils are not to carry any medicines on their person during school hours. The

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exceptions to this are asthma inhalers, epi-pens, insulin and other medications prescribed for emergency use. Please see Appendix B (Allergy and Anaphylaxis policy) and C (Asthma policy) for further details. Students in the sixth form may carry their own medicines.

Parents must ensure that any medicines provided for use at school are in date and replacements are sent in prior to their expiration. Expired medicines cannot be administered.

### **Storage of Medicines**

Medicines for use by Nurses/ Welfare Assistant are stored in locked cupboards in the medical rooms at both the Senior and Junior Schools. For safety reasons all medicines should be recorded and logged in and out on the online Medication Log when they are bought and then used.

Some medication (inhalers, epi-pens, insulin) must be readily accessible in case of emergencies and therefore are kept in an unlocked, labelled cupboard/ fridge in the medical rooms, reception offices and Junior School dining room. In an emergency these can be given by any trained staff to a student who has been prescribed them. In the first instance, the students own emergency medication should be used with the School's supply being available if required.

Some medicines, particularly antibiotics, may require refrigeration in a temperature controlled fridge, and others such as methylphenidate (Ritalin) must be stored in a double-locked cupboard in accordance with the Dangerous Drugs Act.

Some homely remedies (paracetamol, ibuprofen, cetirizine, piriton) for use by medicines trained school staff in the absence of a School Nurse will be kept in a locked drawer / box (code 147) in the reception offices in both the junior and senior schools.

### **Administration of prescribed medicines / homely remedies by staff other than Nurses**

Only staff who have completed on-line certified training (Medicines Awareness Foundation for Schools) on the safe administration of drugs can administer medicines.

If there is a Nurse in school, staff **must** consult with her first. The Nurse will need to carry out an assessment of the student to decide if administering a homely remedy is appropriate.

All staff should be aware of how to call for the emergency services.

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For prescribed medications, the following protocols must be followed:

- Check the Medication Administration Consent Form has been correctly completed.
- Ensure the medication is stored in the original container with a valid expiry date and the student's name is clearly visible on the prescription label.
- Check the Product Information Leaflet.
- Check the student's name with them and that it correlates with the prescription label.
- Ensure the student is happy to take the medicine, before administering the medication as prescribed.
- Record the administration of the medicine on the form and let the Nurses know.

For homely remedies, the following protocols must be followed:

- Check Schoolbase to ensure parental consent has been given, and if there are any medical conditions / allergies recorded.
- Check for any adverse reactions or contraindications to medication (eg. asthmatics should not be given ibuprofen).
- Check if the student has had any other medications in the past 24 hours.
- Identify a clear reason for medication.
- Consider alternatives, such as a rest, increase in fluid intake and then review.
- Check the table below for information.
- Unless it is an emergency, medication should be given in a situation where it is possible to maintain privacy and confidentiality.
- Check the information leaflet with the medication, for any contraindications.
- Email the Nurse with details of what has been given, who to, why, dosage and time (if given to *either staff or students*).
- For students in Reception - year 8, email or call parents to let them know what medication has been given, when and why.

If an error of administration occurs:

- Check student for any adverse reactions which may need urgent treatment.
- Call for a FA trained member of staff if needed.
- Report the error immediately to the Nurse, Bursar, and Deputy Heads.
- An incident report should be completed and sent to the Nurse, Bursar, and Deputy Heads.
- The student's parents should be informed as soon as possible.

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<b>MEDICINE AND STRENGTHS</b>	<b>USUAL REASONS TO GIVE</b>	<b>DOSAGE GUIDELINES</b>	<b>CAUTIONS</b>	<b>COMMENTS</b>
<p>Paracetamol 500mg tablets</p> <p>Paracetamol 6+ Suspension 250mg/5mls</p> <p>Paracetamol Infant Suspension 120mg/5mls</p>	<p>Headache, stomach ache,</p> <p>Period pain, toothache, high temperature, general aches and pains</p>	<p>4-5 years: 240 mg</p> <p>6-7 years: 240-250 mg</p> <p>8-9 years: 360-375 mg</p> <p>10-11 years: 480-500 mg</p> <p>12-15 years: 480-750 mg</p> <p>16-17 years: 750 mg - 1g</p> <p>18+ years: 1g</p> <p>Given every 4 – 6 hours. Do not exceed 4 doses in 24 hours.</p>	<p>Check if pupils are taking any other medicines containing Paracetamol eg Migralve or Cold Remedies.</p>	<p>Identify reason for medication.</p> <p>Check no serious cause for symptoms eg. check headache is not a result of a head injury</p> <p>Tell students that it will take 20-30 mins before it starts to take effect</p>
<p>Ibuprofen 200mg tablets</p> <p>Nurofen 100mg/5mls</p>	<p>Usually given for mild or moderate pain, especially for muscular aches. Has anti-inflammatory properties.</p>	<p>4-6 years: 150mg</p> <p>7-9 years: 200mg</p> <p>10-11 years: 300mg</p> <p>12-17 years: 300-400mg</p> <p>18+ years: 400mg</p> <p>Given every 6- 8 hours Do not exceed 3 doses in 24 hours</p>	<p>Take with food or a glass of milk.</p> <p>Do not give to asthmatics.</p> <p>Check if taking other medicines containing Ibuprofen eg Feminax</p> <p>Do not give for 48 hours after a sprain.</p>	<p>May cause gastro-intestinal discomfort.</p> <p>Can induce asthma attacks.</p> <p>Tell students that it will take 20-30 mins before it starts to take effect</p>
<p>Cetirizine Hydrochloride 10mg tablets</p>	<p>Hayfever</p>	<p>2-5 years: 2.5mg twice daily</p>	<p>Check if they have had another long lasting</p>	<p>Monitor for effectiveness.</p>

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Cetirizine 1mg/1ml liquid	Relief of acute minor allergy symptoms	6-11 years: 5mg twice daily 12-18+ years: 10mg once daily	antihistamine already that day, eg. loratadine and then do not give.	
Chlorpheniramine Maleate 4mg (PIRITON) tablets  Piriton liquid 2mg/ 5ml	Relief of acute allergy symptoms  Hayfever	2-5 years: 1mg (max. 6mg/day) 6-11 years: 2mg (max. 12mg/day) 12-18+ years: 4mg (max.24mg/day)  Give every 4-6 hours	May cause drowsiness  Check if they are planning to drive or operate any dangerous equipment.	Monitor for effectiveness.

## SUN PROTECTION STATEMENT

The sun is a vital source of vitamin D, which we need to stay healthy. Short and regular exposure to the sun during the summer is actually good for us. Channing school is aware of the link between sunburn and skin damage that can be caused by the harmful ultraviolet rays in sunlight. This policy is a response to that link.

### Aims

- To inform students and staff on how to stay healthy in the sun and promote safe practices.
- To provide a healthy school environment which minimises the risks of sunburn.

### Actions

- Form tutors will talk to students about cancer risks and sun safety in the summer term.
- There will be information and health promotion displayed on the notice board outside the medical room during part of the summer term.
- Information reminding parents to apply and supply sun cream, and to ensure girls have sun hats at school, will be put in the Word from the Head / Junior School Bulletin, in the summer term.
- The school nurses are available for advice about sun safety for students and staff.
- Staff on duty during breaks to point out shaded areas and remind students in the senior school that they are allowed in their form rooms at break times.

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- Awnings outside Reception classes and the large trees can be used in the junior school to provide shade if necessary. Gazebos are also available if required.
- Staff on duty to actively discourage sunbathing.
- Staff to make use of shade when holding outdoor activities. Schedule work to minimise exposure.
- Staff to set a good example by also regularly applying sunscreen and wearing appropriate clothing, hats, and sunglasses.
- Staff and students should be encouraged to have their own water bottle at school every day in order to drink plenty of water to avoid dehydration.
- Staff and students should be encouraged to wear suitable hats, preferably with a wide brim or the legionnaire style, to protect eyes, ears and neck, particularly on school trips and sports days when they may be exposed to the sun for long periods.
- Staff and students should be encouraged to keep covered up with light clothing when the sun is at its hottest.
- Encourage students and staff to check regularly for unusual changes in spots or moles and seek medical advice if concerned. The earlier skin cancer is diagnosed the easier it is to treat.
- Staff organising trips must ensure students have their own suncream, and are wearing appropriate clothing / hats.

### **Protecting your skin**

- Cover up - wear long sleeves and longer skirts / trousers where possible.
- Slap on the suncream - remembering to reapply regularly.
- Wear a hat or cap - preferably ones that also cover your neck.
- Slip on your shades – your eyes need protection too.
- Chill out in the shade – especially between 11am and 3pm.

### **Sunscreen**

- a sun protection factor (SPF) of at least 30 for UVB protection.
- At least a 4-star UVA protection.
- Ensure sunscreen is not past its expiry date (most have a shelf life of 2-3 years).
- Apply to all exposed skin.
- Reapply at least every 2 hours.

### **Checking moles**

First signs of melanoma (the most common type of skin cancer) are often new moles or changes to existing moles. It therefore important to check and seek medical advice if you notice any of the following changes to your moles:

- becomes bigger;
- changes shape;

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- has a blurred, rough or jagged outline;
- becomes darker or red;
- has more than one colour in it;
- becomes itchy or painful;
- becomes crusty or bleeds.

## Appendix A - Medication Administration Consent Form

The School will not give your child medicine unless you complete and sign this form.

Name of School	
Name of student	
Date of birth	
Form	
What is the name of medicine? (as described on the container)	
What medical condition or illness is this medicine required for?	
What is the dosage and ideally what time does it need to be taken?	
How many days does this need to be taken at school?	
What is the expiry date of the medicine?	
When was it prescribed/ dispensed?	
Are there any known side effects of this medicine?	
Can the student self administer this medicine?	
Does the student have any allergies? What?	
Contact details in an emergency Name:	
Relationship to child	
Daytime telephone number	

I accept that this is a service the School is not obliged to undertake but will do their best to administer this medicine as prescribed. I understand that I must notify the School of any changes in writing.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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## **Appendix B - Allergy and Anaphylaxis Policy**

Channing School takes allergies very seriously and procedures are in place to ensure the safety of all its students and staff.

### **Common Allergens**

Peanuts, tree nuts, egg, milk, kiwi fruit, fish, soya, latex, insect stings and medicines (e.g. Penicillin).

Allergic reactions can range from mild symptoms to a life-threatening anaphylaxis.

### **Mild allergic symptoms can include:**

- Tingling to lips and mouth
- Slight external facial swelling
- Nausea
- Urticaria (nettle rash or hives)
- Abdominal pain
- Shortness of breath

### **Treatment**

Oral antihistamine, eg. Piriton or cetirizine.

Ventolin inhaler if prescribed for any shortness of breath..

### **What is Anaphylaxis?**

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. Symptoms may be fatal if not treated with adrenaline (also known as epinephrine). The whole body is affected, often within minutes of exposure to the allergen but occasionally the reaction may occur some hours later.

### **Symptoms**

<b>A</b> irway	<b>B</b> reathing	<b>C</b> onsciousness/Circulation
<ul style="list-style-type: none"><li>● Persistent cough</li><li>● Vocal changes (hoarse voice)</li><li>● Difficulty in swallowing</li><li>● Swollen tongue</li></ul>	<ul style="list-style-type: none"><li>● Difficult or noisy breathing</li><li>● Wheezing (like an asthma attack)</li></ul>	<ul style="list-style-type: none"><li>● Feeling lightheaded or faint.</li><li>● Clammy skin</li><li>● Confusion</li><li>● Unresponsive/unconscious (due to a drop in blood pressure)</li></ul>

Symptoms can also include:

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- generalised flushing of the skin
- urticaria (nettle rash or hives) anywhere on the body
- sense of impending doom
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (caused by rapid fall in blood pressure)
- collapse and unconsciousness

## **Treatment**

Intramuscular adrenaline is the front-line treatment for anaphylaxis.

## **School Procedures**

Students with allergies are identified from medical information provided by parents on Schoolbase. The School Nurses will liaise with the parents to ascertain the full extent of the allergy and in the case of potential anaphylaxis, will request a Treatment Protocol from the student's hospital Consultant which will be made available to all staff via Schoolbase.

The school also keeps several generic adrenaline auto-injectors. These are kept in unlocked labelled cupboards in the Senior / Junior school Medical Rooms and in the Junior School Dining Room.

In the junior school, students will have their own named emergency drug bag, kept in the dining room. Form teachers are responsible for taking this with them on any out of school trips/ activities.

Parents are responsible for maintaining valid medication at school. Reminders are sent to parents prior to the expiry of any medication to facilitate this.

Students in the senior school must carry their own emergency drugs with them. These need to be with them at all times, including during lunch, break and PE.

For safety reasons, students will not be allowed to attend school or any off-school activities/ trips if they do not have their emergency drugs with them.

## **Training and Information**

Due to the serious and urgent nature of anaphylaxis, all members of staff have annual on-line training on allergies and how/ when to administer treatment. Access to the training content is available at any time. They also have the opportunity to practice using a Training Auto-injector (EpiPen/Jext) via the School Nurses.

Details of students with serious allergies are available on the Schoolbase.

## **Allergies and food in school**

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Parents are asked to record any allergies on Schoolbase. The Catering Manager has access to this, to check for any students with food allergies. The Catering Department makes every effort to provide a safe school lunch for all students, however if parents want to send a packed lunch to school, this must be agreed with the Deputy Head in advance and only after the School Catering Department has confirmed that it cannot provide a safe school lunch.

Parents are asked to take into account children who have allergies when sending in cakes for birthdays etc. The parents of children with allergies take responsibility for providing safe alternatives on these occasions.

### **School Trips/ offsite activities**

When going on school trips, the teacher in charge is responsible for checking Schoolbase for students who have allergies. They must download and take any relevant care plans with them.

In the junior school, staff must take the individual emergency bags for each student from the dining room plus a generic school emergency allergy drug bag, (which must be requested a week in advance from the School Nurses/ Welfare Assistant).

In the senior school, teachers must check that any pupils with allergies have their own emergency drugs - **they are not allowed to go on any trips without them**. Generic school emergency allergy drug bags must also be taken as back up and be requested from the School Nurses, a week in advance, to take on the trip.

If a student has an allergic reaction on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called. If there is any doubt whatsoever, it is better to be safe and administer adrenaline using an auto-injector.

Staff must also complete an accident form and report the incident to a member of the SMT as soon as possible.

For trips outside of school requiring a packed lunch, the kitchen staff should be advised of those students with special dietary requirements in order to prepare appropriate lunches.

For residential trips, planning must take place well in advance. The trip leader needs to liaise with parents and the centre at which they'll be staying, to ensure caterers are aware of students with specific allergies. Accompanying staff need to be trained and feel comfortable with dealing with allergies. The School Nurses will offer support and extra training as needed.

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If going offsite for PE activities, teachers must remind and check that students have and take their emergency drugs with them. Teachers must also have a spare school emergency kit with them.

### **Emergency Procedures in School**

School staff need to know what to do in an emergency - how to recognise the symptoms of a severe allergic reaction, and what to do if it happens. This is provided in the on-line training.

A member of staff must always stay with the students concerned. If possible take the student to the medical room, ensuring they have their emergency drugs with them. If they are unable to get there, someone should be sent to get the Nurse, asking her to bring the student's care plan and an Emergency Allergy Drug Bag. If there is any doubt whatsoever about the severity of the attack, it is better to be safe and administer adrenaline using an auto-injector.

**If in doubt, an ambulance should be called, and always if adrenaline is administered.**

### **Types of Auto-injectors**

There are 3 types of auto-injectors - EpiPen, Jext and Emmerade. They all come in 2 doses, and are prescribed according to the student's weight.

Please follow the links for information on how to use them.

<https://www.epipen.ca/how-to-use-epipen>

<https://adults.jext.co.uk/about-jext/how-to-use/>

<https://www.emerade.com/how-to-use>

Staff should always ensure that standard safe hygiene procedures are followed and that the student's dignity and privacy is respected if at all possible.

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## **APPENDIX C - ASTHMA POLICY**

### **Aims**

- To enable pupils with asthma to participate fully in all school activities and not be disadvantaged by their condition.
- To ensure that all staff have a clear understanding of how to deal with a pupil having an asthma attack.
- To encourage pupils to take responsibility for their own condition and medication.
- Pupils, parents, school staff and asthma professionals to work together for a greater understanding of the effect of asthma and to adopt a responsible attitude to its treatment.

### **Managing Asthma in School**

Girls with asthma are identified from Schoolbase. It is the Parents' responsibility to ensure that Schoolbase is kept updated. The School Nurses will liaise with parents to ascertain the full extent of the condition and will request a School Asthma Plan to be completed and updated annually. Asthma care plans can be accessed by all staff via Schoolbase.

Girls are encouraged to take responsibility for their asthma from an early age and are required to carry their own inhalers with them at all times, apart from Key Stage 1 pupils who keep their inhalers in their classrooms and have easy access to it via their teacher or classroom assistant. Their teacher must ensure it is sent out with the girls for PE / music / breaks/ any other off-site activities.

A Channing Emergency Inhaler Kit will be kept in an accessible / labelled place in both the SS and JS Medical Rooms. Emergency inhalers must be used with the spacers included in the kit.

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Another Channing Emergency Inhaler Kit is kept in the PE office, and must be taken to any sports fixtures / off-site activities. The Head of PE will be responsible for the safe maintenance of this kit.

The DofE teams have been allocated 3 kits of their own. (LZ, RH, MSY)

Other Asthma Emergency Inhaler Kits are kept in the Medical Room and can be requested in advance by staff when needed for trips.

## **Trips**

Teachers in charge of school trips must ensure they are aware of any girls with asthma and take sufficient school Asthma Emergency Inhaler Kits plus individual girls' School Asthma Plans with them.

Pupils must have their own inhaler with them in order to go on the trip (with the exception of JS students where their teacher will take it).

If a girl has an asthma attack on a trip and staff has any concerns regarding the severity of the attack, an ambulance must be called. Parents must be contacted.

In addition to the log form, staff must also complete an accident form and report the incident to a member of the SMT as soon as possible.

## **Asthma and PE**

Exercise has proven health benefits to people with asthma. The school seeks to involve all girls in sport with support and guidance from the School Nurses to the PE staff as appropriate.

Girls with asthma triggered by exercise, are encouraged to take their reliever medication just prior to warming up. If going off site for PE activities, teachers must remind and check that students have and take their inhaler with them. Teachers must also have a spare school inhaler kit with them. Should girls experience symptoms during lessons they are encouraged to stop, take their inhaler and to rest for at least 5-10 minutes and until they are better, before continuing.

## **Staff Education**

School staff are regularly updated on the care of girls with asthma. This includes what to do in an asthma attack and that pupils must be allowed to take their medication as soon as needed. Please see Appendix D for Guidelines for Staff.

## **Parents**

Parents are asked to ensure their daughter comes to school and to any trips with a

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valid inhaler with them. The School Nurses must be informed of any changes to their condition and School Asthma Plans should be updated annually. KSI parents must provide a valid inhaler to be kept with the class teacher.

## **APPENDIX C - ASTHMA GUIDELINES FOR STAFF**

### **Asthma Treatment**

There are two types of treatment:

*Preventers* – these inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school, but should be taken on residential trips.

*Relievers* – these are the inhalers used in an acute attack to relieve the symptoms of asthma and are usually blue.

If a student becomes breathless, wheezy, coughs continually or has a tight chest:

- Keep calm. It is treatable. Call the nurse, stating the pupil's name and their condition. Reassure the student.
- Let them sit down in the position they find most comfortable.
- Do not make them lie down.
- Ensure the reliever inhaler (usually blue container) is taken promptly and properly. Take 1 puff immediately. Use an aerochamber / spacer if they have one.
- Encourage them to take slow regular breaths.
- If the symptoms disappear, the student can go back to class.
- If the symptoms have improved but not completely gone, you can give a puff every 30-60 seconds and call the Nurse and the office to contact her parents.
- If the student does not have their inhaler with them or it runs out, use an emergency school inhaler from the Medical Room.

### **Signs of a severe asthma attack**

Any of these signs means 'severe'.

- Normal reliever inhaler does not work within 10 puffs/ 10 minutes.
- The student cannot speak normally / in full sentences.
- Blue tingeing around the mouth.
- Pulse rate of 120 per minute or more.
- Rapid breathing of 30 breaths per minute or more.

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***If in ANY doubt, call an ambulance.***

**What to do in a severe asthma attack**

- Keep calm.
- Keep using the reliever inhaler - 1 puff every 30-60 seconds until symptoms improve. Use a spacer if possible. Do not worry about possible over-dosing.
- If their inhaler does not seem to be functioning or has run out, then use a Channing emergency inhaler from the Medical Room.
- If after 10 puffs they have not recovered or you are worried - call an ambulance stating the student's age and that it's a severe asthma attack. Arrange for a member of staff to accompany the pupil to hospital.
- Contact the pupil's parents to meet at the hospital.
- Continue to reassure the pupil.
- Whilst waiting for an ambulance and they are still experiencing symptoms continue giving 1 puff every 30-60 seconds as required.
- Have the School Asthma Plan ready to give to the ambulance crew.
- Try to make note of time of start of attack and all symptoms to tell the ambulance crew.

***Never leave anyone who is having an asthma attack alone.***

*This policy must be considered in conjunction with the 'Protocol for Nursing Support during the Covid-19 Pandemic'. Any staff providing emergency first aid, should try wherever possible to use gloves (kept in First Aid kits throughout the school) and ensure thorough handwashing is undertaken after any contact.*

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