Administration of Medicine and Medical Needs in School

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Further reading for Education Staff
- https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- https://neu.org.uk/advice/epilepsy-schools
- https://neu.org.uk/advice/asthma-schools
- https://neu.org.uk/advice/anaphylaxis-schools
- https://neu.org.uk/advice/diabetes-schools

Administration of Medicines

Objectives

These guidelines are not intended to be comprehensive, but aim to protect:

- Pupils by ensuring prescribing, dispensing and administration of medicines is carried out safely and correctly.
- Staff by ensuring medicines are kept secure and are not misused.

Responsibilities

Parents/carers are responsible for:

- Informing school in writing of the appropriate medication their child requires.
- Supplying school with medication to be administered in the dispensed packaging (if prescribed) containing the child's name, medication, dose and time.

School Nurse is responsible for the:

- Management and treatment of health-related issue in school.
- Collection, storage and administration of medications when on site.
- Staff training and support relating to medical issues.

School staff with appropriate training from school nurse may administer medication in the event the school nurse is unavailable and school staff are happy to do so.

If school staff feel it inappropriate to administer medication when school nurse is not available, parents/carer should be contacted to come to school and administer medication, or an ambulance will be called if it is an emergency.

Storage of medication

- Only necessary medication will be stored on school premises.
- All medication will be stored in a locked cupboard in the medical room, unless agreed otherwise by school nurse and head teacher.

Administration of medicines

- No medication of any kind is to be administered to a pupil without permission from a parent/guardian.
- Pupils, when possible and appropriate, will be encouraged, with adult supervision, to participate with self-administration of their medicines.
- Where possible, medication will be administered in the treatment room to reduce possibility of lost medication within school.
- Nursing staff administering medications must at all times act within the guidelines set down in the Guidelines for Administrating Medicines (NMC).
- School staff should refer to The Administration of Medicines (National Association of Head Teachers).

Procedure and Recording.

- Understand safe storage and administration of medicines within school.
- Be aware how to order supplies & medications.
- Check documentation to ensure child has not already taken the medication.
- Label checked - right child, medicine, dose, time, route
- Identity of correct child.
- Prepare dose.
- Ensures child is in correct position.
- Administer medication according to best practice checklists (and drink offered for solid oral medicines).
- Observe child taking their medication.
- Record and sign immediately for what has been given or refused.
- Demonstrates or knows correct procedure for refused medication.
- Understand procedure for administering “when required” medication and using a “when required” protocol.
- Understand correct procedure for dealing with a medication error.
- Administration of medicines records will be stored in medical room when in use. Completed documents will be stored in pupils school file.

Verbal request

If written permission has not been received, a verbal message from parent/carer may be undertaken in exception circumstances providing:

- Two adults receive message, one of whom will administer the medication
- All necessary information is given and read back to parent/carer
- It is supported by a written request from parent/carer within 24 hours

Medical Needs in School

Anaphylaxis
Severe allergic reactions (Anaphylaxis) are becoming increasingly common. There are now many schools in providing effective support for allergic children. These notes will provide basic information about anaphylaxis, suggest ways in which staff and parents can work together to minimise risks and emphasise the importance of having an agreed Health Care Plan.

Anaphylaxis is an excessive reaction of the Immune system to the presence of a foreign body it wrongly perceives as a threat. In its most severe form, it may be life threatening. Thousands of children in the UK are believed to be affected. Anaphylaxis can be triggered by certain foods, such as peanut,; nuts, cow's Milk, eggs, shellfish or fish, insect stings, latex and some Drugs.

Symptoms include:-

- Itching or a strange metallic taste in the mouth.
- Swelling of the throat and tongue.
- Difficulty in breathing – due to severe Asthma or throat swelling.
- Difficulty in swallowing.
- Hives anywhere in the body.
- Generalised flushing of the skin.
- Abdominal cramps and nausea.
- Increased heart rate.
- Sudden feeling of weakness (drop in blood pressure)
- Sense of doom.
- Collapse and unconscious.

The above symptoms usually occur within minutes of exposure to the allergen, although they can occasionally occur after a few hours. No child would necessarily experience all these symptoms.

The School Nurse will help school and parents to draw up a health plan before the child starts school. This will ensure that the child receives proper care and support and will help allay any concerns held by the parents or staff. A health plan could take the form of the following form:-

- **Child's details** – to include name, address, date of birth and brief account of allergy.
- **Contact details** – Include parents name, address and phone number and a second contact name and phone number.
- **Emergency procedure** – Many parents will have been issued such a procedure by their Paediatric Consultant. It should be kept with the records on the premises and a copy attached to the Medication pack and be readily accessible. ALL Staff should be made aware of this procedure, which would include assessment of symptoms, administration of medicine as appropriate, contact numbers and ambulance procedure.
- **Medication** – The Medication often prescribed for a child at risk of anaphylaxis is Epinephrine. (Commonly known as Adrenaline) This may be injectable epinephrine (The EpiPen or Anapen). It is important that the parent explains what medication his or her child has been prescribed, what symptoms may occur and when and how to use the emergency pack. ALL staff will need to know where the medication is stored. This should be out of reach of children but readily accessible. It should be clearly labelled with the child's name and instructions for use. Responsibility for ensuring the medication is "In Date" rests with the parent. Social Services should be informed and the Insurance Company notified of the details. Make sure insurance arrangements provide full cover for staff within the scope of their employment.

An emergency may never arise, but if it does, the child will need prompt medical treatment and staff will need to know what to do. In many schools, staff have volunteered to be trained to administer medication for the treatment of anaphylaxis. Training could be arranged through the School Nurse. A video is available for showing to staff and helpers and will also help raise awareness. The video is available from the School Nurse.

If the child is, for example allergic to peanuts, it would be prudent for schools to exclude all peanut products from the premises in order to minimise the risks. The child would bring their own packed food and the supervisor could keep a supply of “treats” for those unexpected occasions when birthday cakes or sweets are brought in. Any policy you decide to make can be formalised at your AGM. Vigilance would be ongoing. For example, it would include the avoidance of nut cereal packets for junk modelling, reading ingredients or items in science or nature activities. Parents could be informed through a newsletter and staff reminded of the health care plan at meetings.

Parents must give written consent for staff to take responsibility for administering medication in the unlikely event of an allergic reaction occurring. A child at risk presents a challenge to any pre-school group. However, with sound precautionary measures and support from staff and the authorities, life in nursery may continue as normal for all concerned.

Communicative Diseases

- If a vulnerable child is exposed to chicken pox, measles etc, the parents should be informed promptly so they can seek further medical advice as necessary.
- Refer to Health Protection Agency – Guidance on Infection Control in Schools and other Child Care Settings.

Cuts And Grazes

- Any break to skin will be classed as a cut or graze depending on severity. Pupils will be encouraged to be as independent in dealing with minor cuts and grazes.
- If site is clean and dry, leave exposed to air. Normal personal hygiene should be adequate for healing unless child is prone to picking area.
- Any cut or graze can be cleaned with an antiseptic wipe or normal saline depending on pupil’s skin type and severity of injury.
- Appropriate skin covering should be applied if site is moist or bleeding.
- If scab forms and site clean and dry, child may go swimming.
- If site moist but not bleeding, apply waterproof dressing and child may swim.
- If site still bleeding, child will be advised not to swim.

Diarrhoea &/Or Vomiting

- Any child with diarrhoea and/or vomited most remain off school until they are 48 hours from last episode
- Refer to Health Protection Agency – Guidance on Infection Control in Schools and other Child Care Settings.

Ear Infection

- Any child receiving medical treatment for an ear infection will be advised not to swim until treatment is complete and initial problem resolved.

Eye Infection

- Any pupil who is receiving eye ointment will be advised not to swim until treatment is complete and initial problem resolved.

- If child has conjunctivitis, refer to Health Protection Agency – Guidance on Infection Control in Schools and other Child Care Settings.

Head Injury
- Injury sustained to any area of the skull (hair, forehead or temple site) will be classed as a head injury and should be treated as follows
- Any child with a history of epilepsy or cerebral injury or trauma, who receives a head impact that leaves signs of injury, swelling or the pupil becomes agitated/distressed or sleepy/quiet requires confirmation of health if they are to remain in school
- The nurse will advise the carer to take the pupil to see their General Practitioner or Accident & Emergency depending on severity of injury.
- Once the child has been deemed medically well, they may return to school with hourly assessments from the nurse.
- It the carer decides not to seek medical assessment, the nurse will advise that the pupil should then remain at home for the rest of that day.
- The nurse will advise the carer of what signs and symptoms to observe for and support this with written information for reference.
- If no injury seen and child s behaviour unchanged, apply cold compress if possible and monitor site and pupils' behaviour closely over next few hours.
- Inform carer as soon as possible in case they would prefer to collect them from school.

Injury at school
- Be aware of how call system works
- Respond to emergency/injury request in an appropriate manner
- Assess child's needs quickly & efficiently
- Act promptly to address need
- Identify any potential problems that could occur
- Identify a plan of care to address need should it occur
- Communicate effectively with relevant people
- Maintain dignity of child at all times
- Maintain safety of child at all times
- Respect limitations of others in dealing with emergency situations
- Identify when need has finished
- Identify when further medical assistance is required
- Identify appropriate person to request for medical assistance
- Complete appropriate documentation

Injury during off site visits
- Perform risk assessment of each child's medical needs
- Identify resources required to meet medical needs
- Ensure appropriate equipment is available
- Ensure appropriate equipment is taken on visit
- Ensure the needs of each child is always met

Mouth Infection
- Any child who has any mouth infection or sore will be advised not to swim until site is adequately healed.
- Care will be taken to ensure toys etc are not placed in or near mouth. All toys will need to be cleaned with an appropriate antibacterial solution available from car takers.

- If child has impetigo, tonsillitis or cold sore, refer to Health Protection Agency – Guidance on Infection Control in Schools and other Child Care Settings.

Rashes And Skin

- Any child with nappy rash will have personally care frequently to reduce contact of urine to skin.
- Appropriate cream will be requested from home and applied at each nappy change.
- Any child with nappy rash or genital sores will be advised not to swim until area is adequately healed.
- If a child has athlete's foot, warts or verrucae, headlice, refer to Health Protection Agency – Guidance on Infection Control in Schools and other Child Care Settings.

Respiratory

- Any child with cough or cold will be advised not to swim if chest is moist, coughing is excessive or temperature moderately elevated.
- Refer to Health Protection Agency – Guidance on Infection Control in Schools and other Child Care Settings.

Seizures

Any child with confirmed seizures, will have a seizure plan completed by School Nurse in consultation with parent/carer, school, and child if appropriate. The most common types are absence and tonic-clonic.

Absence seizure– child appears vague and not responding to instructions. This can last for around a minute and may become tired after blank. Should a child appear to have an absence:

- Reassure them using a quite soft voice.
- Guide them to a safe environment and sit or lie them down until seizure has stopped.
- If child is sleepy, let them sleep as seizure activity could continue if kept awake.
- Child can remain at school if condition stable and able to access curriculum
- If child sleepy or has a frequent repeated seizures, contact parent to collect to go home to rest and parents can monitor.

Tonic Clonic – body becomes stiff, eyes may roll up into sockets, becomes unresponsive and jerking to head or all of body may be noted. Should a child appear to have a tonic-clonic:

- Put them into the recovery position on floor and summon assistance.
- Note time seizure started.
- Call ambulance if it is a first seizure or not the child's usual seizure pattern.
- Monitor and maintain airway and breathing in waiting for ambulance.
- Class/ head teacher to contact parent and inform then that child is having a generalised seizure, an ambulance has been called, and advice they come to school.
- Trained staff member will administer Midazolam as per health plan if required.
- If child is taken to A&E via ambulance, parent can go as escort.
- If child requires transfer to A&E before parent/s arrives at school, she will be escorted by a member of school staff if possible. This person will take child's details with them to assist staff in A&E.
- Class/head teacher to inform parent that child is in transit to A&E and to divert to A&E.
- Event to be correctly documented by class/ head teacher on child's records.

Out of School:

- Child to be supported on offsite activities by a member of staff who is aware of her seizures and will implement appropriate action in the event of any seizure occurring. This should form part of the risk assessment.

Skin Infection

- Any child with a skin infection, undiagnosed rash or sore that is moist will be advised not to swim until area is adequately healed.
- If child has impetigo, refer Health Protection Agency – Guidance on Infection Control in Schools and other Child Care Settings.

Medicines and Treatments.

Auto-Injector (epinephrine)

- Lie child down with legs slightly elevated or sit up if breathing is difficult.
- Grasp auto-injector in dominant hand with blue safety cap closest to your thumb and remove cap.
- Hold auto-injector about 10cm away from leg, swing and jab the orange tip into upper outer thigh at 90-degree angle. Hold for 10 seconds
- Remove auto injector and massage injection site for at least 10 seconds.
- Call 999 and ask for ambulance and state ‘anaphylaxis’ immediately after administering auto-injector
- Knowledge of accessibility, safe storage, recording and disposal of auto-injector

Ear Drops

- Mark new drops with date of opening and check expiry date
- Wash hands and put on gloves
- Ensure child is sat upright
- Confirm which ear the drops are for
- Tilt child’s head to one side and gently pull the top of the ear upward and backward.to straighten the ear canal.
- Instil the correct number of drop(s) into the ear squeezing the bottle gently if necessary
- Keep head tilted for a couple of minutes to let the drops penetrate
- Straighten child’s head and wipe away excess liquid with a clean tissue
- Repeat for the other ear if required
- If instilling drops into both ears, wait 5-10 minutes between ears to allow the ear drops to run into the ear canal.

Eye Drops

- Mark new bottle with date of opening and check expiry date
- Washed hands and put on gloves
- Ensure child is sat upright
- Confirm which eye the drop(s) are for
- Take top off the bottle, tilt child’s head backwards and gently roll down lower lid
- Hold dropper above the eye and squeeze a drop inside lower eyelid
- Wipe away any liquid from the child’s cheek with a clean tissue
- Repeat in the other eye if drops prescribed for both eyes
- If using more than one drop, waits a couple of minutes before instilling second drop
- If using gel or ointment, squeezes about 1cm of ointment into eye pouch unless otherwise directed
- Replace the top on the bottle

Gastrostomy Feed & Medication

Any child with a gastrostomy tube will have an individual health plan completed by School Nurse in consultation with parent/carer, school, and child if appropriate. This will have a step by step individual plan on how and when to administer medication, fluids and fees.

School staff will be assessed by school nurse for each child to:

- Checking position of tube prior to feed or medicine
- Action to take if not sure if tube position correctly
- Action to take if tube falls out
- Importance of good handwashing
- Position of child when giving feed
- Flushing tube with water before and after feeds and medicine
- Know how much fed or medicine to give and when
- Know how to run feed through in preparation for continuous delivery
- How to deliver a continuous feed
- How to deliver bolus or medication
- Care of equipment- cleaning and storage
- Length of time feed can be used once open

Inhaler - no spacer

- Ensure child is sat upright
- Remove cap and shake inhaler
- If inhaler is new or has not been used for a week or more, spray it into the air first to check it works
- Ask child to breathe out as much as possible then clasp mouthpiece in the mouth ensuring lips are sealed around it
- Ask child to breathe in and at the same time press the top of inhaler downwards to release a puff of medicine
- Ask child to hold their breath for 10 seconds
- If a second puff is required, waits 30 seconds before starting again.

Inhalers - using spacer

- Ensure child is sat upright
- Remove cap and shake inhaler
- If inhaler is new or has not been used for a week or more, spray it into the air first to check it works
- Fit inhaler into spacer so that inhaler is pointing straight up
- Ensure mouthpiece is clasped in the mouth
- Press one puff into the spacer
- Ask child to breathe gently through the spacer for 10 breaths
- If a second puff is required, waits 30 seconds before pressing another puff into the spacer.

Liquid Medicine

- Check expiry date
- Mark new bottle with date of opening and check expiry date
- Shake the bottle ensure lid is secure
- If using a measuring cup, check the amount poured at eye level on a flat surface Pour the bottle with the pharmacy label facing up to minimise spillage onto the label and making it difficult to read
- If using an oral syringe, remove air gap and direct the syringe to the side of the mouth, squirting a little liquid in at a time
- Wipe around the neck of the bottle after measuring to keep the container clean and keep it easy to open for next use

Midazolam

- Remove the syringe from the tube
- Remove red cap.
- Gently hold the cheek away from the teeth**.**
- **I**nsert the tip of the syringe between the lower gum and cheek.
- Slowly press the syringe plunger until the plunger stops – you can give half the dose one side of the mouth, the remaining half the other side.

The dose is prescribed by a Consultant Paediatrician, who will complete an individual seizure protocol for school. The school nurse will write a seizure health plan with details of seizure management and how and when to administer the Midazolam. Parents/carers are responsible for supplying school with an up-to-date seizure protocol and an in-date Midazolam

Midazolam is given as an emergency rescue medication during an epileptic seizure, which is given inside the cheek. There are two different products.

- Buccolam liquid medicine in prefilled oral syringes: 5 mg in 1 ml.
- Epistatus liquid syrup in a bottle with 4 oral syringes: 50 mg in 5 ml.

Midazolam, gloves, tissues and seizure protocol should be stored together in the locked medical cabinet in the medical room and carried off-site by a member of school staff who has received training from School Nurse.

Midazolam needs to go into the space between the inside of the cheek and the teeth, which is called the buccal cavity. The medicine quickly gets from the cheek into the blood to stop the seizure. If Midazolam is put into the middle of the mouth, it will not work as well because it cannot get into the blood so quickly.

The child does not need to swallow the medicine. (It is not harmful if they do swallow it, but it will not work as well.) If the child vomits after, not give another dose of Midazolam.

The child's breathing may become a little shallow for a while. You do not need to worry about this. However, if you think your child is not breathing or if the child's lips get a blue tinge, call an ambulance straight away.

The child may be sleepy after having Midazolam. They should have a sleep if they want to.
The child may be confused. They probably won't remember having the seizure

Nose Drops

- Mark new bottles with date of opening and check expiry date
- Wash hands and put on gloves
- Ensure child is sat upright
- Shake the bottle prior to use
- Ask child to blow their nose gently
- Gently tilt child's head back
- Instil required number of drops into each nostril
- Ask child to stay like this for 2 minutes
- Replace top on the bottle

Self-administered Medicines

- School Nurse to record the supervision required and all necessary details on administration of medication record.
- School staff aware of the level of support required for each child and the need for monitoring.
- School staff aware of who to inform if child refuses medication or an error or change in circumstance arises.

Topical Creams

Any child requiring creams applied at school, such as eczema management, will have an individual plan completed by School Nurse in consultation with parent/carer, school, and child if appropriate.

- Mark new tube with date of opening, check use within period and check expiry date.
- Wash hands and put on clean pair of gloves
- If applying moisturiser, apply to dry skin, apply cream down the limb in the direction of hair growth using sweeping motion.
- If applying a steroid cream, applies cream thinly
- If using both a steroid and an emollient, it is important to leave sufficient time (approximately 30 minutes) between the two treatments
- If applying a barrier cream, apply as per directions
- Monitor for any signs of skin irritation or reaction and follows correct procedure if this occurs.