

Medications Policy

Ratified by Chair of Management Board: Signed by .

Date:

Date

Review Date

Education Providers have a statutory duty to support Learners with medical conditions under section 100 of the Children and Family Act 2014.

At MIAG Limited & MIAG Education, we wish to ensure that Learner's with medical needs receive proper care and support whilst at our provisions.

The aims of the policy are:

-  To ensure that learners with medical needs receive proper care and support in school
-  To enable regular attendance for all learners
-  To give clear guidance to school staff involved in medicine management and administration for learners
-  To ensure all staff and parents understand and follow the legal framework governing administration of medication and drugs
-  To protect learners with medical needs from discrimination

Administration of Medication:

Medication will only be received in our provisions if it has been prescribed by a Doctor or on the written request of a parent and the learner is well enough to attend.

Only reasonable quantities of medication should be supplied to the provision, (for example, a maximum of four weeks supply at any one time).

Each item of medication must be delivered in its original container and handed directly to the designated member of our team.

Where the learner travels on our transport, parents/carers should ensure the member of staff responsible for transporting the learner is informed of any medication sent with the learner, including medication for administration during respite care.

Each item of medication must be clearly labelled with the following information

-  Learner's name
-  Name of medication
-  Dosage
-  Frequency of dosage
-  Date of dispensing
-  Storage requirements (if important)
-  Expiry date

Our provisions will not accept items of medication which are in unlabelled containers.

Unless otherwise indicated all medication to be administered in our provisions will be kept in a locked medical cabinet.

On request our provisions will provide parents/carers with details of when medication has been administered to their child.

Where it is appropriate to do so learners will be encouraged to administer their own medication, under staff supervision, however, these medications will still be kept within

the guidelines of this policy. Learners must not carry medication in their bags or about their person while in our provisions.

It is the responsibility of parents/carers to notify the provision if there is a change in medication, a change in dosage requirements, or the discontinuation of the learner's need for medication. Parents are responsible for ensuring emergency medication stored in our provisions is in date. The Health and Safety Co-ordinator will regularly monitor that stored medication is in date, acting as appropriate.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance.

Our provisions will make every effort to continue the administration of medication to a Learner whilst on trips away from the school premises, even if additional arrangements might be required.

Pain Relief Medication:

If a learner is required to take pain relief, not prescribed by a doctor, during the day, parents will be required to come to the provision to administer the medication. If the parent is not available, they may send a representative but should contact the provision to advise of the arrangements and provide a written permission for their representative to administer the medication. Without written permission then such medication will not be permitted.

ASTHMA Medication:

Asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by staff at our provisions.

Treatment

Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking, preventers come in brown (sometimes white) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open narrowed airways and help the learners's breathing difficulties. Generally speaking, relievers come in blue containers. Details around requirements on reliever medication are set out in Annex 1 to this policy.

LEARNERS WITH CARE PLANS:

Should a learner be identified by the School Nurse as needing a Health Care Plan, the plan will be drawn up by the Health and Safety Co-ordinator in conjunction with the School Nurse, SENCO, Parents (and learner if appropriate). The Health and Safety Co-ordinator will inform the Clerical Team for entry of the basic information onto SIMS (see flow chart). The Health Care Plan itself will be held by the Health and Safety Co-ordinator and will be implemented, monitored and evaluated in liaison with parents (and learner if appropriate) and relevant staff.

TRAINING:

All members of staff will receive annual training in dealing with learners who suffer from asthma, diabetes, epilepsy or who may suffer anaphylactic shock.

FIRST AID:

A number of staff have qualifications in First Aid. An up-to-date list is held by the ALP Centre Manager who is responsible for ensuring staff receive regular training to update their qualifications.

INTIMATE CARE:

In the unlikely event that a learner requires intimate care, this will be identified in a Care Plan. Staff involved in providing intimate care will be identified in the plan, will receive appropriate training and will follow NHS Essence of Care Guidelines (available from the Nurse).

DEALING WITH ACCIDENTS:

Learners

- a) Use common sense and speedy action. Help keep the learner to remain calm and send for help from a qualified First Aider. Calmly give clear and precise instructions about your location and the nature of the injury.
- b) Later but at the earliest convenient time complete an Accident/Incident report – found on the intranet page and email to the Health and Safety Coordinator.
- c) Parents will be notified so that a learner can be taken home or for medical treatment. In urgent cases, an ambulance will be called.
- d) If the accident does not warrant a learner leaving the room it is wise to see the learner at the end of the lesson to check on his/her welfare and in marginal cases you or the SENCO may wish to contact home to inform parents.

Staff

- e) If you injure yourself seek help or send a learner for help if it is safe to do so. First Aid or medical assistance will be provided.
- f) As soon as possible after the accident complete an Accident/Incident report – found on the intranet page and email to the Health and Safety Coordinator.
- g) If you have an accident outside working hours this must also be reported to the ALP Centre Manager on the same form, irrespective of whether you are prevented from attending work.
- h) If the accident is serious and has happened at work or during a work activity off-site, e.g. a broken bone, or involves a stay in hospital you should ALSO notify the Health and Safety coordinator who will produce a RIDDOR report.

Near Misses

i) Accidents can often be prevented if action is taken following a near miss. Report any incident you witness on the normal accident form, labelling it accordingly.

IDENTIFICATION OF LEARNERS WITH LONG TERM MEDICAL CONDITIONS:

Learners New to Our Provision

-  Parents inform provision of a long-term medical condition via the admission form
-  Form passed to clerical team
-  Information entered by clerical team onto CPOMs or Arbor – or both as the case may be.

Existing Learners with A New Medical Condition

-  Parents inform provision of a long-term medical condition by any other method (Medical Information Update Form)
-  This information should be logged onto Arbor and added to learner records

Information Sharing & Staff Responsibilities

-  Information will be shared with all staff who come into contact with the young person during the day so that they are aware of how to support the young person
-  Information will be shared with all qualified First Aiders

ANNEX 1

ASTHMA:

RELIEVER MEDICATION SHOULD BE CARRIED BY THE LEARNER AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH AS CROSS-COUNTRY RUNS /PE

Children and Young People with asthma learn from their experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from individual to individual it is impossible to give rules that suit everyone, however, the following guidelines may be helpful:

During an attack

a) Ensure that the reliever medicine is taken promptly and properly:

b) Make sure an adult stay with the learner, if in doubt contact a qualified First Aider

c) Stay calm and reassure the learner:

-  Listen to what the learner is saying and to what he/she wants: the learner probably has been through it before
-  Loosen tight clothing around the neck
-  Offer the learner a drink of warm water
-  Try tactfully to take the learner's mind off the attack
-  Don't put your arm around the learner's shoulder as this is restrictive

d) Help the learner to breathe:

-  Encourage the learner to breathe deeply and slowly
-  Most people with asthma find it easier to sit upright or to lean forwards slightly
-  The learner may want to rest his/her hands on the knees to support the chest
-  Make sure that the learner's stomach is not squashed up into the chest
-  Lying flat on the back is not recommended

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE.

After an attack

Minor attacks should not interrupt a learner's concentration and involvement in activities. As soon as the attack is over, encourage the learner to continue with normal activities.

DIABETES MELLITUS (TYPE 1 DIABETES):

All learners with Diabetes Mellitus will have a Care Plan that will be shared with all staff

This is a condition which is ever present. The following can happen:

-  **Hypoglycaemia** – when blood sugar levels fall below normal 4mmol/l
-  **Hyperglycaemia** – prolonged high blood sugar level, which can lead to diabetic coma

Hypoglycaemia (low blood sugar most common) – symptoms:

- ✚ Faintness
- ✚ Palpitations
- ✚ Strange behaviour
- ✚ Sweating
- ✚ Cold skin
- ✚ Strong pulse
- ✚ Shallow breathing

Treatment – Follow the Learner's Care Plan

Mild or Moderate Hypoglycaemia; below 4mmol/l

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint

- ✚ Sit down, check blood glucose level. Stay with the individual
- ✚ Give 3 dextrose tablets or sugary drink i.e. 50 mls of lucozade or 100 mls of coke or sugary drink.
- ✚ Type 1 Diabetics have emergency boxes stored in the medical room.
- ✚ Learners also carry emergency supplies with them.
- ✚ When learner recovers - blood glucose rises above 4mmol/l - give starchy food, e.g. 2 biscuits or sandwich.
- ✚ In the unlikely event of a learner losing consciousness call an ambulance.

Severe hypoglycaemia

- ✚ If learner is unconscious and not able to swallow do not give anything by mouth.
- ✚ Stay with the learner put in recovery position.
- ✚ Call 999.

Hyperglycaemia (high blood sugar) – symptoms:

- ✚ Dry skin, rapid pulse.
- ✚ Deep breathing, very difficult to inhale.
- ✚ Smell of acetone on casualty's breath.
- ✚ Treatment – rest and reassure patient, call for an ambulance.

(This usually comes on over days and so is not an acute problem) but can be serious.

ANAPHYLACTIC SHOCK:

There is a sudden allergic reaction to:

- ✚ Certain foodstuffs
- ✚ Drugs
- ✚ A sting from an insect
- ✚ Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

Symptoms:

- ✚ Anxiety
- ✚ Blotchy skin/rash
- ✚ Swelling of face/eyes/throat
- ✚ Seriously impaired breathing
- ✚ Rapid pulse
- ✚ Unconsciousness

Treatment:

- ✚ Dial 999
- ✚ If shocked, best to lie patient down
- ✚ Keep patient warm

If an individual displays those symptoms **contact a First Aider IMMEDIATELY**. Medication for all known sufferers of anaphylactic shock is kept in a named box in the medical cupboard.

EPILEPSY:

Minor Partial Seizure – A sufferer may remain conscious with the following

Symptoms:

- ✚ Sudden 'switching off'
- ✚ Staring blankly
- ✚ Slight twitch/jerking
- ✚ Possible shouting/noise making

Treatment:

- ✚ Sit the individual in a quiet place and observe. Remove sources of harm
- ✚ Reassure individual
- ✚ Notify parents

Complex Partial seizure – Where consciousness is affected

Symptoms:

- ✚ Confusion
- ✚ Unaware of surroundings
- ✚ Mumbling sounds
- ✚ Chewing movements
- ✚ Not responsive when spoken to

Treatment

As above

Generalised –Tonic Colonic Seizure

In some cases, a child or young person loses consciousness

Symptoms:

-  May start with casualty crying out
-  Individual falls down & may go unconscious
-  Rigid back
-  Breathing may become difficult
-  Lips may go blue
-  Clenched jaw
-  Convulsions
-  Saliva and/or blood in the mouth

Loss of bowel control.

Treatment:

-  Observe casualty
-  Loosen clothing
-  Administer Emergency Medication (as per care plan)
-  Place in recovery position when convulsions cease
-  Call 999 if fitting continues and recovery to consciousness is slow
-  Contact Parents

Quite often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours

In all the above conditions the provisions keep medical records, and staff should familiarise themselves with this.

Medication should be stored in the medical cupboard.