

critical incident manual

GUIDELINES AND CODE OF PRACTICE ON THE ADMINISTRATION OF MEDICINES AND DRUGS GIVEN IN SCHOOLS

April 2008

Schools service

GUIDELINES AND CODE OF PRACTICE ADMINISTRATION OF MEDICINES AND DRUGS GIVEN IN SCHOOLS.

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Introduction

An increasing number of children with medical conditions are now attending mainstream schools. Schools have a duty, acting in *loco parentis*, to take reasonable care of children and this includes the possibility of administering medicine. In this document the word “medicine” is used to include “medicines and prescribed drugs”, the term “medication” is used to refer to a person’s particular dose of medicine and the term “administration” means the acts involved in giving or applying the dose of medicine.

It is recognised that school staff have legitimate concerns over their legal positions in administering medicines. There is no legal duty that requires school staff to administer medication. Contractually, staff cannot be forced to administer medicines but they are under a duty to obey reasonable instructions, taking into account the circumstances, the nature of the drugs concerned and their expertise.

Legally, it is not possible to disclaim liability for any serious adverse consequences of administering medicine in schools. In practice, any claim would lie against the employer. The LA will also support any member of staff in any subsequent civil or criminal proceedings if the member of staff had followed the procedures set out in this or the schools guidelines.

In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. To ensure that risks to health are minimised it is essential for schools to establish safe systems that limit any opportunities for negligence.

Management and Organisation

This Code of Practice has been produced to help schools draw up policies on managing medication in schools, and to put in place effective management systems to support individual pupils with medical needs.

Although schools are generally carrying out parental wishes in administering medicines, it is important that safe procedures are established which identify acceptable arrangements for staff to follow.

The only medicines that should be administered are those where clear written instructions are provided by the parent or carer and are in accordance with the instructions of the child’s doctor. Appendix 1 provides an example of a form to be completed by parent or carer, informing the school of all relevant details. **Oral instructions from the child must not be accepted.**

In most cases the responsibility for managing the administration of medicines should be assigned to one nominated person, preferably a person who is able to act safely and promptly in a emergency situation and someone who is well

organised and has the ability to maintain simple records. **In some cases this may not be possible, especially if teachers have pupils in their class who suffer from severe allergies that can be potentially life threatening.**

Back up staff should be arranged for when the member of staff responsible is absent or unavailable. In the first instance and thereafter at reasonable intervals, the nominated person should carry out an assessment of the risks that are entailed.

Advice on carrying out a Risk Assessment is contained in section 3 of the 'Ealing Manager's Health and Safety Handbook'.

Records should be kept of all the medicines administered at school by the person responsible and s/he should record all the relevant details. Appendix 2 provides a model record form which could be adapted as required.

No member of staff should be asked to administer medicines unless s/he has received appropriate training and guidance. **S/he should also be aware of possible side effects of the medication and what to do if they occur.** For the more commonplace medicines, appropriate training should entail familiarisation with this Code of Practice. (Otherwise, please refer to 3.10)

Parents and staff must be kept informed of the school's arrangements for the administration of medicines and they should be informed of any changes to these arrangements.

ADVICE ON MEDICATION

Short-Term ailments

Children suffering from **short-term ailments** who are clearly unwell should not be in school and Headteachers are within their right to ask parents or carers to keep them at home. Some parents may seek to send children to school with non-prescribed medicines (e.g. cough mixtures) and generally speaking schools cannot be expected to accept responsibility for administering medicines of this nature. In cases where medicines are brought into school, younger children should not be expected to take responsibility for them. Medicines should be brought and collected by parents or carers.

Chronic Illness or Disability

Children with chronic illness or disability may need to take prescribed medicines during school hours in order to lead a normal and happy life. In some cases, age-appropriate doses of analgesics such as paracetamol may be given to secondary age children. Preferably these should be administered by the nominated person (see 2.3) and only for certain conditions e.g. headaches. In these cases, it is good practice for the person responsible to ensure that the child swallows the tablets and to record the relevant information. This will ensure that if the child is requesting frequent treatment, this is recorded and can be brought to the attention of parents. **A pupil under the age of twelve should never be given aspirin unless prescribed by a doctor.**

Asthma

Pupils with asthma have airways that narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulties in breathing and can be alleviated with treatment.

Inhalers for Asthma. These are often used to prevent wheezing following exercise as well as treatment for wheezy episodes. Each case should be considered separately, but older children are often able to decide for themselves when to take the inhaler and can carry it with them and self-administer an appropriate dosage. **If a pupil is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and supervise its use. Children with asthma must have immediate access to their inhalers when they need them.** The inhaler should be clearly marked with the individual pupil's name. The use of inhalers by younger children should be recorded. The medical profession has confirmed that inhalers are very safe and unlikely to cause harm to a child using another child's inhaler by mistake.

Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Parents of pupils, who suffer from epilepsy, may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so. This will also ensure that both the pupil and school staff are given adequate support.

The nature, frequency and severity of the seizure will vary greatly between individuals. The symptoms of most children with epilepsy are well controlled by modern medication. Many pupils with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing lights or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs.

Nothing must be done to alter the course of a seizure once it has begun. The pupil should not be restrained and there should be no attempt to put anything into the mouth. A fully qualified First Aider who will know how to deal with the patient should be summoned at once.

Pupils with epilepsy should not necessarily be excluded from any school activities. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Concerns about any potential risks should be discussed with pupils and their parents/carers. If necessary, seek additional advice from the GP, Paediatrician or school nurse/doctor.

Diabetes

This is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels.

Children with diabetes normally have daily insulin injections, to control their blood glucose level. Most children can do their own injection and may simply need supervision if very young and a suitable private place to carry it out.

Pupils with diabetes need to eat regularly. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level. If a child has a hypo, it is important that a fast acting sugar, such as glucose tablets, a sugary drink or a chocolate bar, is given to eat.

It is important that the Qualified First Aider is called immediately.

Anaphylaxis

This is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the pupils concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority cases, they go through the whole of their school lives without incident.

The most common cause is food – in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

ALLERGIC REACTIONS

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty in breathing.

MEDICATION AND CONTROL

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline called an epi – pen. The device looks like a fountain pen and is preloaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

HEALTH CARE PLAN

Each pupil who suffers from anaphylaxis should have a Health Care Plan that gives more detailed information relating to the pupil and the condition, since each pupil's symptoms and allergens will vary. The school, parents and health professionals should be involved in preparing the Health Care Plan. It also contains information about staff indemnity. If appropriate, the school may wish to increase the information contained on the Health Care Plan for example, more family contacts and details of staff trained to use the epi-pen. **A Health Care Plan pro forma is shown in appendix 6.**

ANTIBIOTICS

A child taking antibiotics can recover quickly and may be well enough to attend school but it is essential that a course of treatment is completed (see storage of medicines and drugs in 3.11 below). It is helpful if, where possible, medication can be prescribed in dose frequencies that enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

ENZYME ADDITIVES

A child with cystic fibrosis may not be able to digest food without added enzymes. This is not a drug and it is important that it is taken with food.

MAINTENANCE OF DRUGS

A child may be on daily medication (e.g. anticonvulsants) for a condition that requires a dose during the school day.

ROUTINE TREATMENT OF CHILDREN

Generally, schools cannot be expected to supervise routinely the treatment of children, who receive thrice daily medication, since the school day is usually short enough for medication to be given at home, before and after school. In these cases, the merits of each case should be considered and necessary advice may be sought from the School Health Nurse. (See also paragraph 3.4)

STORAGE OF MEDICINES AND DRUGS

It is the responsibility of the Headteacher to ensure medicines are stored safely. Medicines must be kept in the container supplied, which must be clearly labelled with the name of the child and instructions for use. Medicines stored by the school must be locked away. Some medicines (e.g. liquid antibiotics and insulin) may need to be kept in a refrigerator. It may be impracticable for these medicines to be locked away but they should be placed in a sealed airtight container (e.g. Tupperware) and clearly marked 'medicines'.

A STANDARD PROCEDURE FOR THE ADMINISTRATION OF MEDICATION

A standard procedure should be followed when administering medicines:

- Refer to written instruction received by school
- Check prescribed dose
- Check expiry date
- Check prescribed dose and check the child's name
- Measure out prescribed dose and check the child's name
- Complete and sign record when child has taken or has been given medicine
- If there is uncertainty, do not give the medicine but check with the child's parents/carers or doctor

USUAL ADMINISTRATION OF MEDICATION

In some cases children require unusual administrations of medicine, for example, injections. Such cases need to be considered individually. In all cases proper training via the health service must be obtained before a school accepts a commitment of this kind.

EMERGENCY PROCEDURES

As a matter of routine, all schools must have clear procedures for summoning an ambulance in the case of an emergency. However some conditions require emergency treatment and staff may volunteer to administer medication for particular conditions, which require immediate treatment. In such cases, volunteer staff should be properly trained and a Health Care Plan (as shown in appendix 5) should be established between the school, health service practitioners and the parents to ensure the health and safety of the child.

APPENDIX 1

Example of a form to be completed by the parent or carer to request that a school take responsibility for the administration of medication in school

To the Parent or Carer:

The school will not give your child medication unless you complete and sign this form and the Headteacher has agreed that the school staff can administer the medication.

Name of School

Headteacher

Can you please arrange for the medication to be administered to:

Child's Name

Name of Member
of Staff

I understand that I must deliver the medication personally to:

Child's Name:

and accept that this is a service which the school is not obliged to undertake.

Administration of prescribed medication

Details of Child

Child's Name:

Address:

Class/Form

Condition or illness

Details of Medication

Name/Type of Medication (as described on the container):

For how long will your child take this medication:

Full Direction for use:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self Administration:

Procedure to be taken in an emergency:

Contact Details:

Name of Parent/carer: -----
Daytime Tel: No. -----

Relationship to pupil: -----

Signature(s): -----
Date: -----

APPENDIX 3

Emergency Planning

REQUEST FOR AN AMBULANCE TO:

NAME OF SCHOOL

Dial 999, ask for ambulance and be ready with the following information.

1. Your telephone number.
2. Your location as follows: (insert school address and postcode)

3. What the A - Z reference is
4. Give exact location in the school (give brief description)
5. Give your name
6. Give brief description of pupil/s symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the pupil concerned.

SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED.

APPENDIX 4

STAFF TRAINING RECORD - ADMINISTRATION OF MEDICINES

(Example of form for recording medical training of staff)

Name:

Type of training received:

.....

Date training completed:

.....

Training provided by:

.....

I confirm that has received the training detailed above and is competent to carry out any necessary treatment.

Trainers signature:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested Review Date:

APPENDIX 5

USEFUL CONTACTS, HELPLINES AND VOLUNTARY SUPPORT GROUPS

<p>Ms Gill Keeling Ealing Children Nursing Service Ealing Hospital Uxbridge Road, Southall UB1 3HW Tel: 020 8967 5020</p>	<p>Dr Deepti Kumar Ealing Primary Care Trust, Ealing Hospital Uxbridge Road Southall, UB1 3HW Tel: 020 8893 0154 Fax: 020 8893 0341</p>
<p>Action for Sick Children C/o National Childrens Bureau 8 Wakley Street London EC1V 7QE Tel: 020 7843 6444</p>	<p>Contact a Family Contact Line (Information Source for Children and all Professionals Working with Disabled Children) 170 Tottenham Court Road, London W1P 0HA Tel: 020 7383 3555</p>
<p>The Anaphylaxis Campaign PO Box 149 Fleet Hampshire GU13 9XU Tel: 01252 318723</p>	<p>Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY Tel: 020 8464 7211</p>
<p>Allergy UK Deepdean House 30 Belgrove Road Welling Kent DA16 3PY Tel: 020 8303 8525</p>	<p>National Association of Sick Children St Margaret's House 17 Old Ford Road London E2 9PL 020 8980 8523</p>
<p>Diabetes UK 10 Parkway London NW1 7AA Tel: 020 7424 1000</p>	<p>National Asthma Campaign Providence House Providence Place London N1 0NT Helpline 08457 010203 Tel: 020 7226 2260</p>
<p>British Epilepsy Association New Ansley House Gateway Drive Yeadon Leeds LS19 7XY Tel: 08088 005050</p>	<p>The National Association for Epilepsy Chesham Lane Chalfont St Peter Buckinghamshire SL90RJ Tel: 01494 601300</p>

APPENDIX 6

HEALTH CARE PLAN FOR A PUPIL WITH ANAPHYLAXIS (page 1 of 2)

NAME OF SCHOOL

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	Pupils Name:
	Class:
Photo	Date of Birth

MILD ALLERGIC REACTION TO:

.....
.....
.....

SEVERE ALLERGIC REACTION TO:

.....
.....
.....

CONTACT INFORMATION

Family Contact 1

Name:

Phone no. (Home):

Phone no. (Work):

Relationship:

Family Contact 2

Name:

Phone no. (Home):

Phone no. (Work):

Relationship:

Allergy Specialist

Name: _____
Phone no.: _____

G.P.

Name: _____

Address

Phone no. : _____

Hospital:

Name: _____

Address

Phone no.: _____

Describe condition and appropriate treatment to be given:

<p>For Mild Symptoms:</p>	<p>ie:</p> <ul style="list-style-type: none"> • If you think the child has been in contact with the allergen • Slight rash or flushing 	<p>Give</p>	<hr/> <p>+ salbutamol; 4- 6 puffs via volumetric (for asthmatics)</p> <p>OBSERVE FOR FURTHER REACTION AND CONTACT FAMILY</p>
<p>For Severe Symptoms:</p>	<p>ie:</p> <ul style="list-style-type: none"> • Swelling or tingling of lips, face or mouth • Severe rash • Wheeze, cough or difficulty in breathing • Swelling of tongue • Collapse <p>HOLD EPI-PEN IN FOR 10 SECONDS</p>	<p>Give</p>	<p>Epi-pen epinephrine (adrenaline) auto- Injection - dose 0.15/ 0.3 mg into the upper outer thigh, . If no improvement in 5-10 minutes or if condition deteriorates repeat the epinephrine injection and 10 puffs of salbutamol</p>

Care Requirements:

- After administration of Epi-Pen, **ring 999** and report a severe allergic reaction. Give used pens to ambulance staff or nurse for safe disposal.
- Ring Parents.
- After the incident a debriefing session will take place with all staff involved.
- Parents will replace all used medication.

Staff Indemnity:

Ealing Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, having been provided with adequate training, and are following the LA's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee will meet the costs of damages should a claim for alleged negligence be

successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

Agreement & Conclusion:

- The school and the parent will hold a copy of these notes. A copy will be sent to the Local Education Authority Safety Section for information.
- Any necessary revising will be the subject of further discussions between the school and parents.
- On a termly basis, any change in routine will be noted and circulated

It is the Parent or Carer's responsibility to ensure medication is available and replaced before the expiry date on the label.

Agreed & signed

Headteacher _____
Date _____
Parent/Guardian _____
Date _____

KS/GK/JB Ealing Hospital 05/06

APPENDIX 7

TUBERCULOSIS (TB)

What is Tuberculosis?

Tuberculosis is a bacterial disease usually affecting the lungs (Pulmonary TB). Other parts of the body can also be affected, e.g. lymph nodes, kidneys, bones, joints, etc.

How is TB spread?

Pulmonary TB is spread through the air. If a person with TB who is not taking medication for the cure of TB, coughs or sneezes, germs get into the air. Prolonged exposure to the TB organisms is normally necessary for infection to occur. TB in other parts of the body other than in the lungs is not infectious in any way.

What are the symptoms of TB?

The symptoms of TB include a low-grade fever, night sweats, fatigue, weight loss and persistent cough. The first symptoms of infection can take six to twelve months to appear. A person with TB disease may remain contagious until s/he has been on appropriate treatment for several weeks.

How to prevent the spread of TB.

The most important way to stop the spread of tuberculosis is by immunisation. Excluding the person with the disease from the premises, for a period to be decided by the hospital specialist.

Children who have recently arrived to live or from holiday, from parts of the world where tuberculosis is more common (e.g. the Indian Sub-continent or Africa) should be encouraged, through their parents to attend their GP's practice for a Heaf test and if necessary BCG. In order to spread TB germs, a person must have TB disease. Having TB infection is not enough to spread the germ. TB may last for a lifetime as an infection, never developing into disease.

What is the difference between tuberculosis infection and tuberculosis disease?

TB infection may result after close contact with a person who has tuberculosis disease. TB infection is determined by a single reaction to the 'mantoux' skin test with no symptoms of TB and no TB organisms found in the sputum.

How can TB disease be detected in a person?

By taking a Heaf test. This test can be arranged through your GP. TB infection is characterised by the appearance of symptoms, a significant reaction to a 'mantoux' skin test and organisms found in the sputum.

What action to take if a person attending the school is found to have TB disease?

The disease has to be reported to both the Ealing Area Health Physician on 020 8893 0303 and Environmental Health Officers on 020 8825 6299 who will be able to provide up to date information and action to be taken.

Record the incident in the Councils Accident Form 2508 and send the form to the Corporate Safety Office.

APPENDIX 8

DEALING WITH CARBON MONOXIDE LEAKS OR EXPOSURE

Incidents of Carbon Monoxide (CO) leaks or exposure to the fumes in schools is rare, but when there is an incident, this is usually caused by poor combustion of gas in faulty installations (gas fired boilers) or as a by-product where LPG heaters are used without adequate ventilation.

In gas fired boilers, carbon monoxide is usually formed when there is inadequate oxygen in the atmosphere to allow for complete combustion. It is therefore crucial that adequate ventilation is available in the vicinity of gas fired equipment.

Ventilation grills and exhausts from the gas equipment must not be blocked, (e.g. by placing equipment in front of it, by builders rubble during construction in adjacent areas, etc).

Carbon Monoxide is a poisonous gas that interrupts the way the human body absorbs oxygen and expels carbon dioxide, thus depriving the body tissues of the necessary oxygen. In severe case, CO poisoning may result in permanent damage to the central nervous system and death. CO disrupts in a drastic way. If CO is present in the inhaled air, the haemoglobin in the blood will combine preferentially with it to form carboxyhaemoglobin, and as the dose of CO increases, less and less oxygen is absorbed into the bloodstream.

The level of carboxyhaemoglobin in the blood depends mainly on the concentration of CO in the air and the period of exposure.

Individual susceptibility is also a factor of CO poisoning, as people with pre-existing heart and lung disease may be particularly vulnerable to oxygen deprivation.

Exposure to CO is also identified as a specific hazard to new or expectant mothers.

The symptoms of CO poisoning are directly related to the degree of saturation with carboxyhaemoglobin, as shown in the following table.

Blood % saturation with CO- haemoglobin	Symptoms
0 – 10	None
10 – 20	Tightness across forehead
20 -- 30	Headache
30 – 40	Severe headache, weakness, dizziness, nausea, vomiting
40 – 50	Collapse, increased pulse rate and respiration rate
50 – 60	Coma, intermittent convulsions
60 – 70	Depressed heart action, death possible
70 – 80	Weak pulse, slow respiration, death likely
80 – 90	Death in minutes

In spite of haemoglobin's enormous affinity for CO (relative to oxygen) the CO can be displaced by adequate oxygenation. In most cases this means taking the affected person/s from the affected area into an area with plenty of fresh air.

What actions to take in the event of persons in the school are affected by CO?

Sever incidents of CO in schools are very rare. In the event persons being affected by CO;

- remove the person into an area with plenty of fresh air
- **refer to hospital and obtain expert advice**
- **refer to School Services' Guidance on Dealing with Carbon Monoxide Leaks or Exposure**
- **report the incident in Ealing Council's Accident Form**