



**Oak Tree  
School**

# **First Aid and Medication Policy**

<b>Policy Number</b>	<b>V7</b>
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<b>Owner</b>	<b>George Haynes</b>

## Document History

Version	Comments/amendments	Name	Date
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## 1. First Aid Requirements

It is the policy of Oak Tree School that there should be adequate and appropriate equipment, facilities and trained personnel to provide first aid within the school. The school has identified that **two** fully qualified first aiders holding the First Aid at Work Certificate (16hr or equivalent) are required at school as well as all staff involved with Outdoor Education and PE offsite. The school then requires personnel that transport children or work in higher risk areas (Science, DT and Catering) to hold the Emergency First Aid Certificate for adequate cover. Oak Tree School has procedures which record all accidents, and provides for the reporting of fatal or serious accidents, injuries etc. to the Health and Safety Executive and Acorn Education and Care.

## 2. School First Aiders

The **Headteacher** carries the responsibility for informing the school community of the first aid arrangements. The school has assigned **George Haynes (Outdoor Education Assistant Lead instructor)** as First Aid coordinator who is responsible for overseeing the arrangements for first aid within the school. Their duties include ensuring:-

- that first aid equipment is available at strategic points in the school  
**(First Aid Room, Reception, Kitchen, Science, Design Technology, Minibuses and with Outdoor Educators)**
- that the correct level of first aid equipment is maintained in each first aid box
- that a sufficient number of personnel are trained in first aid procedures  
**(See list of trained first aiders, date of training and qualification)**
- that first aid qualifications are, and remain, current (e.g. First Aid at Work Certificates are valid for 3 years)

This person will also regularly check first aid logs for indications of recurrent or frequently reported types of injury. First aid arrangements are the subject of regular and systematic checks.

The school records any first aid treatment given on-site and retains these records for inspection in the statutory accident book. Emergency contact numbers, and consent for medical treatment are obtained for all pupils. Parents/carers are informed of significant incidents in an appropriate manner.

## 3. Treatment of Injuries

The school will rely on the knowledge and experience of its trained first aiders in order to administer appropriate treatment to injured persons. Where there is any doubt about the appropriate course of action, the first aider will be expected to consult with the Health Service helpline:-

NHS DIRECT                      111

## 4. When to Call 999

Any accident that is beyond First Aid assistance, including serious head injuries, excessive bleeding, unconsciousness or any other life threatening situation, must be treated as an emergency and a call for ambulance assistance must be made. Action must be taken as soon as possible as haste is of the essence. The Headteacher must be informed and an incident recorded in accordance with RIDDOR.

## 5. Emergency Procedure for Major Incidents

In the event of such an emergency or if an 'at risk' pupil falls ill then the member of staff at the incident must:

1. Call 999
2. Summon a First Aider and get the relevant medication
3. Emergency treatment should be delivered.

When Phoning 999 the following information must be given:

- School telephone number
- School address: Oak Tree School, Truro Business Park, Threemilestone, Cornwall, TR4 9NH
- Give your name
- Name of casualty and symptoms/any known medical condition
- Inform Ambulance control of the best entrance e.g. Main School,
- If an ambulance is called the reception and SLT should be informed and an adult should go to the notified entrance to give directions to the ambulance crew.
- The First Aider or responsible adult must accompany the casualty to hospital.
- If the emergency services are called the parent/carer of the casualty will be telephoned by the School Admin Officer or a member of SLT as soon as is practicable

## 6. Suspected Head, Neck & Spinal Injuries to Pupils

In the event of a suspected head, neck or spinal injury to a pupil it is the policy of this school, in addition to the normal first aid procedures, that the pupil's parent/guardian is contacted and informed of the injury.

The attending first aider, in consultation with the parent/guardian, will decide the appropriate course of action in each case. The first aider will ensure that treatment is not delayed by difficulties in contacting the parent/guardian.

In any case where there is any doubt about the pupil's wellbeing, the first aider is expected to contact NHS Direct for advice or phone for an ambulance as appropriate.

## 7. Other Significant Injuries

Any other serious injury will be notified to the parents/legal guardian by the quickest means possible (normally by phone) by the class tutor or first aider depending on severity.

In addition to the procedures above, the School will notify parents/legal guardians of any other significant injury by way of:

- a telephone call
- an email
- a form

Records of notification to parents will be kept in the first aid folder in reception which will include copies of written notifications.

## 8. Escorting Pupils to Hospital

When it is necessary for a pupil to be taken to hospital, they will be accompanied by a member of staff – unless the pupil's parent or guardian is in attendance.

*For Secondary School pupils the member of staff may travel to the hospital in their own vehicle (rather than in the ambulance with the child) unless the child is overly distressed/confused. This decision should be made in consultation with the attending paramedics and the parent/guardian if he or she is immediately contactable. The member of staff should ensure that they arrive promptly at the hospital to meet the pupil as they are admitted to casualty.}*

The member of staff will stay with the pupil until a parent or guardian arrives and responsibility is "handed over".

## 9. Oak Tree School protocol for dealing with body fluid spillages

### 9.1. General statement

The aim of this part of the policy is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff that may come into contact with spillages of blood and other body fluids. All staff should be aware of their personal responsibilities in preventing the spread of infection.

### 9.2. Legal position

The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and oral secretions
- Vomit
- Faeces
- Urine
- Wound drainage

### 9.3. Prevention and preparation in case of spillage

- Workplace to provide a suitable assessment of the health risks associated with exposure to spillages of body fluids
- Staff to be aware of policy and risks associated with exposure to body fluids
- Provision of appropriate first-aid facilities and staff
- Materials for dealing with spillages to be readily available i.e. 'spillage kits'. These are kept in the cleaner's cupboard, staff room and medical room.
- Regularly evaluate the procedure and update as necessary

Disinfection aims to reduce the number of micro-organisms to a safe level. All blood spills should be treated as a source of infection and dealt with according to strict hygienic principles.

## 9.4. Management

If any type of body fluid has been spilled onto a surface the following precautions should be made:

- Notify appropriate staff i.e. cleaners, to secure the environment by placing warning signs.
- All staff dealing with a biohazard spill to wear protection i.e.
  - Disposable gloves
  - Disposable plastic apron
  - Eye and mouth protection with goggles and mask, if splash or spray anticipated
- Access 'spillage kit' in order to clean up spillage promptly. This pack contains: absorbent granules, disinfectant, scoop and scraper, disposable gloves, bags.
- Sprinkle granules over the spillage, completely covering it. This will solidify a liquid in 2 minutes. Don't stand over the solution as it can be a respiratory irritant.
- Using the scoop and scraper provided, remove the now solidified residue and place in a bio hazard bag, along with scoop and scraper. Dispose of in accordance with waste management regulations.
- Clean area and equipment thoroughly using hot water and detergent, and disposable cloths.
- Hand hygiene should be performed following management of spillage.

**N.B.** If a spill contains glass or sharps, these should be picked up carefully and disposed of into a sharps bin.

## 10. Medication

### 10.1. Rationale

Many pupils will need to take medication, or be given it at school at some time in their school life. For most, this will be for a short period to allow them to finish a course of antibiotics or apply a lotion. In some cases there may be a long-term need for pupils to take medication. To allow pupils to take or be given medication at school minimises the disruption that could be caused by illness and allows their education to proceed at a steady rate alongside their peers. Although timings of medication will take precedence, even if minor disruption results, we will minimise this as much as possible.

### 10.2. Aim

To work in partnership with parents/carers, pupils, health professionals and other colleagues to ensure that children who require medication during school time are able to receive it in a safe and secure environment allowing them to continue to make progress at school and progress in their education. All parties will work with the same information in the same format.

### 10.3. Legislative context

This policy is in line with relevant legislation. The following is a list of legislation/guidance that has a direct impact on the handling of medication within a care home for young people:

- Children Homes Regulations 2015
- The Medicines Act 1968 (revised 2006)
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001.
- Nursing Midwifery Council code for Registered Nurses
- The Data Protection Act 2018

- The Health and Social Care Act 2008 (regulated activities) Regulations 2014
- CQC regulations 2009
- The Administration and Control of Medicines in Care Homes and Children's Services
- 'Handled with care?' – 'Managing medication for residents of care homes and children's homes – a follow up 'study'. (CSCI Special Study Report Feb 2006).
- Mental Capacity Act 2005

## 10.4. Our Commitment

In common with good practice, we will aim to work in partnership with parents/carers and (as appropriate) pupils to meet their individual needs. The following guidance aims to ensure a smooth-running partnership that minimises the impact of medical requirements on the day-to-day school life of pupils. Parents/carers are encouraged to contact the Headteacher if they feel that procedures require adjustment or alteration to suit their specific case. The Headteacher will then refer this to the prescribing medical professional.

It is important that pupils who need to take medication at school are involved as closely as possible in the arrangements made for them. When making arrangements for medical care at school the following should be considered:

- Independent management of needs
- Supervised administration of medication
- Staff administration of medication

Information about an individual pupil's medical condition and related needs will only be disseminated to relevant staff in order to ensure the pupil's well-being. Information can only be passed on with the consent of parents/carers.

Where there is concern about whether Oak Tree School can meet either a pupil's needs or the expectation of parents/carers, the Headteacher will seek advice from Acorn Education & Care (Richard Power - Director of Education) and a suitable health professional.

Advice on the storage of medicines should be sought from a qualified pharmacist when required. Instructions with medication should be preserved and followed.

## 10.5. Designated staff

Only designated staff should be recording, handling or administering medication:

- Designated staff will have attended training, covering key areas: receipt, storage and administration of medication and controlled drugs.
- Designated staff will have been assessed as competent to administer medication or to witness medication administration and their competence will have been signed off by a senior manager, first aid co-ordinator or school nurse.

Staff will assist pupils with their medical needs after consultation with the Headteacher. Agreements for administering medication will normally fall to the Headteacher after adequate consultation with parents/carers and pupils. **No staff member should enter into individual agreements with parents/carers or pupils.**



Staff that provide support for pupils with medical needs which may include the administration of medication will be given support by the Headteacher, access to necessary information, and receive appropriate training and guidance where necessary.

## 10.6. Storage of Medicines

Medicines may be potentially harmful to anyone for whom they are not prescribed. We will try to ensure that risks to the health of others are properly controlled. A secure location is provided by Oak Tree School, this is in the medicine cabinet in the office.

Medicine must only be brought to school in a suitable container. The container should be clearly labelled with the following information:

- Name of the pupil
- Name of the drug
- Dosage
- Frequency of administration
- Expiry date

Medicines should always be kept in their original containers.

When a medicine requires refrigeration it is kept in a fridge in the school office. The container should be clearly labelled as described above. If a refrigerator contains medicines, access to it should be carefully monitored. Members of staff who use the refrigerator are made aware of the importance of keeping the medicine safe and secure within the fridge.

In an emergency pupils should have prompt access to their medicine through a recognised procedure. It is the duty of the Headteacher to ensure that all staff are familiar with the emergency procedure.

Oak Tree School staff will NOT dispose of medicines. Out of date medicines will be returned to parents /carers at the end of each term for disposal. Parents will be instructed to return these to the pharmacist for safe disposal.

The Headteacher will ensure that staff know how to call the Emergency Services/NHS Direct.

A pupil who is taken to hospital by ambulance should be accompanied by a member of staff who will remain until the pupil's parent/carer arrives at the hospital. If a pupil is taken to hospital, it is essential that Oak Tree School makes every effort to inform parents/carers immediately; failing this the emergency contact person will be informed.

In an emergency it may be necessary for 2 members of staff if possible to take a pupil to hospital in his/her own car. When a pupil is taken to hospital by a member of staff they should also take with them all medication the pupil is currently taking together with the pupils medical record showing what medication has been taken, when it was taken, the dosage and what the medication is being taken for.

## 10.7. Working with parents/carers

We will work together with parents/carers to ensure that all relevant information with regard to a medical condition which may affect a pupil at school is passed on to all concerned. Information will only be requested from parents/carers when it is necessary to ensure the health and safety of the individual pupil and/or their peers at school. The confidentiality of a child's medical records will be respected. Information is gathered at induction meetings and regular reviews. Separate information is requested when a pupil is going off-site.

All parents/carers will be informed of Oak Tree School policy and procedures for addressing the medical needs of children.

Parents/carers should provide the school with adequate information about their child's medical condition, treatment, or any special care needed at Oak Tree School. They should, in partnership with the school, reach an agreement on Oak Tree School's role in helping to address their child's medical needs. Any details will be passed on to those who need to know using the staff meeting forum.

The cultural and religious views of families should always be respected and if parents make a specific request (i.e they don't want certain treatments for their children) Parents will be asked to communicate this in writing and sign it.

Parents/carers will be asked for the following information about medication:

- Name of medicine
- Dosage
- Method of administration
- Time and frequency of administration
- Other treatment which may involve Oak Tree School staff or affect the child's performance during the school day
- Side effects which may have a bearing on the child's behaviour or performance at school

Pupil medical conditions will be established at the interview and home visit. Parents/carers should advise Oak Tree School of any changes in the medication administered to their child and or changes of their condition at the earliest opportunity.

## 10.8. Administration and recording of Medicines

If a pupil refuses to take medication, Oak Tree School will record this and inform the child's parents/carers. If the medication is essential to the child's continued well-being, Oak Tree School will call the emergency services and inform the parents/carers. If the medication is essential to the child being educated Oak Tree School will contact the parents/carers to discuss actions to be taken.

Medication should be brought to Oak Tree School only when it is needed. Often medication can be prescribed in dose / frequencies which enable it to be taken outside school hours. Parents/carers should be consulted about this.

We will never administer medication without consent.

- Medicines supplied for an individual are the property of that person and **The Medicines Act 1968** clearly states that medicines must only be administered to the person for whom they have been prescribed, labeled and supplied. Therefore medicines obtained in this manner may not at any time be used for another person and must not be used for a purpose that is different from that which they were prescribed for.

- Staff must not tamper with prescribed packs of medication i.e. by mixing medicines, as this may lead to potential claims under product liability law. This applies to the receipt of new supplies of medications. The original supply must be finished first.
- It is the responsibility of the Headteacher (or the person to whom they have delegated this to) to ensure that stock levels of non-prescribed medication are kept at an appropriate level.

### **10.8.1. Preparation**

Collect all the equipment that may be required prior to removing the medication from the locked cabinet, for instance:

- Jug of water and cups
- Spoons and syringes
- Medication record charts and pen
- Medication
- Tissues
- Latex free gloves

Wash hands thoroughly and explain the procedure to the young person. Only administer medication to one young person at a time.

The member of staff must:

- Check correct names on container, correct medicine, dose and time.
- Check Medication Administration Record (MAR) Sheet and that it is the correct young person
- Sign that the accurate process has been followed

N.B. Medication must never be secondary dispensed for someone to administer at a later time or date.

### **10.8.2. Process of Administration**

Read the MAR sheet for the 'five rights' of administration and consider the 'sixth right'

1. Right medication
2. Right dose
3. Right time
4. Right route
5. Right person
6. Right to refuse

It is essential that the people administering the medication, cross- reference the medication label with the Medication Administration Record sheet.

Check that the medication has not already been administered.

Give medication to the young person/adult resident and observe that it is swallowed.

Immediately sign the Medication Administration Record sheet to indicate that the medicine has been taken by the person. Lock the medicine away.

The Medication Administration Record is a working document and the initials of the people administering the medication and the date of administration must be linked to a specific medication. This is to facilitate audits at a later date and to ensure that the records are clear.

The signature and initials of all members of staff responsible for administering and witnessing medication must be on a signature sheet which is kept in the medication folder in the school office.

- Record also if a young person refuses medication.
- Record if medication is spilt or dropped and re-administer.
- Record if medication is regurgitated but DO NOT re-administer.

If the person refuses to take the medication, inform a senior member of staff on duty, who will then inform the Headteacher, if necessary, and, if appropriate, the person's parent/carer. Advice may be needed from the GP or school nurse/pharmacist.

### **10.8.3. Administration of medication away from the school**

When a young person/adult resident is away from the school overnight e.g. camping on a school organized trip, medication must be taken in its original container. Medicines must not be dispensed into unsuitable containers i.e. envelopes.

Appropriate entries in the Medication Administration Record and the young person's records must indicate that they have been away from school and details of the amount of medication the young person has taken with them should be made.

The 'Administration of Medication Away from school' form must be completed and retained on the young person's file.

It is accepted that medication that travels between schools and home will usually be sent with the taxi driver but this must be an original container in a sealed prescription bag or sealed envelope. All taxi companies used by schools have been approved by the Local Authority.

## **10.9. Medication errors i.e. under dose/overdose or medication given to the wrong person.**

Most medication errors are likely to be:

- Medication administration errors or
- Recording errors

Medication administration errors include giving the wrong dose, giving medicines at the wrong time, missing a dose of medication or giving the wrong medicine.

Recording errors include not recording that medicines have been administered, recording the wrong amount of medication, recording the wrong time when medicine was given.

Recording errors are incidents where the correct medicine was given but there has been some mistake in the way it has been recorded.

Medication errors are incidents where the wrong medicine has been given in some way.

If you realise you have made a medication error, or you identify that an error has been made by someone else, you should ensure you follow the actions outlined in this policy.

Always inform the most senior member of staff on duty, but **do not delay** seeking any immediate medical treatment needed if that person is unavailable.

### **Immediate Action If Emergency Medical Care Required**

- As soon as the error is discovered and **if the child or adult resident is in need of immediate medical attention** an ambulance should be called.
- The most senior person on shift must be informed. They should inform parent/carer and the local authority social worker (if applicable).
- A member of staff should accompany the young person to hospital and take with them all medical information including the MAR sheet, information concerning any allergies, all current medication and full details of the error that has occurred.
- The incident should be reported in line with the serious incident reporting protocol and the Director Of education (Richard Power) must be informed as soon as possible.
- The member of staff who has made the error should be suspended from medication administration duties until their competency has been reassessed.
- If the child has sustained harm then the incident should be reported to the local authority following the procedures in the school's safeguarding policy.

### **Action if Immediate Medical Attention is NOT Required**

- If the child/adult does not require immediate medical attention advice should be sought from the GP, pharmacist or 111 service. This conversation should be fully recorded and any advice given shared with the SLT.
- The child's condition should be continuously monitored and clear records kept of those observations.
- The parent/carer and local authority social worker (if applicable) should be informed.
- The member of staff who has made the error should be suspended from medication administration duties until their competency has been reassessed.

### **Action for All Medication Errors**

- Details of the error should be recorded on the MAR sheet.

### **Investigations into Medication Errors**

- The Headteacher should decide the most appropriate person to undertake the investigation into the medication error.
- Medication errors may be the result of problems with processes or procedures which have contributed to individuals making errors. Therefore, the investigation should be approached as an opportunity to identify any procedural or process issues that need to be rectified as well as considering whether there may be staff training or competency issues.
- If the incident has been reported to the local authority as a safeguarding incident, any internal investigation must not begin until the local authority have concluded any investigation or action that they decide to undertake.
- The report should include :
  - an account of the incident including the views of the young person affected where appropriate
  - details of immediate actions taken
  - an analysis of the cause of the incident
  - recommendations to prevent future recurrence which may include revisions to policy and procedure, changes to recording or administering practices, staff training, equipment , reassessment of competency etc.
  - If there are individual staff actions which cause concern this should be discussed with the Headteacher and the HR department.
- The investigation report should be shared with the Headteacher the Director of Education (Richard Power)
- If during the investigation, any complaint is made by the young person, their parent/carer or another professional, the complaint process should be followed alongside the investigation.

### **10.10. Disposal of Medication**

Any medication that has passed its expiry date or is unused (e.g. no longer required) should be returned home in a locked container so that parents/carers can return them to the pharmacist. The transfer of medication should be detailed on the Medication Administration Record.

### **10.11. Controlled Drugs**

On receipt of Controlled Drugs, the Medication Administration Record sheet and Controlled Drug book must be completed and signed by two members of staff.

### **Storage of controlled drugs**

Controlled drugs must be stored in the locked medicine cupboard which may be within the main medicine cupboard. The controlled drugs cupboard must be affixed to a wall.

The key for the cupboard must be locked in the key cabinet in the school office.

### **Administration and recording**

Follow the preparation process and the six rights of administration as detailed in section 10.

The Medication Administration Record sheet and the controlled drugs book must be signed immediately.

If controlled drugs need to be used within a few minutes of a medical emergency (eg Buccolam) the drug may be carried on a staff member in a 'bum bag'. The bag must also contain a clear protocol document and there should be a risk assessment to record the reasons why this is not locked away.

The bag must not leave the staff member's person at any time. It must not be passed to anyone else or put down anywhere.

Each young person must have, on their file, prior written permission from the person/s with parental responsibility for staff to administer first aid and non-prescribed medication.

It must be clear on each young person's file who has the authorization to give medical consent for routine treatment, emergency treatment and administration of first aid, non-prescribed and prescribed medication.

Medication Administration Records (MAR) are a legal document, they must not be erased or 'tippexed' and no highlighter should be used. Mistakes must be acknowledged by way of initials on every occasion.

Staff must read the patient information leaflet, which is packed with the medication, to ensure they are aware of what the medication is for, any side effects and any medications that must not be taken at the same time. A patient information leaflet for medications that are blister packed must also be filed.

Staff will not accept medication from the pharmacist that does not state the exact prescribed dosage- '**as directed**' will not be accepted unless there is a related protocol specifically drawn up. If this does occur, staff must return the medication to the pharmacist for the doctor's specific instructions of the prescribed medication.

### **Transfer of Controlled Drugs**

If controlled drugs are transferred between the child's home and the school then a locked metal box must be provided with two keys or a combination lock. One key must be retained by the parent/carer and one by the residential home/school. This will ensure that the box cannot be accessed on route.

## **10.12. Sharps / Needles**

Where pupils require medication which is supplied with a syringe or epi-pen, or where blood needs to be tested, the staff must dispose of the needles appropriately. A bona-fide sharps box will be used for this purpose.

### **10.13. Non-prescribed medication**

A non-prescribed medication list is intended to meet a recognised need to treat minor ailments without necessarily consulting the young person's GP. Dosage instructions should be clear, the date of purchase should be recorded and all medication stored in the locked medicine cabinet.

N.B. Prescribed and non-prescribed medications should be kept separately within the medicine cabinet.

Non-prescribed medication should be administered at the discretion of parents/carers and can be delegated down at the discretion of the parents/carers. First Aid equipment must again have a separate storage space.

Non-prescribed medications are to be taken in accordance with the Patient Information leaflet directions and should be used for acute self-limiting conditions only. Any non-prescribed medication given to a person must be recorded on a MAR Sheet and signed. The medication should be stored, administered and disposed of as for prescribed medication.

As part of the young person's referral process, information should be sought to ensure we have clear knowledge as to any health issues that may occur:

- Any allergies the young person has.
- Any medication the young person is taking.
- Any reactions the young person has had to medications.

During the admission process, consent should be sought from whom ever has parental responsibility as to the administration of the identified non-prescribed medication that the young person may be given. A clear understanding as to when the medication would be administered must be given alongside a copy of the consent for non-prescribed medication form.

#### **10.13.1. Minor conditions that may be resolved with non-prescribed medication**

Staff can check with the school nurse, by phoning 111, or with young person's GP or pharmacy if they are unsure about the young person's condition. It is recognized that not all services within the company use homely remedies but for those that do, the following should be heeded.

##### **Cuts and Grazes**

Staff are advised to wear gloves if dressing any open wounds and where contact with body fluids is likely to occur. Cuts and grazes should be washed with water and cleaned thoroughly and allowed to dry. They can be covered with a hypoallergenic plaster or an individually wrapped dressing. Antiseptic creams must not be used.

##### **Dry Skin**

Aqueous cream - a useful moisturiser.



E-45 cream - a non-greasy softening/soothing unperfumed cream. This is useful for dry chapped skin. Some people may be allergic to the lanolin content.

### **Sunburn**

Prevention is better than cure. Use a sunscreen with a high blocking factor i.e. Factor 25 and above, particularly for sensitive skins. Hats and tee shirts should be worn during the summer. Summer sun should be avoided between 12 midday and 3pm. Calamine Lotion will help to relieve mild burning. If sunburn is severe, seek medical advice.

Certain drugs may predispose towards photosensitivity reactions (i.e. may react to the sun). Check with the local community pharmacist.

### **Eye Care**

For foreign bodies, bathe eye in warm water. An eye bath may be used. Consult the school Nurse, phone 111 or young person's GP if eye splashed with irritants i.e. bleach. If the eye, or surrounding skin, is inflamed and has a yellow/green discharge or is encrusted consult the young person's GP.

### **Foot Care**

Always get a diagnosis from the young person's GP if either athlete's foot or a verruca is suspected.

Young people with Diabetes Mellitus should **always** see the GP for foot care.

### **Bites/Stings - Internal**

If the bite or sting is to the mouth, ear, eye or nose **consult the young person's GP, the School Nurse or phone 111**. If lips begin to swell or the young person has difficulty in breathing, dial 999 immediately and administer first aid as necessary.

### **Bites/Stings – External**

Consult with the school nurse or phone 111

### **Urticaria, (itching i.e. from nettle rash)**

The following can be applied directly to the skin for relief of itching

- Calamine Lotion
- Witch Hazel Gel

### **Constipation**

Consult with the school nurse or the young person's GP.

### **Hay Fever**

Seek advice from a GP as the young person may be allergic to something else rather than have hay

fever. This will also enable tablets to be prescribed for the young person/adult and repeat prescriptions can also be requested.

### **Cough and Sore Throat**

Honey, Glycerine and Lemon cough syrup – Follow instructions on information leaflet

If the cough lasts longer than 1 week or produces green/yellow sputum or if the young person/adult has a raised temperature then consult the young person's GP

### **Diarrhoea**

The most important treatment here is to give the young person plenty of water to drink to prevent dehydration.

Consult the young person's GP if condition persists for longer than 48 hours, if condition deteriorates or young person is unable to keep fluid down because of vomiting.

### **Pain (Mild) i.e. headache, toothache, period pain etc.**

Any non-prescribed medication for mild pain must only be administered as directed in the patient information leaflet.

### **Precautions**

For any persistent pain, painful movement or pain that is not controlled with paracetamol consult the school nurse, phone 111 or young person's GP. Check that any prescribed medicine does not contain paracetamol before giving any other paracetamol preparations. Ensure that the correct dose of paracetamol is administered according to the young person's age.

## **10.14. Parental Concerns Regarding Medication**

Parents can discuss any medication concerns with the staff or school nurse in the first instance. If they cannot adequately answer any questions or concerns then they will contact the relevant person who can.

## **10.15. Covert Administration of Medication**

Staff should not administer medication to young people without their knowledge if the young person has the capacity to make decisions about their care.

Should there be an agreed need to administer medication covertly, permission should be sought at a best interests meeting from the parent, social worker, the GP and pharmacist. If agreed, permission from the GP and parents should be gained in writing and a method of administration agreed and recorded.

### **Thickened liquids**

Thickened liquids can be a choking hazard if they are made up to the wrong consistency. Any staff

administering thickened liquids must be observed by a competent person on the first occasion.

### **Crushed Medicines**

Crushing of medication can affect the absorption rate and efficacy of medicines and may pose a risk.

If there is a need to crush medication, permission must be granted by a pharmacist and the conversation carefully recorded.

### **10.16. Audit**

A half termly medication audit should be carried out by a competent person to ensure stocks tally with the MAR records.