



BRITISH SCHOOL OF TENERIFE EARLY YEARS MEDICINE POLICY

At the British School of Tenerife staff are expected to use their best efforts at all times to secure the welfare of the children. Staff are not trained medical professionals, so are not expected to provide medical treatment, and cannot administer medication apart from medication stated in this policy. However, they are expected to provide an appropriate initial response after a medical incident. The school will accommodate students with medical needs (such as asthma, allergies, regular medication, etc.) wherever practicable.

Aims

At The British School Tenerife we will endeavour:

- to care for sick or injured children until they are collected by the parents
- to provide First Aid as necessary from trained staff.

All staff will:

- ensure that they have read and understand the school's illness & Managing Medical Conditions Policy.
They should be able to act safely, promptly and effectively when an emergency occurs.
- be aware of specific medical needs of all children in Early Years.
- be trained in specific aspects of First Aid and the management of specific medical conditions, such as asthma, epilepsy, or the use of an EpiPen (epinephrine auto injector), as necessary.

Parents responsibilities

- Parents are responsible for ensuring that the school has accurate and up-to-date information about their child and about arrangements for managing emergencies. Such information includes:
 - Notification of any medical conditions, either at the time of admission or at any subsequent point, and of any changes to these conditions and/or treatment.
 - Immediate notification of any changes in their contact details (phone, mobile or e-mail) or those of relevant emergency contacts.
 - Parents should not send their children in to school when they are sick.
 - Parents should comply with the procedures for the administration of medicines during the school day.
 - The parents need to collect their child from the school after an accident or medical incident or give their consent by telephone should ambulance transportation to hospital be required and will meet the child at the hospital.
 - Parents can administer prescribed medicines where possible before and after school. If a child needs medication during the school day, then parents should come to school at the necessary time to administer it themselves.
 - If a child has been prescribed antibiotics, then parents are asked to keep them at home for 24 hours after the Medication was first administered. Please see separate illness policy.

PROCEDURES FOR ADMINISTERING INHALERS.

If a child only has an inhaler on an 'as required' basis, the parent must complete the Inhaler Consent Form which must be in place before the child starts in Early Years. The signed letter is kept in the medicine file and a copy in the child's individual file.

Every term the keyworker must check that the inhaler consent forms are up to date and the information is still correct. If not, a new form should be completed.

If a child needs their inhaler during the day, then the school must contact the child's parents. If we cannot contact them then we will administer the inhaler as described on the inhaler consent form and the child's care plan, the parent must be asked to sign the Medicine Form at the end when collecting the child.

- Only the Early Years Lead or the Head of Primary, will administer the inhaler.
- Parents must complete a care plan.
- When a parent brings an inhaler in for their child, they must bring a paper from the doctor with the child's name on it and the dosage required.
- Parents must demonstrate to the Early years Lead how to administer the inhaler to their child. The Early Years Lead must follow these instructions at all times.
- The date of issue must be checked
- The inhaler is then placed in the cupboard above the sink in the Early Years kitchen.
- Parents must state the name of the inhaler, the dosage, time due and why the child needs the medication.
- Parents must also complete the time and amount the last dose was given at home before coming to school.
- The member of staff who takes the inhaler from the parent at the beginning of the day must sign the medicine form.
- When medication is administered the medicine form must be completed by the Early Years Lead with the correct information including time administered, who administered it and the signature of a witness.

EPIPENS (See allergy policy)

If a child has been prescribed an EPIPEN,

- The parent should provide a care plan for the individual child and a clearly named box containing a EPIPEN and any other medication to be kept in the setting.
- The medication should be prescribed for the child by a doctor and be clearly labelled. It is the parent's responsibility to ensure that the EPIPENS are within expiry date.
- The care plan provided by the parent will provide a thorough guide to the use of the EPIPEN for that individual child and should be followed accordingly.
- Only staff that have received current training in the use of an EPIPEN will administer the EPIPEN. However, staff that have not received the training may witness the administration of the EPIPEN and assist with the necessary procedures and paperwork.
- Staff will be required to attend yearly EPIPEN training as long as there is a child or an adult in the setting that has been prescribed with an EPIPEN.

In the event of a child showing signs of allergic reaction or anaphylaxis, the child's INDIVIDUAL CARE PLAN should be followed. If EPIPEN is administered,

- All necessary paperwork must be completed, and signatures obtained as soon as possible. Whenever an Epi Pen has been administered emergency services will be called.
- An Incident Form will be completed, and the Epi Pen box must be stapled to the Incident Form.
- Once an Epi Pen has been administered the time of administration and the type of Epi Pen should be clearly written so as to be visual to all Doctor's and Paramedics.
- If EPIPEN has been used, a child MUST NOT return to school until EPIPEN medication has been replaced.

We are unable to accept children who have been prescribed Epi Pens onto the premises without their medication. Children who have out-of-date Epi Pens will also be unable to attend until we have been provided with two in-date Epi Pen. Although we will endeavour to remind parents when their child's Epi Pen expires, it is the responsibility of the parents to ensure that their child's epi pen is in-date.

CYSTIC FIBROSIS

If a child with Cystic Fibrosis attends the school they may take medications, including nebulizers, inhalers and tablets to aid digestion. One medicine that most children with Cystic Fibrosis need to be given during mealtimes is Creon, which aids the digestion of food

- Parents and Cystic Fibrosis Nurses will work with practitioners to ensure that any medications that need to be given during the day are explained and demonstrated.
- The parent must complete the Medicine Consent Form and a care plan which must be in place before the child starts in Early Years, this should state clear instructions on how and when the medication needs to be administered.
- The signed medicine consent form is kept in the medicine file and a copy in the child's individual file.
- The Early Years lead or Head of Primary should administer the medication whenever possible in the event they are not available the class teacher can administer it.
- Each time the medication is administered then a medical form must be signed by the person administering it and the person who witnessed it.
- Every term the keyworker must check that the consent form and care plan are up to date and the information is still correct. If not, a new form should be completed.
- Medication will be kept on the school premises; this will be sent home every term to be checked by the parents.

DIABETES

Intensive diabetes management which involves multiple daily injection regimens and insulin pump therapy are increasingly being recommended for children of all ages. Due to the age and development, young children with diabetes may not have the skills or confidence to give their own injections or take responsibility for them. In order to ensure children, get the support they need to live a full school life, appropriate diabetes care and management from schools is crucial for the child's short and long term health and optimum academic performance.

- All school staff are made aware of the children who have diabetes and are wearing an insulin pump or who have insulin administered via injection.
- General awareness raising training is delivered to all staff annually.
- Training on diabetes management will be provided for staff from a Children's Diabetes Nurse Specialist in conjunction with parents on an annual basis. In addition, appropriate opportunities to supplement training through the use of the school's training subscriptions, such as Noodle, will be undertaken.
- The Children's Diabetes Team will offer ongoing support and training as needed.
- Parents are able to enter the school to administer any medication at any point during the school day.

The ability of a child to take responsibility for their diabetes will be entirely dependent upon their age, individual capabilities and level of understanding.

- Parents should provide the school with appropriate testing equipment/medication as required to manage the child's diabetes at school.
- They can choose to supply the school with equipment and note when extra supplies are required/expiry dates due or instead may send insulin and their injecting equipment to school in daily with the child. At a minimum this will include an insulin pen, a blood glucose monitor, testing strips, lancing device, lancets and disposable needles.
- Staff will check the child's blood glucose level before the lunchtime bolus of insulin is due. If the child is competent to do this as indicated from the parent/carer, the staff member will

supervise. The child's hands should be clean in order to prevent incorrect blood glucose readings.

- Insulin injections will be administered according to the dose instructions given by parents and as detailed in the child's health care plan.
- After the insulin dose is given the child should go to lunch immediately as insulin can cause a child to have a hypoglycaemic episode if they have to wait in line for food.
- Staff should check with parents whether they wish their child to have certain foods if they are having school dinners.
- Parents who are carbohydrate counting need to provide detailed information to the school.
- Children having packed lunch should be supervised to ensure that food provided by parents is eaten and that children do not swap or share food items.
- Blood glucose tests may be conducted at other times of the day, for example before PE* or at times where the child or staff member reports symptoms of low blood sugar levels.
- If the child has a hypoglycaemic episode (blood glucose reading is less than 4mmol) just before lunch, the child will usually require a fast-acting sugar treatment as documented in health care plan. The lunchtime injection will in this case be given after lunch has been eaten where a full recovery from the event has occurred.
- High blood glucose levels (above 20 mmols) need to be reported to parent(s)/carer at the end of the school day, unless the child is unwell or they are on an insulin pump, in which case parents/carers should be contacted immediately.
- Parents will provide a 'hypo' box of appropriate treatment snacks to give to their child in the event of a hypoglycaemic episode and a detailed treatment plan.
- Parents should ensure their child has access to fast acting sugar (e.g. glucose tablets), on their child's person at all times.
- Staff will allow a diabetic child to have access to their sugar treatment at any time during lessons.
- When a child who reports feeling low, the treatment plan will be put into action. The child will be accompanied at all times.
- Once treated and the blood glucose have returned to normal levels, the child can continue with whatever they were doing, even physical activity.

Some children will know when they are going hypo and will be able to take appropriate action themselves (e.g. glucose tablets), but others, especially younger ones, those newly diagnosed or with learning difficulties may need help in recognising and treating their hypoglycaemic episode.

- All school staff should be aware of the signs of a hypoglycaemic episode and what to do should a child have a hypo.
- The signs can be different for each child and the child or their parent/carers can tell staff what their warning signs are. These should be noted in the child's individual healthcare plan.

In the unlikely event of a child losing consciousness-

- A child will not be given anything by mouth. The child will be placed in the recovery position (lying on their side with the head tilted back). An ambulance will be called, informing them the child has diabetes.

Physical Activity

Being physically active is an important part of diabetes management. Preparations are needed because activity, uses up glucose. If the child does not eat enough before starting an activity, their blood glucose level may fall too low and they will experience a hypoglycaemic episode. Also, if their blood glucose level is high prior to getting active, physical activity may make it rise even higher. Before, during and after activities, the child may at times need to check their blood glucose level carefully and must make sure they have a good fluid intake.

During P.E. lessons, in particular-

- Staff should be aware of the need to ensure that glucose tablets or a sugary drink are available nearby in case the need arises.
- On no account will the child be left alone, neither should they be sent off to get food from elsewhere.
- The child's parent will advise on any specific preparations required for physical activities.

If a child is unwell at school

If the child is unwell, their blood glucose levels may rise. This can happen even if the child just has a cold. High blood glucose levels may cause them to be thirsty, with the need to go to the loo more frequently. If staff notice this during the day, they should report it to the child's parents/carers so the necessary adjustments can be made to the insulin dose. As the child grows insulin regimes may need to be altered. At this point the healthcare plan should be updated. Parents/carers are responsible for informing the school about changes to their child's diabetes management.

MEDICATION WHEN ON EARLY YEARS OUTINGS

If the child is going out on a full day trip and uses an inhaler the inhaler must be kept with the class teacher. The Drug Control Form must be taken on the outing. The medication will then be administered in the same way as when a child is in the school.

HIGH TEMPERATURES

If a child has a temperature of 38.0°C or over whilst at school the parents will be contacted immediately to collect the child straight away as we cannot administer medication. If the parents cannot be contacted, we will contact the next person on the emergency contact list.

- Staff will ensure the children are kept as comfortable as possible until they are collected.

Please see Illness policy.

NAPPY CREAMS

Nappy creams are used as requested by the child's parents. Parents are asked to provide the cream; this must be clearly labelled with the child's name.

- Staff will check the dates on the creams every half term and hand them back to parents and ask parents for a new one.

SUN CREAM

We will endeavor to ensure that we take necessary precautions when going outside in sunny conditions. Parents need to provide a bottle of sun cream factor 30 or 50 with their child's name on it. The sun cream should be left in the child's box. On very sunny days children should arrive at school with sun cream already applied.

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