**Saint Mary’s Primary School**

**Greenlough**

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**Administering Medication Policy**

**(Supporting pupils with Medication Needs Policy)**

**September 2022**

|  |  |
| --- | --- |
| **DATE**  |  |
| **Chair of Board of Governors** |  |
| **Principal** |  |
| **Date of Review** | **September 2025** |

The Board of Governors and staff of St Mary’s Primary School, wish to ensure that pupils with medication needs receive appropriate care and support in our school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so**.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

* Parents are responsible for providing the Principal with comprehensive information regarding the pupil’s condition and medication.
* Parents must complete the **AR1 form** if their child has a medical condition and requires to take medication during school hours as a continuous arrangement or as a result of a short term medical condition. **Appendix 1 AR 1**
* Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. **Appendix 2 – AR 2**
* Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
* Only reasonable quantities of medication should be supplied to the school
* Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.
* Each item of medication must be delivered to the Principal or Class Teacher, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**.
* Each item of medication must be clearly labelled with the following information:
	+ Pupil’s Name.
	+ Name of medication.
	+ Dosage.
	+ Frequency of administration.
	+ Date of dispensing.
	+ Storage requirements (if important).
	+ Expiry date.

**The school will not accept items of medication in unlabelled containers.**

* Medication will be kept in a secure place, out of the reach of pupils. For example a locked filing cabinet.
* The school will keep records for which they will have templates available for parents to complete and copies can be given to the parent on request.
* If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school’s emergency procedures will be followed.
* It is the responsibility of parents to notify the school in writing if the pupil’s need for medication has ceased.
* It is the parents’ responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
* The school will not make changes to dosages on parental verbal instructions. They must put any changes in writing on a new AR2 Form.
* School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
* For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals. (AR 1 form and a copy of action plan).
* Where it is appropriate to do so, pupils will be encouraged to administer their own medication. This will happen under staff supervision at all times. The member of staff will check medicine labels, AR 2 form and then complete a class grid of medicines taken. (Appendix 3)
* The staff and governors would prefer all medicines to be handed over from a parent or a designated adult to a member of staff instead of children carrying medication to and from school. In the exceptional circumstance a child in key stage 2 could bring their own medication on the request of the parent.
* Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
* The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
* All staff will be made aware of the procedures to be followed in the event of an emergency.

**Record Keeping**

In St Mary’s, a Medical Needs Register is kept up to date annually and this information is reviewed with the parents at the annual parent meeting. It is updated when parents inform the school of any medical changes. All medical forms completed by parents will be retained in the class “Red File” along with the class grid noting any drugs administered during that school year. Red Files – are locked away in filing cabinets.

**Emergency Situations and Emergency Medication**

As part of our risk management processes the following arrangements are in place.

* All staff are informed annually of all pupils with a medical condition
* All staff are informed annually of pupils with Care/ Medication Plans.
* Staff receive training annually from the School Health Service regarding possible medical emergencies for the following main conditions:
	+ Acute asthmatic attack requiring more inhalers/attention than usual routine doses.
	+ Diabetic hypoglycaemic attack requiring Glucose (glucose tablets or hypostop).
	+ Anaphylactic reaction requiring Adrenaline (e.g. EpiPen® or Anapen®).
	+ Prolonged epileptic seizures requiring Rectal Diazepam.

The potential for an emergency to arise will be reflected in the pupil’s Medication /Care Plan which will incorporate a plan of action to take should an emergency occur.

Where a pupil with a known medical condition and who has a Medication Plan experiences a medical emergency, staff will be expected to follow the advice given in that Medication Plan. Temporary staff, who may be in attendance and may not have the level of awareness and understanding of permanent staff, are expected to act within their own competencies and experience and obtain appropriate help.

**Emergency Procedures**

* All staff should know how to call the emergency services. (**Appendix 5** **Emergency Call form** ) A copy of the Emergency Call form is displayed in both office notice boards and each member of staff will have their own copy in their teacher file for supply teachers to see.
* All staff should also know who is responsible for carrying out emergency procedures in the event of need.
* Children should know what to do in the event of an emergency, e.g. tell a member of staff.
* Parents will be immediately alerted.
* A pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain until the pupil’s parent arrives.
* The member of staff should have details of any health care needs and medication of the pupil and or a copy of the Medication Plan. (Health professionals are responsible for any decisions on medical treatment when parents are not available.)
* Individual Care or Medication Plans which include instructions as to how to manage a child in an emergency are shared with all staff.
* The incident will be fully recorded by the responding adult.
* Staff/ sub teacher handbooks should detail the schools emergency procedures.

**In all emergency situations a teacher or other members of school staff will be expected to act as a responsible adult or parent in the best interests of the child in recognition of their duty of care.**

**If in doubt phone for the emergency services.**

**Asthma Policy**

In St. Mary’s we recognise that asthma is a common condition affecting many of our children and we positively welcome all pupils with asthma.

We encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by all school staff, parents and pupils. Supply teachers, new staff and LTSS support staff will be made aware of the Action Plan for a child suffering an asthma attack. (See Appendix 6)

All staff that come into contact with children with asthma will be provided with annual

training on asthma from **the school health advisor**.

**The School:**

* Recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
* Ensures that children with asthma participate fully in all aspects of school life including indoor and outdoor physical activity.
* Recognises that immediate access to reliever inhalers is vital
* Keeps records of children with asthma (and the medication they take)
* Ensures that the school environment is favourable to children with asthma
* Ensures all staff who comes into contact with asthma knows what to do in the event of an asthma attack.
* Will work in partnership with all interested parties including all school staff, governors, doctors and nurses, parents and children to ensure the policy is implemented and maintained successfully.
* Will ensure that parents of children diagnosed with asthma, are aware of our school policy.

**Medication**

**Immediate access to reliever (blue) inhalers is vital.**

* Children are encouraged to carry their own reliever inhaler as soon as the parent, doctor or nurse and class teacher agrees they are able.
* All inhalers must be labelled with the child’s name by the parent. Parents are asked to ensure that the pupil carries it at all times.
* Parents should ensure that pupils have their asthma medication with them when they go on a school trip or out of the classroom.
* School staff are not required to administer medication to children.
* **All school staff will let children take their own Inhaler medication when they need to.**

Reliever (blue) inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. If children with asthma have immediate access to their reliever inhaler this situation should not arise. In an emergency situation when a pupil is having a severe asthma attack, using another child’s reliever inhaler is preferable to being unable to give any medication. This should only ever happen in an acute emergency situation.

**Record Keeping**

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. From this information the school maintains its asthma register, which is available to all school staff.

If medication changes in the meantime, it is the responsibility of the parent to inform the school immediately.

**Activities Outside the Classroom**

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register and have a sensitive attitude to pupils with asthma.

Children with asthma are encouraged to participate fully in all physical activity. Teachers will remind children whose asthma is triggered by exercise, to take their relief inhaler before the lesson.

If activities require leaving the school premises, the parents will ensure that the child’s inhaler accompanies them and remains accessible at all times.

**The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible, the school does not use chemicals in science or art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room if particular fumes trigger their asthma.

**Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the procedure as explained in the ***Action Plan for a child suffering an asthma attack in school*** which is clearly displayed in all rooms.

If a child has had an asthma attack and used their reliever medication in school, the school will inform the parents.

Minor attacks should not interrupt a child’s involvement in school. When they feel better they can return to school activities.

**Parental Responsibility**

It is the responsibility of parents to inform the school if their child has asthma and to provide the school with details of all medication the child is taking during the school day.

Parents are responsible for providing the child’s inhaler medication, which must be labelled with the child’s name by the parent, and must ensure that it remains within the expiry date. (Medication normally lasts about two years).

Parents are responsible for ensuring that they keep the school informed of any changes in medication.

It is advisable that pupils do not wear or bring into school, highly scented deodorants and perfumes as these may trigger an asthma attack.

**Pupil Responsibility**

All pupils within the school are expected to show appropriate consideration to fellow pupils with asthma. They are expected to help any child having an asthma attack by ensuring that a member of staff is called and, if necessary, by helping them take their reliever (blue) inhaler.

All pupils with asthma are expected to know how to gain access to and administer their medication in an emergency.

A spare reliever should be kept in the child’s classroom labelled with child’s name and recommended dosage.

**EPILEPSY POLICY**

In St. Mary’s we recognise that epilepsy is a condition affecting at least one in 200 children and 80% of these children attend mainstream school. Hence we positively welcome all pupils with epilepsy.

We encourage children with epilepsy to achieve their potential in all aspects of school life by having a clear policy that is understood by all school staff, parents and pupils. Supply teachers, new staff and LTSS support staff will be made aware of the Action Plan for a child suffering an asthma attack. (See Appendix 7)

All staff that come into contact with children with epilepsy will be provided with annual

training by **the school health advisor**.

Parents and health care professionals should provide information to schools to be incorporated into the individual medication plan, setting out the particular pattern of an individual child’s epilepsy/.

**In school**

Teachers

* will be aware of the type of seizures a child may have.
* Will be aware of a recovery period
* Will be aware that the following details need to be recorded and communicated to the parents
	+ any factors which might possibly have acted as a trigger to the seizure, e.g. visual/auditory stimulation, emotion (anxiety, upset)
	+ any unusual ‘feelings’ reported by the child prior to the seizure;
	+ parts of the body demonstrating seizure activity e.g. limbs or facial muscles;
	+ the timing of the seizure – when it happened and how long it lasted;
	+ whether the child lost consciousness;
	+ whether the child was incontinent.

This will help parents to give more accurate information on seizures and seizure frequency to the child’s specialist.

**Medicine and Control**

Staff will be aware

* that pupils with epilepsy are on medication to stop or reduce seizures
* If there are side affects from any of these medicines – parents will have informed staff.
* Medication for epilepsy should not need to be given during school hours.
* Most children with epilepsy take anti epileptic medicines to stop or reduce their seizures.
* Regular medicine should not need to be given during school hours.
* Triggers such as anxiety, stress, tiredness or being unwell may increase a child’s chance of having a seizure.
* Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare.
* Most children with epilepsy can use computers and watch television without any problem.
* Children with epilepsy should be included in all activities.
* Extra care may be needed in some areas such as swimming or working in science laboratories.
* Concerns about safety should be discussed with the child and parents as part of the health care plan.

The pupil’s Care/Medication Plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

**Diabetes Policy**

In St. Mary’s we recognise that diabetes is a condition affecting about one in 550 school age children. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

We recognise that each child may experience different symptoms and these will be discussed when drawing up the Medication Plan.

Staff will be aware that pupils with diabetes may

* need to go to the toilet more frequently

Or

* need to drink more frequently
* experience tiredness and
* experience weight loss (indicating poor diabetic control),

If staff have any concerns on these signs, they will naturally wish to draw any such signs to the parents’ attention.

We encourage children with medical conditions to achieve their potential in all aspects of school life by having a clear policy that is understood by all school staff, parents and pupils. Supply teachers, new staff and LTSS support staff will be made aware of the Emergency Action Plan for a child with diabetes. (See Appendix 8)

All staff that come into contact with children with diabetes will be provided with annual

training by **the school health advisor**.

Medicine and Controls

The diabetes of the majority of children is controlled by injections of insulin each day.

* Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection.
* Older children may be on multiple injections and
* others may be controlled on an insulin pump.
* Most children can manage their own injections, (supervision may be required, and a suitable, private place to carry it out.) (teacher records that medication was taken by the child in child’s own medical log book)
* Children with diabetes need to ensure that their blood glucose levels remain stable by checking their levels by taking a small sample of blood and using a small monitor at regular intervals.
* They may need to check their blood glucose levels during the school lunch break, before PE or more regularly if their insulin needs adjusting.

**Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.**

* When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.
* Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. (To be planned as the need arises.)
* If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low.
* Parents should supply extra sugary drink or glucose tablets with their child on days of PE or strenuous activities.
* Teachers may have an emergency stock within their classrooms as well.
* Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

**Allergies Policy**

The term Anaphylaxis refers to a number of reactions within the body, including hives, itching, swelling, watery eyes, runny nose, vomiting, diarrhoea, stomach cramps, coughing, wheezing, throat tightness/closing, difficulty swallowing, difficulty breathing, dizziness, fainting, loss of consciousness or a change of skin colour. The **most dangerous symptoms** are **breathing difficulties** or a **drop in blood pressure, which can be potentially fatal.**

**Our responsibility as a school.**

Anaphylaxis is rare, preventable and treatable.

It is the aim of St. Mary’s to establish and maintain a nut-free environment, for the safety of children who are **anaphylactic** to nuts and for those children who have unknown allergies to these products. The school will provide staff with training in the recognition, prevention and necessary treatment of anaphylaxis in children under their care. It is recognised that this is a life-long and potentially fatal disability, which is to be treated with the highest priority.

Preventive Measures

* Parents of newly enrolled pupils declare their child’s diagnosis on a medical data capture form before their child commences attendance at the school.

OR

In the case of a recent diagnosis whilst child is already attending the school, the parent must advise the school immediately that their child has been medically diagnosed as anaphylactic

* The child will be identified to staff
* Obtain the care plan from the health professionals and share with staff.
* The action/treatment plan will identify known triggers and symptoms where these are advised by a medical practitioner and provided by the parents/guardians of the child. (The parents/guardians of the child may choose to provide a MedicAlert bracelet or necklace for identification of the particular allergy concerned).
* An action/treatment plan will include a photograph of the child, the child’s name, emergency contact details, specific allergy, warning signs of reaction and emergency treatment required. The action/treatment plan will be displayed in the Principal’s office and a photograph of the child will be displayed in the staffroom.
* The parents/guardians should provide adrenalin (in the form of a self-administering Epipen) for storage at the school. The responsibility of providing an action/treatment plan and Epipens (there should always be two Epipens as part of the child’s treatment pack) is that of the parents/guardians of the child concerned. It is also their responsibility to ensure the medication is within the prescribed use-by period and the action/treatment plan is up to date.
* The Epipen and any medicines will be stored in the Office with the child’s treatment plan. It should be stored at room temperature away from bright light. If stored in a cupboard or drawer, this should not be locked, to ensure easy access if required. If the child is old enough, he/she should carry an Epipen with them at all times.

The School will control exposure to the allergen in the following way:-

* There should be no trading or sharing of food, food utensils or food containers.
* Surfaces such as tables/equipment will be washed clean of contaminating foods.
* The use of food in crafts and cooking classes may need to be restricted.
* Parents will be requested not to send in any foods containing nuts for their child to eat at break or lunchtime.

Training & Communication of safe practices across the school community

* All Staff working directly with the child with the diagnosis will be trained annually in the use of an Epipen and of the importance in recognising a potential anaphylactic reaction.
* Preparation for this training should be done prior to the commencement of a new school year.
* Children attending the school will be educated on the danger of allergies and anaphylaxis, both in general interaction and more formal education such as classroom discussion and video explanation. This will be done annually.
* Parents/guardians of children will be requested and encouraged to not provide food containing nut products within the school grounds.
* Should a child bring food containing nuts to school, the food should be taken away, placed in a sealable plastic bag and returned to the child’s parent or guardian from the school office. Alternative food will be provided from the canteen and a note sent home with the child explaining the reason for enforcing a nut free environment at our school.

**Note**: The adrenalin within an Epipen will not cause permanent damaging side effects if administered unnecessarily. Known side effects are increased heart rate, increased blood pressure, nausea or headache. The risk of not giving adrenalin is greater than any potential risk of giving it.

**See Appendix 9** for information for managing an allergic reaction.

**Appendix 1**



**SAINT MARY’S PRIMARY SCHOOL GREENLOUGH FORM AM1**

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

 **Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National Health Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information**

1. **Family Contact 1**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No (home/mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Family Contact 2**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No (home/mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **GP**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Clinic/Hospital Contact**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan prepared by**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe condition and give details of pupil’s individual symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daily care requirements (e.g. before sport, dietary, therapy, nursing needs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Members of staff trained to administer medication for this child (state if different**

**for off-site activities) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe what constitutes an emergency for your child, and the action to take if this occurs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Follow up care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I agree that the medical information contained in this form may be shared with individuals involved with the care and education of**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/carer**

**Distribution**

**School Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 2**



**SAINT MARY’S PRIMARY SCHOOL GREENLOUGH FORM AM2**

**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

**The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.**

**Details of Pupil**

**Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forename(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Circle - Male Female**

**Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Condition or illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

**Name/Type of Medication (as described on the container) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date dispensed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Directions for use**

**Dosage and method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NB Dosage can only be changed on a Doctor’s instructions**

**Timing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special precautions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any side effects that the School needs to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Self-Administration Yes/No (delete as appropriate)**

**Procedures to take in an Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Details**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No (home/mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Pupil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that I must deliver the medicine personally to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.**

**Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agreement of Principal**

**I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child) will receive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (quantity and name of medicine) every day at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time(s) medicine to be administered e.g. lunchtime or afternoon break).**

**This child will be given/supervised whilst he/she takes their medication by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of staff member).**

**This arrangement will continue until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (either end date of course of medicine or until instructed by parents).**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(The Principal/authorised member of staff)**

**The original should be retained on the school file and a copy sent to the parents to confirm the school’s agreement to administer medication to the named pupil.**

**Appendix 3**

**Class Record of medication administered during school year 20XX/20XX**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Pupil’s Name** | **Time**  | **Parental Consent for Medication****In file and checked by teacher****(AM2)** | **Signature of Staff** | **Print Name** |
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**Appendix 4**



Class: **PXX** Teacher: **XXXXX**  **2018-19 Medical Records**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Water Activities****Yes/No** | **Medical Condition** **(if Any)** | **Special Dietary Needs** | **Comments/ Remarks** |
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Updated September 20XX

**Appendix 5**

**(For office notice boards)**

**&**

**(Copies to be placed in teacher files for sub teachers.)**

**EMERGENCY CALL FORM**

**TO BE DISPLAYED BY THE OFFICE TELEPHONE**

**REQUEST FOR AN AMBULANCE**

to: **St. Mary’s Primary School**

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

1. Your telephone number (028 25 821 066).
2. Give your location as follows: (220, Mayogall Road, Clady, Portglenone, Co. Antrim BT44 8NN).
3. Give exact location within the school

(Primary school is **on the roadside** along **main road from Clady to Maghera**. The school is on the **right hand side** on a hill just **after** the College and the church).

1. Give your name.
2. Give brief description of pupil’s symptoms.
3. Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil.

**SPEAK CLEARLY AND SLOWLY**

**Appendix 6**

**Emergency plan – Asthma Attack**

**(Copy to be placed in teacher files for sub teachers.)**

**ACTION PLAN FOR A CHILD SUFFERING AN ASTHMA ATTACK IN SCHOOL**

**SEND SOMEONE FOR HELP**

* **An adult should remain present throughout the asthma attack.**

**ALLOW CHILD TO ADMINISTER RELIEVER INHALER (BLUE) IMMEDIATELY**

This will help open up the narrow air passages

* Up to 10 puffs of the reliever inhaler (blue) can be given over 5 minutes

(1 puff of the inhaler every 5 breaths)

**REMAIN CALM AND REASSURE THE CHILD**

* Don’t panic, with reliever medication an asthma attack is treatable.
* Comfort and reassure the child but do not restrict their breathing.

**HELP THE CHILD TO BREATHE**

* Allow the child to assume the position most comfortable for them. Do not force them to lie down; they will probably feel more comfortable sitting upright
* Loosen any tight clothing
* Encourage the child to breathe at a normal, steady rate and not to panic

**CALL AN AMBULANCE IF:**

* the child is unable to speak due to breathlessness
* the child appears exhausted, lethargic or blue around the lips
* the reliever medication has no effect after 5-10 minutes
* you have any doubts about the child’s condition

**If the child is taken to hospital:**

* Ensure they are accompanied
* Ensure the Principal and the child’s parents are informed.

**Minor attacks** should not interrupt a child’s involvement at school. When they feel better they can return to the school’s activities.

**Appendix 7**

**(Copy to be placed in teacher files for sub teachers.)**

**Emergency plan – Epilepsy**

An ambulance should be called during a convulsive seizure if:

* it is the child’s first seizure;
* the child has injured themselves badly;
* they have problems breathing after a seizure;
* a seizure lasts longer than the period set out in the child’s health care plan;
* a seizure lasts for five minutes if you do not know how long they usually last for that child;
* there are repeated seizures, unless this is usual for the child as set out in the child’s Medication Plan.

**Appendix 8**

**Emergency**

**Indicators for Diabetic Reactions**

**(Copy to be placed in teacher files for sub teachers.)**

**Emergency**

**Indicators for Diabetic Reactions**

Staff will be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a **hypoglycaemic reaction** (hypo) in a child with diabetes:

* hunger; sweating; drowsiness; pallor
* glazed eyes; shaking or trembling; local of concentration
* headache
* irritability
* mood changes, especially angry or aggressive behaviour.

Each child may experience different symptoms and this should be discussed when drawing up a medication plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10 15 minutes later.

**An ambulance should be called if:**

* **the child’s recovery takes longer than 10-15 minutes**
* **the child becomes unconscious**

Some children may experience **hyperglycaemia**, (high glucose level),

Children may

* have a greater than usual need to go to the toilet or to drink.
* Tiredness
* weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents’ attention.

**If the child is unwell, vomiting or has diarrhoea this can lead to dehydration.**

**If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.**

**Appendix 9**

**Managing Allergic Reactions**

**(Copy to be placed in teacher files for sub teachers.)**

**Emergency Information**

**Managing Allergic Reactions**

**Any, or all**, of the **following symptoms and signs** may be present in an **acute allergic reaction.**

**Antihistamine** should be given at the first sign of an allergic reaction and the child closely observed. Antihistamine dose may need to be repeated if the patient vomits.

For a child who has asthma, if there is any sign of breathing difficulty then their reliever inhaler (usually blue) should be administered.

Minor reactions (needing oral antihistamine):

* Feeling hot/flushing
* Itching
* “Nettle sting like” rash/welts/hives (urticaria)
* Red, itchy watery eyes
* Itchy, runny or congested nose or sneezing
* Swelling: face, lips, eyes, hands
* Tummy pain
* Vomiting or diarrhoea
* Metallic (funny) taste in the mouth

Even where mild symptoms are present the **child should be watched carefully** as they may be heralding the start of a more serious reaction.

If the reaction continues to progress despite antihistamine and any of the following symptoms/signs are seen, then the EpiPen®/Anapen® should be administered into the muscle of the upper outer thigh and an ambulance called immediately.

**Severe reactions (needing EpiPen/Anapen):**

* Difficult/nosy breathing, wheeze, breathlessness, chest tightness, persistent cough
* Difficulty talking, change in voice, hoarseness
* Swelling, tightness, itchiness of the throat (feeling of ‘lump in throat’)
* Impaired circulation - pale clammy skin, blue around the lips and mouth, decreased level of consciousness
* Sense of impending doom (“I feel like I am going to die’)
* Becoming pale/floppy
* Collapse

**If an EpiPen**®**/Anapen**® **is administered**

* **the child should be kept lying down,**
* **with feet raised (e.g. on a chair) to assist circulation.**
* **Principal calls for ambulance.**
* **Child transfers to hospital in this “head-down” position.**

**N.B.**

**Raising the patient’s head or assisting them to sit or stand up can result in an acute severe deterioration of the allergic reaction.**

**Occasionally, a second EpiPen/Anapen** **may be required if there has been no improvement in the child’s condition 5 to 10 mins after administering the first EpiPen/Anapen.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer’s instructions, are a well understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child’s leg. **In cases of doubt it is better to give the injection than to hold back.**