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| Ar scáth a chéile a mhairimid\\DC\userfiles\geraldine.hetherton\Desktop\School crest.jpg | Scoil an Linbh Íosa **Administration of Medication Policy** |

The Administration of Medication Policy contains the following documents:

* Policy Document Pages 2-3
* Letter to parents/guardians Page 4

Appendices:

1. Healthcare Plan Pages 5-7
2. Indemnity Form Page 8
3. Authorisation Form Page 9
4. Anaphalaxis Emergency Page 10
5. Asthma Emergency Plan Page 11
6. Diabetes Emergency Plan Page 12
7. Epilepsy Emergency Plan Page 13
8. Procedures for making Emergency Calls Page 14
9. Record of Administration Form Page 15

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**Introduction**

In Scoil an Linbh Íosa we endeavour to provide a caring environment that supports learning and is inclusive and favourable to all children including those children with chronic conditions such as Anaphylaxis, Diabetes, Epilepsy, or Asthma.

While the Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities, this does not imply a duty upon teachers to personally undertake the administration of medication.

The Board of Management requests parents to ensure that staff members are made aware in writing of any medical condition suffered by their child and to provide the necessary medication and/or medical equipment to deal within an emergency. This information should be provided at enrolment or at the development of any medical conditions at a later date.

**Policy Content**

**Parents/guardians are required to:**

* Inform the school of their child’s condition.
* Complete the Healthcare Plan Form (Appendix 1) and return to the school.
* Write to the Board of management requesting the board to authorise a staff member to administer the medication or to monitor self-administration of the medication.
* Provide written instructions of the procedure to be followed in the administration and storing of the medication.
* Ensure that an adult collects the out of date medication.
* Ensure that the medication is delivered to the school and handed over to a responsible adult and to ensure that an adequate supply is available.
* Indemnify the Board and members of staff in respect of any liability that may arise regarding the administration of prescribed medication in school or during school related activities (Appendix 2). The Board will inform the school’s insurers accordingly.
* Notify the school immediately of changes in prescribed medication (or dosage) with clear written instructions of the procedure to be followed in storing and administrating the new medication.
* Outline clearly in writing what should and what should not be done in a particular emergency situation, where children are suffering from life threatening conditions, with particular reference to what may be a risk to the child.

It is the responsibility of the parents to ensure that the healthcare plan is reviewed on an annual basis at the beginning of each school year.

**Procedures to be followed by the Board of Management:**

* The Board, having considered the matter, may authorise a staff member to administer

medication to a pupil or to monitor the self-administration by a pupil. (Appendix 3)

* + The Board will ensure that the authorised person is properly instructed in how to administer the medicine.
	+ The Board will receive an indemnity from parents in respect of liability that may arise regarding the administration of the medicine. (Appendix 2)
	+ The Board shall inform the school insurers accordingly.
	+ The Board shall make arrangements for the safe storage of medication.

**Responsibilities of staff members:**

* No staff member can be compelled to administer medication to a pupil.
* Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
* Medication must not be administered without the specific authorisation of the Board of Management. (Appendix 3)
* In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
* A written record of the date and time of administration will be kept.

(Appendix 9)

* In emergency situations, staff should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.
* Parents should be contacted should any questions or emergencies arise.

**Ratified by Board of Management**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chairperson, Board of Management**

|  |  |
| --- | --- |
| Ar scáth a chéile a mhairimid\\DC\userfiles\geraldine.hetherton\Desktop\School crest.jpg | Scoil an Linbh Íosa Principal: Geraldine HethertonProsperous, Naas, Co Kildare W91 DT10 Tel: 045 868660 Fax: 045 892546 Roll No. 18515J [www.prosperousns.ie](http://www.prosperousns.ie) email: enquiries@prosperousns.ie |

 Date:

Dear Parents/ Guardians,

Thank you for informing us of your child’s medical condition. In accordance with accepted good practice our school has drawn up a policy on the Administration of Medication.

As part of this practice we are asking all parents/guardians of children with a chronic condition to help us by completing a school Healthcare Plan for their child. Please complete the plan, with the assistance of your child’s health care professional and return the plan to the school.

Your child’s completed plan will provide helpful details about his/her condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child’s individual condition.

Please make sure that the plan is regularly checked and updated and the school is kept informed about changes to your child’s condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

You will see from our policy on the Administration of Medication that it is a requirement for parents to sign an indemnity form where it is likely that their son/daughter may require emergency administration of medication in a school setting.

You have indicated that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suffers from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and may require such intervention, and in accordance with the school’s policy, the enclosed form must be signed and returned to the school office for the attention of the Principal.

Thank you.

Kind regards,

Geraldine Hetherton

Principal

**Appendix 1 HEALTHCARE PLAN for a pupil with a chronic medical condition**

**1. Student’s Information**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings in the school:

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Contact Information**

**FAMILY CONTACT 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY CONTACT 2**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT 3**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP/DOCTOR**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSULTANT**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOSPITAL NURSE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The school may contact the above named for further information or training

**3. Details of the student’s conditions:**

Signs and symptoms of this student’s condition:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Triggers or things that make this student’s condition worse

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the case of epilepsy, how long does a seizure usually last?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Routine Healthcare Requirements**

During school hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside school hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Regular Medication taken during school hours:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Emergency Medication**

 **Please fill out details including dosage and route of administration:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please also refer to the Emergency Plan for relevant information:*

*Anaphylaxis Appendix 4; Asthma Appendix 5; Diabetes Appendix 6; Epilepsy Appendix 7*

If an injection is required please write to the BoM.

1. **Activities – Please indicate any special considerations to be aware of.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please supply any other information relating to the student’s health care in school which we need to know.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Agreement**

*Please tick the relevant box.*

I agree □ I do not agree □

that the medical information contained in this plan may be shared with individuals involved with my child’s care and education. This includes emergency services. I understand that I must notify the school of any changes in writing.

Signed by parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for Emergency Medication**

*Please tick the relevant box.*

In the event of an emergency,

 I agree □ I do not agree □

with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan.

Signed by parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 2 *ADMINISTRATION OF MEDICINES IN SCHOOL INDEMNITY***

THIS INDEMNITY was made the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BETWEEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother/Guardian) and/or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Father/Guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(hereinafter called ‘the parents’) of the one part and the Principal for and on behalf of the Board of Management of Scoil an Linbh Íosa, Prosperous, in the County of Kildare(hereinafter called ‘The Board’) of the other part.

The parents are respectively the lawful father/mother/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

a student of the above school.

The student suffers on an on-going basis from the condition known as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student may, while attending school, require in emergency circumstances, the administration of medication:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Parents/Guardians have agreed that the said medication may, in emergency circumstances, be administered by the student’s classroom teacher and/or such other member of staff of the school as may be designated by the Board.

IT IS HEREBY AGREED by and between the parties hereto as follows:

In consideration of the Board entering into the within Agreement, the parents, as the lawful father/mother/guardians respectively of the said student HEREBY AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said student’s class teacher and/or the principal of the said school from and against all claims both present and future, arising from the administration or failure to administer the said medicines.

SIGNED by the parents/guardians:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED by the Principal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 3** **Authorisation Form**

The Board of Management of Scoil an Linbh Íosa authorise:

* ------------------------------------------------------------------------------------------------
* ------------------------------------------------------------------------------------------------
* ------------------------------------------------------------------------------------------------
* ------------------------------------------------------------------------------------------------

to administer medication to students in the school in accordance with, and following the procedures outlined in, the school’s Administration of Medication Policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairperson B.O.M

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 4** **Anaphylaxis Emergency Plan**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Contacts:**

|  |  |  |
| --- | --- | --- |
| **1.** | **Parents** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2.** | **Relative** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3.** | **Other** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Siblings in the school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



|  |  |  |
| --- | --- | --- |
| **Symptoms of mild to moderate** |  | **Action Steps** |
| **allergic reaction** | * Stay with the pupil and call for help
 |
|  | * Give antihistamine if available
 |
| * Swelling of lips, face and eyes
 | * 
 | Locate anapen |
| * Hives, welts, itchy skin, rash
 | * 
 | Contact family/carer |
| * Tingling mouth, abdominal pain,
 | * If condition worsen follow actions
 |
|  vomiting, nausea |  | for severe reaction below |

|  |  |  |
| --- | --- | --- |
| **Symptoms of Severe Allergic** |  | **Action Steps** |
|  | Difficult/noisy breathing | * Give Anapen as per instructions
 |
|  |  Call ambulance(dial 112 or 999) |
|  | Swelling of tongue |  |  If breathing is difficult, allow to sit |
|  | Swelling/tightness in throat |  |  but not stand |
|  | Difficulty talking and/or hoarse voice |  |  If conscious and able to swallow give |
|  | Loss of consciousness/collapse |  |  \_\_\_\_\_\_\_\_\_ of antihistamine |
|  | Pale and floppy |  |  If wheezy administer inhaler if |
| * Wheeze or persistent cough
 |  |  \_\_\_\_\_\_\_\_\_ puffs aerochamber |
|  | Condition steadily worsening |  |  (if available) |
|  |  |  |  Contact family/carer |
|  |  | * A second anapen may be given if no
 |
|  |  |  |  response after 5 minutes |



**Appendix 5** **Asthma Emergency Plan**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings in the school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts:

|  |  |  |
| --- | --- | --- |
|  | Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Signs |  |  | Action |
|  |  |  |  | Keep calm and reassure child |
| Coughing, |  |  | Encourage student to sit up and slightly |
| Shortness of breath |  |  | forward |
| Wheezing |  |  | Encourage student to breathe slowly |
| Tightness in chest |  |  | and calmly |
| Unusually quiet |  |  | Make sure student takes reliever (blue) |
| Difficulty speaking in full sentences |  |  | inhaler immediately |
| Requesting blue inhaler |  |  | Two puffs if MDIevo inhaler |
| Opting out of exercise |  |  | One puff if turbo inhaler |



If there is no immediate improvement, continue with inhaler every 5/10 minutes.

**Call an ambulance or doctor urgently if:**

 Student’s symptoms do not improve in 5/10 mins

 Student is too breathless or exhausted to talk

 Student’s lips are blue

 If you are in any doubt

Important points to remember in an asthma attack:

* Never leave student alone
* Send another adult to get spare inhaler if student doesn’t have their inhaler
* In an emergency, act like a prudent parent
* Reliever medication is very safe - do not worry about overdosing
* Send another student to get another adult if ambulance/doctor needs to be called
* Contact the student’s parent immediately after calling emergency services
* A member of staff should always accompany the student to hospital until parent arrives
* Parents must always be told if their child has an asthma attack

**Appendix 6 Diabetes Emergency Plan**

|  |  |  |
| --- | --- | --- |
| **Condition** | **Symptoms** | **Action** |
| **Mild Hypoglycemia****BSL <4** | * Tired
* Glassy eyes
* Staggering
* Weakness
* Sleeping
* Anxiety
* Mood change
* Inability to concentrate
 | * Check BSL
* 10g fast acting carbohydrate
* 100mls lucozade/80mls coke or fruit juice/3-5 glucose sweets/3-4 jelly babies
* Check after 15 minutes
* <4 sugary option
* >4 proceed with Step 2
* Slow acting carbohydrate
* Roll, sandwich, cereal bar, 2 plain biscuits or meal if due
 |
| *Student Specific Symptoms* |
| **Moderate Hypoglycemia** | Student is unable to cooperate but is able to swallow and is conscious | * Use glucogel
* Twist top of tube and remove.
* Insert tip of the dispenser into the student’s mouth between the gum and cheek
* Squeeze in the gel
* Massage outer cheek
* Wait 5-10 minutes and check BSL
* Repeat gel if BSL is <4
* If the student has improved (ie >4) give a carb snack (from above list)
 |
| **Severe Hypoglycemia****BSL <2** | As above with Lower BSLMay be unconscious, will be unable to give anything to eatAdminister glucagor pen(in fridge) | * Check BSL
* Put student in recovery position and ensure they are breathing
* Call ambulance
 |
| **Hyperglycemia****BSL >12** | Increased urine outputIncreased thirst/drinkingTiredness, blurred visionAbdominal painSweet smell from breath | * The pupil may feel confident to give extra insulin according to the ratio supplied by parent
* Give water and exercise
* If the student’s BSL remains high and untreated the student can become very ill, over breathing, nausea and vomiting, breathe smelling of nail varnish remover.

**Level 1: 12-15** Water and exercise;  administer correction  injection if authorised**Level 2: 16-20** Phone home**Level 3: 21+** Phone home/emergency  services |

*Note:It is the responsibility of the parents to ensure that the child always has a bottle of lucozade within its sell by date in his/her lunch box in the case of emergency.*

**Appendix 7** **Epilepsy Emergency Plan**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings in the school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Contacts: |  |
| Parents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of Seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |



**Tonic Clonic Seizures**

|  |  |  |  |
| --- | --- | --- | --- |
| Do |  | Don’t |  |
|  | Note the time |  | Restrain the student |
|  | Protect student from injury  |  | Put anything in their mouth |
|  | * remove harmful objects
 |  | Move them unless they are in |
|  | Cushion the head |  | Danger |
|  | Wipe away excess saliva |  | Give anything to eat or drink |
|  | Put student in recovery position |  | until they are fully recovered |
|  | Stay until recovery is complete |  |  |
|  |  |  |  |
|  | Calmly reassure the pupil |  |  |
|  |  |
| **Seizures involving altered consciousness or behaviour** |
| Do |  | Don’t |  |
|  | Guide the pupil away from |  | Restrain the pupil |
|  | danger |  | Panic |
|  | Stay until recovery is complete |  | Assume the pupil is aware of |
|  |  |  | what is happening or what |
|  | Calmly reassure |  | has happened |
|  | Explain anything that they |  | Give the pupil anything to eat |
|  | would have missed |  | or drink until they are fully |
|  |  |  | Recovered |
|  |  |  |  |

***First Aid*** *will depend on the individual pupil’s epilepsy and the type of seizure they are having. Some pupils may**be prescribed emergency medication-refer to their Health Care Plan*

**Call Ambulance** First seizure, seizure continues for more than 5 mins, or longer than normal, one seizurefollows another without pupil regaining awareness between seizures,the pupil is injured or you believe the pupil needs urgent medical attention or has been injured as a result of their medical condition.

**Appendix 8 Procedures to be followed in the event of making phone calls**

**in the case of an Emergency**

* Two calls will be made to parents/guardians. If they cannot come to the school within 30 minutes the school will contact the student’s G.P.
* If contact cannot be made, the school will contact student’s G.P.
* If above cannot be contacted the school will contact the local G.P.

 Dr Rosh Morar

* If contact cannot be made with G.P then the school will endeavour to contact the Pediatric Diabetes Nurse or the Paediatric Register on call or other professional in relevant hospital

If none of the above is contactable, the adult (teacher, SNA, Principal/Deputy Principal/First Aider) will wait for a maximum of 30 minutes before rechecking the pupil’s B.S.L. If the B.S.L still indicates a problem, the adult will call an ambulance to take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to hospital and will:

* Call hospital
* Send record card with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s name)

**Phone Numbers**

|  |  |  |
| --- | --- | --- |
| Names |  | Phone Numbers |
| Parent/Guardians | (Mother) |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Father) |  |
| Other |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| (relationship to child) |  |  |
| Diabetic Nurse |  |  |
|  |  |  |
| Student’s G.P  |  |  |
| Dr.Rosh Morar |  |  |
| Hospital |  |  |

**APPENDIX 9 Record of Administration of medication**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D. O.B: \_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_

Date administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Person who administered the medication)

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**Record of Administration of medication**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D. O.B: \_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Person who administered the medication)