

St Anne's RC Primary and Nursery School

ADMINISTRATION OF MEDICINES POLICY

RATIONALE

Our Mission is

*“To help every person to achieve his or her best in work and play.
To celebrate whatever is good and to follow
in the footsteps of Jesus by supporting and forgiving each other
for the honour and glory of God.”*

Our Mission Statement declares that we will ensure everyone in school will be assisted to achieve their best. To achieve this we then believe we must have a clear policy in the Administration of Medicine that both serves and protects children and staff.

AIMS

1. To enable all the children from our contributory parishes regardless of need, to attend our school.
2. To ensure effective systems are in place to support individual children with medical needs.
3. To ensure that all staff involved feel reassured and confident in carrying out their general duty of care to all our children.

GUIDELINES

Medicines will only be accepted for administration in school, if they are linked to a complex medical condition.

A planning meeting will be held in each and every case requiring medicine in school (in accordance with Section 4.4 of the TMBC guidelines).

Emergency

In case of an emergency - e.g. in the case of anaphylaxis an allergic reaction -

- a) The Headteacher or senior member of staff will be immediately summoned – (member of staff will stay with child).
- b) Ambulance will be summoned by 999 and informed that the child has a history of anaphylaxis. Adrenaline will be administered by a trained member of staff.
- c) Parents will be notified.
- d) If parents are not available a senior member of staff will accompany the child in the ambulance.
- e) The Chair of Governors will be notified.
- f) All staff involved will make written notes of the incident, to be given to the Headteacher.

NB If there is any doubt as to whether the child is experiencing an anaphylactic reaction i.e. not all symptoms are apparent or possible confusion with asthma, staff should err on the side of caution and carry out emergency procedure as listed. The side effects of an unnecessary adrenaline injection are not significant e.g. increase pulse rate and blood pressure and possibly severe headache.

Any required medicine will be located in a suitable pre-specified area of the school e.g. the school office.

Medicine will only be accepted as follows:-

Given to the school - directly to the headteacher by the parent or carer in either the original container or a container which replicates the information which would have been on the original:-

- i) full name of the child
- ii) date of birth
- iii) dosage
- iv) date of issue
- v) expiry date
- vi) any potential side effects

Medicines to be taken orally should be supplied with a measuring spoon or other dispenser.

Where it is considered that school staff should be involved, they will specifically have agreed to the involvement and clear and appropriate training will be provided by the Health Authority. An appropriate certificate will be provided for all people trained.

In the case of a child having anaphylaxis the attached record sheet will be completed.

A sheet outlining the medical condition will be placed in the appropriate register.

Parents will be expected to:-

- a) remind the child about refusing food items from other pupils
- b) accept responsibility for maintaining up to date medication in school

The governors/LEA will provide written confirmation of the insurance cover for staff who provide specific medical support.

When the school is notified of a child either to be admitted or already in school, having a complex medical condition the Headteacher will inform:-

- The School Medical Officer
- The School Nurse, Mrs T Knowles, based at Ann Street Clinic in Denton
Tel No: 0161 366 2100

other relevant professionals

- - Anaphylaxis Nurse Specialist

A clear and individual protocol (following 4.1 - TMBC guidelines) will be drawn up for every case.

Basic information regarding Anaphylaxis is contained in the appendices to this document.

Policy Drawn up and agreed November 2006

Date of last Review: September 2016

ANAPHYLAXIS

A severe and generalised reaction which may be precipitated by:-

- Foods (eg peanuts, milk, shellfish)
- Stings
- Drugs

How to recognise it; -

- Swelling (face or tongue especially)
- Cough
- Difficulty with breathing
- Wheezing
- Hoarse voice
- Hives / itching
- Vomiting and / diarrhoea
- Collapse

Check for: -

- Clear airway
- Breathing
- Pulse present

then:-

- Do not leave child alone
- Lie child flat
- Seek / shout for help
- Adrenaline (epi-pen) if prescribed

Adrenaline is safe

Give if symptoms occur

Child MUST go to hospital

Take any remaining epi-pens (and used one) to hospital

Child resuscitation:-

- Check responsiveness
- Place child on his/her back
- Airway clear and open
- Check for breathing
- look-listen-feel

COPING WITH AN ANAPHYLACTIC REACTION	
<p>Name: _____ Birth Date: _____</p> <p>Address: _____ Telephone: _____</p> <p>Family doctor: _____</p> <p>This child has anaphylaxis – a medical condition affecting one child in 1,000, which has no effect at all on their performance or well-being except when they come into contact with the specific thing they are allergic to (the allergen). Please refer to the attached sheet for further information about how to reduce the chances of accidental reaction to this cause.</p>	<p>Doctor in charge:</p> <p>Contact by:</p> <p>This child's reactions are caused by:</p>
<p>Recognising an anaphylactic reaction</p> <p>Anaphylaxis is a form of allergy, and an anaphylactic reaction is the most severe form of allergic reaction. The symptoms vary greatly from one person to another, but include acute asthma (wheezing), swellings of the face or elsewhere (which may be bad enough to make swallowing or breathing difficult or impossible if they affect the throat), and low blood pressure (hypo tension) which may cause faintness or unconsciousness. Often the symptoms are similar to the last time – (see the description of this child's last attack.)</p>	<p>This child's last reaction:</p>
<p>Coping with an anaphylactic reaction</p> <p>If you think this child is suffering from an anaphylactic reaction you should:</p> <ol style="list-style-type: none"> 1. send someone to phone for the ambulance (999) – they should say they think the problem is "anaphylaxis" 2. stay with the child: if at all faint the child should lie down in the recovery position 3. send someone to fetch the adrenaline and get it ready to give – (call for one of the named helpers: <p>adrenaline should be given without delay if the child is having difficulty breathing because of severe wheezing or swelling in the throat, or if the child feels very faint or loses consciousness, or if the child knows that this is going to be a bad attack.</p> <p>You may delay giving adrenaline if the wheezing is mild and there is no difficulty breathing or swallowing, and the child is fully conscious and standing up.</p> <ol style="list-style-type: none"> 4. give the other medicines: _____ 5. a second dose of adrenaline may be given after minutes if the symptoms are still severe. 6. accompany the child to hospital with these forms even if he/she has recovered – the symptoms may come back after apparent recovery. 	<p>This child's medicines are kept in:</p> <p>_____</p> <p>these people are willing to help give adrenaline:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>adrenalin mg _____</p> <p>given by: _____</p> <p>supervised by: _____</p> <p>signed:</p>
<p>If this child has a reaction please notify:</p>	<p>form completed by:</p> <p>date:</p>

SCHOOL MANAGEMENT OF ANAPHYLAXIS				
Name: _____ Birth Date: _____			Doctor in charge: _____	
Address: _____ Telephone: _____			Contact by: _____	
Family doctor: _____			Signed: _____	
Medicines to be taken	dose	route	expires	Check:
_____	_____	_____		medicines in original pack Y/N
_____	_____	_____		labelled with child's name Y/N
_____	_____	_____		personal information sheet Y/N
_____	_____	_____		medicines stored safely Y/N
_____	_____	_____		correct temperature Y/N
_____	_____	_____		accessible in emergency Y/N
These medicines are only for use in the event of an anaphylactic reaction – please refer to personal information sheet for this child.				
I hereby authorise the people named below to administer or supervise the administration of the above medicines to my child named above in the event of an anaphylactic reaction as described on the attached information sheet.				Check: copy of authorization Y/N
				for hospital notes Y/N
				for community paediatrician Y/N
				for family doctor Y/N
I also agree to take responsibility to ensure that the medicines are kept within their usable shelf-life.				
Signed: _____				
Parent/Guardian				
The following have agreed to administer or supervise the administration of the above named medicines:				Check: last shown what to do
	administer			____/____/____
supervise		Y/N	Y/N	____/____/____
_____		Y/N	Y/N	____/____/____
_____		Y/N	Y/N	____/____/____
_____		Y/N	Y/N	____/____/____
_____		Y/N	Y/N	____/____/____
I, _____,				Clinical liaison for school visit by:
head teacher of _____ school,				
agree that these arrangements are acceptable to me.				
Signed: _____				Next visit due:

_____ may have an anaphylactic allergic reaction if s/he eats nuts or products containing nuts. His/her condition may be life threatening but emergency medication and exclusion of nuts from his diet are all that is necessary.

ACTION

1. Headteacher to brief teachers and other staff about _____'s condition and about the arrangements.
2. School staff to ensure _____ does not eat any food items unless they have been prepared/approved by his parents
3. Parents to remind _____ about refusing food items from other pupils.
4. Parents to provide a mid morning snack and packed lunch.
5. If _____ is to leave the school site then prior discussion to be held to ensure parents provide or approve any foodstuffs, and medication be available.
6. During cookery or experiments with food, school and parents to agree measures and suitable alternatives.
7. School to hold, under secure conditions, appropriate medication clearly marked for use by designated school staff or qualified personnel and showing an expiry date.
8. Parents accept responsibility for maintaining up to date medication.
9. Allergic reaction – person in charge to report _____'s condition to headteacher/teacher in charge. In order of priority :-
 - Telephone Ambulance 999/General Practitioner/local hospital – message _____ anaphylactic reaction. Telephone parents.
 - Administer appropriate medication.
 - Arrival of ambulance staff – teacher to notify them of the medication given to _____.
 - Parents to replace used medication.

TRANSFER OF MEDICAL SKILLS

Volunteers from school staff have undertaken to administer medication to _____. A training session has been attended by staff members. Further advice is available to all staff on request. Medical training to be repeated at least yearly. Education authority provides a staff indemnity for any staff who agree to administer medication.

AGREEMENT AND CONCLUSION

Signed by parents and headteacher. Copies to Consultant Community Paediatrician, General Practitioner and Local Education Authority.

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

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

DETAILS OF PUPIL

Surname _____

Christian Name _____

Address: _____ M/F _____

Date of Birth _____

Class _____

Condition or illness: _____

Medication

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

For how long will your child take this medication: _____

Timing: _____

Date dispensed: _____

Full Directions for use:

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to take in an Emergency: _____

CONTACT DETAILS:

Name: _____ Daytime Telephone _____

No. _____

Relationship to Pupil _____

Address: _____

I understand that I must deliver the medicine personally to _____
and accept that this is a service which the school is not obliged to undertake.

Date: _____ Signature(s) _____

Relationship to pupil: _____

AGREEMENT TO ADMINISTER MEDICATION

I agree that _____ will receive _____

every day at _____.

..... will be given his/her medication by _____.

This agreement will continue until instructed otherwise by parents.

Date: _____

Signed: _____ (Headteacher)

HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

Name: _____

Date of Birth: _____

Condition: _____

Class: _____ Date: _____

Review Date: _____

Name of School: St Anne's RC Primary and Nursery School

CONTACT INFORMATION

Family Contact 1

Family Contact 2

Name:

Phone No.(work) _____

(home) _____

Relationship

Name: _____

Phone No.(work) _____

(home) _____

Relationship _____

Clinic/Hospital Contact

G.P.

Name:

Phone

No. _____

Name: _____

Phone No. _____

Describe condition and give details of pupil's individual symptoms: _____

STAFF TRAINING RECORDS – ADMINISTRATION OF MEDICAL TREATMENT

Example of form recording medical training for staff

Name _____

Type of Training Received

Date Training Completed _____

Training Provided By

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

Trainer's Signature _____

Date _____

I confirm that I have received the training detailed above

Staff Signature _____

Date _____

Suggested Review Date
