



June

2018

MEDICATION AND MEDICAL CONDITIONS POLICY

Policy Created: September 2009 (formerly known as Administration of Medicines Policy)
Date Reviewed: November 2014
May 2017
June 2018
Review: As required

The Medical Welfare of Pupils

This policy has been developed for the safety and well-being of the pupils and to ensure that medicines are administered safely and responsibly.

The school provides a full-time qualified nurse to care for pupils who may become ill and unable to continue with their class or injured during the school day and require first aid.

The best option for pupils who are sick is to be cared for by their parents at home, if necessary under the supervision of a GP.

The nurse should not be seen as an alternative to home care or consulting a doctor.

If in the nurse's opinion the child is not fit to be in school she should endeavour to contact the parents/guardians or other nominated emergency contact and request that they collect their child or if necessary, the nurse should make appropriate arrangements for them to be transferred to hospital.

The nurse can store and administer the pupils own prescribed medication where it is not possible for this to be done at home.

It is best practice for children to take their medication at home and this is encouraged by the school.

A consent form must be signed [Form M4 (appended page 12)/Form M7 (appended page 15)] by the parent/guardian or medication may not be given by staff at the school.

Communication with parents

Pupils are encouraged to discuss their visits to the medical room with their parents. The nurse should not routinely contact parents when a pupil attends the medical room due to the minor nature of most visits.

If the nurse has any immediate concerns, then parents should be contacted by telephone.



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Storage and Management of Medicines in the Medical Room

All drugs should be stored in a locked cupboard in the medical room.

The school nurse should be responsible for the keys.

Spare keys are kept in the school office for any situations when the nurse is not available.

If the school nurse has any concerns about the security of the medicines she should report them to the Vice-Principal for Pastoral Care and the Facilities Manager.

Medicines should be stored in their original containers.

All medicines should be labelled and the label must be clear and obvious.

The medicines should be checked monthly and will be disposed of if expired.

Pupils own medication should be kept separate from the school stock.

Expired medication should be taken to a local pharmacy to be disposed of.

Record Keeping

Each pupil should have a record kept on the Pupil's Nursing Record (PNR) in the medical room.

Each time a pupil attends the medical room a record should be logged stating the reason for attendance and any treatment or advice given.

Only the nurse should normally have access to these records. However, in exceptional circumstances when, for medical or emergency purposes, the Headmaster may access them or make them available to appropriate staff.

Information regarding the pupil's medical history, allergies, medication they usually take or any specific needs has to be provided by the parents in writing on the data collection form. The school takes the pastoral care of the pupils very seriously and endeavours to promote their wellbeing. For this reason, we need information which may affect a pupil at school to be accurate and kept updated. The responsibility to provide this information lies with the parent/guardian.

The information provided is updated in the pupil's record on the school's database.



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The original copies of the consent and information forms should be stored in the pupil's file.

If medication is administered it should be entered in the PNR in the medical room. This should include the time, date, name of medicine, dose, and reason for giving the medicine.

Administration of Medicines

The nurse should be accountable for all medication that she administers.

The decision to administer a medication or not is at the discretion of the nurse.

The nurse cannot be influenced by any 3rd party regarding the decision to administer a medication. Medication should only be administered when a valid consent form [Form M4 (appended page 12)/Form M7 (appended page 15)] has been returned to the school. Verbal consent may be sought from a parent/carer if a pupil is unwell and in the nurse's opinion a drug could be beneficial eg child with high temperature.

The pupil's medical records should be checked for any allergies or contra-indications.

A verbal check should be made with the pupil to confirm any medical conditions.

If the nurse is not satisfied that there is enough information, then she should not give any medication.

The name of the drug, its dose and the manufacturer's expiry date should be checked prior to administering any medicine.

Medication which has been provided by parents should not be administered on a regular basis if it is incorrectly presented to the school, although a verbal check can be made with a parent/carer if it is important to the child's health and well-being that he receives the drug on the day it is presented.

In some circumstances the task of administering a prescribed medicine may be delegated to a teacher or classroom assistant. This will usually be when the nurse is absent or it is not suitable for a child to attend the medical room. The teacher/classroom assistant has to agree to carry out this task but is not obliged to do so.



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Management of pupil's own medicine

If a child is on regular medication which needs to be administered during the school day, then parents may request that a supply is kept by the school for that purpose.

The school encourages parents to store and administer medication at home wherever possible.

The school can provide this service for pupils who: -

- Require medication at regular intervals through the day during school hours. Or
- Need to keep a small supply of their medication in case they forget to take it at home and omission would have an impact on their health.

Or

- Require prescribed medication from time to time for instance for migraine relief.

The school should be in receipt of a current consent form for the administration of a pupils own medication or if a pupil needs to carry their own medication [Form M4 (appended page 12)].

If medication is stored for emergency situations eg anaphylaxis, an Action Plan should also be completed (Form M3 appended page 7). If the pupil has a hospital action plan it may be used in place of Form M3.

This consent and action plan should be renewed/reviewed annually by the parent or guardian at the beginning of each new academic year if the treatment is to continue.

The medication should be provided to the school by the parents in the following way or it may not be administered.

It should be in its original container.

It should have a printed pharmacy label stating pupil's name, drug name, dose and frequency.

The instructions on the pharmacy label should, match the instructions given by the parent or guardian on the consent/information sheet.



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All medicine should be within its expiry date. It is the parent/carers' responsibility to note expiry dates on medication and replace it as necessary.

Pupils own medicines will be returned home via the pupils at the end of the summer term and should not be stored at the school during the summer break.

Parents should be requested to collect controlled drugs.

Any medication which is not collected by the last day of term should be disposed of at a pharmacy.

Parents must return medication at the start of the new academic year and each year should be accompanied by a new or reviewed consent form.

If medicine and forms are not returned the school nurse should assume that the pupil no longer requires the medication to be administered or stored in school.

Expired medicine should be disposed of at a local pharmacy and unless requested by parents will not be returned to the pupil.

Management of Adrenaline Auto-injectors (AAIs)

Sullivan has emergency AAIs kept in several locations in school.

Pupils diagnosed with anaphylaxis must carry 2 prescribed AAIs with them at all times. However, in the event of anaphylaxis if the pupil's own prescribed AAI(s) cannot be administered correctly and without delay the school's AAI(s) can be used, only when the pupil has both medical consent and written parental consent.

Medical consent is given through a pupil having a signed allergy plan or by a pupil having been prescribed an AAI(s), in which case consent can be assumed.

The nurse should make a register of pupils who have been prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) be used in the event of anaphylaxis).

The nurse should keep a record of any AAI(s) used and inform parents/carers that their child has been administered an AAI and whether it is their own or the school's spare AAI.

Information regarding medication plans and consent should be reviewed annually.

The nurse should check AAI packs monthly and make a record of these checks. Used AAIs should be disposed of at a pharmacy.

In Sullivan Prep School, pupil's AAIs should be kept where they are easily accessible in the pupil's classroom and travel with them when they are off site. The protocols do not apply to the Prep school.



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School Trips and sporting activities

Staff who are taking a school trip should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in the trip off school premises. Pupils at risk of anaphylaxis should have their AAI's with them, and there should be staff who are aware of how to use an AAI in an emergency. Staff should contact the nurse before the trip and arrange for awareness training on using an AAI. In consultation with the nurse and under some circumstances the spare AAI's may be obtained for emergency use on some trips.

Changes in the pupil's medication during the school year

From time to time a pupil's medication may be changed by their doctor.

It is the responsibility of parents to inform the school in writing if there are any changes in their son/daughter's medical condition or medication.

If the medication is changed then a new supply will need to be issued or the parents may take the original supply to the pharmacy for re-labelling with the new dosage.

It will not be acceptable to take instruction from the parents to increase or decrease the dose of the drug without a prescription, a doctor's written instruction or a new pharmacy label.

A new pharmacy label is the best practice.

The consent form should also be renewed/reviewed.

Action Plans (Form M3)

Pupils who, because of an existing medical condition have the potential for an emergency episode which could put them at risk and require immediate first aid attention should have an Action Plan Form M3 (appended page 7). If the pupil has a Hospital Action Plan it may be used in place of Form M3 or of Allergy Forms M3(i) appended page 9, M3(ii) appended page 10 or M3(iii) appended page 11.

The decision to have an Action Plan for a pupil will depend on the severity of their condition and the parent's willingness to comply. An Action Plan will be drawn up involving the parents, the school nurse, other health professionals, if applicable, and the pupil if (s)he has sufficient understanding.



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Action Plans will be kept in the nurse's room and if they require it, with the pupil's emergency medication. Staff who wish to have a copy of an Action Plan M3 can get a copy from the school nurse and are bound by data protection procedures.

A medical site maintained by the nurse will contain any medical information taken from the data collection forms submitted by parents. Pupils who have medical conditions will have their names stored here and all staff can access this via secure intranet. Details of first aid for certain conditions, the names of first aiders and the location of first aid boxes will also be stored here.

Administration of Ad Hoc Medication by the School Nurse

As stated, it is the view of the school that parents should take overall responsibility for their child's health and that if they have any health concerns regarding their child they should seek medical advice from their family doctor.

On occasion the nurse may find it appropriate to offer a pupil certain general sale drugs for relief of minor symptoms, having obtained prior approval from a parent/guardian.

This is at the discretion of the nurse and without the consultation of a doctor.

Parents should be notified in writing if paracetamol, stomach medicine or cough bottle are given to their child [Form M6 (appended page 14)].

The nurse should make the decision to offer medication based on the pupil's presenting signs and symptoms and the medical history provided by their parents including any allergies.

The pupil should always be asked if they have taken the medication before and if so did they have any reactions to it.

The nurse should check the name of the drug, dose and expiry date.

It is not the policy of the school to continue with treatment of minor ailments if they persist for several days.

In the event that a pupil continues to present themselves at the medical room in the same condition the nurse should consult the parents. At her discretion the nurse may administer short-term casual medication to a pupil if accompanied by a note from the parent/carer with instructions of dose, time to be administered and when the course of medication should commence and end. It will be assumed by the nurse that the suitability of these medications for the pupil has been checked by the parent/carer.

Useful information on following websites:

<https://www.education-ni.gov.uk/sites/default/files/publications/de/supporting-pupils-with-medical-needs>

and publication from DE "Supporting Children with Medication Needs".



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FORM M3

SULLIVAN UPPER SCHOOL Administration of Medicines

ACTION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Action Plan to be completed by Parent/Carer

The school nurse can assist you to complete this form. Please contact her to make an appointment.

Date _____

Review Date _____

Name of Pupil _____

Date of Birth ____ / ____ / ____

Form _____

Medical Diagnosis _____

PHOTO
please

Contact Information
1 FAMILY CONTACT 1

Name _____

Phone No: (home/mobile) _____

(work) _____



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Relationship _____

2 FAMILY CONTACT 2

Name _____

Phone No: (home/mobile) _____

(work) _____

Relationship _____

3 GP

Name _____

Phone No: _____

4 CLINIC/HOSPITAL CONTACT

Name _____

Phone No: _____

Please list signs and symptoms which would constitute an emergency:

□

□

□

□

□



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☐

☐

Please list action required in an emergency:

☐

☐

☐

☐

☐

☐

☐

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

SIGNED _____ (Parent/Carer)

DATE _____



MEDICATION AND MEDICAL CONDITIONS POLICY

Data Protection Act 1998: *The School is registered under the Data Protection Act for holding personal data. The School has a duty to protect this information and keep it up to date.*



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Sullivan
Upper
School

PHOTO

Sign:

Date ____/____/____

Allergy Action Plan Form M3(i)

Name: _____

DOB: ____/____/____

Emergency Contact Details:

1) _____

2) _____

Mild-moderate allergic reaction

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION

- STAY WITH THE CHILD, CALL FOR HELP IF NECESSARY
- GIVE ANTIHISTAMINE _____ (dose)
(if vomited, can repeat dose)
- CONTACT PARENT/CARER

THIS CHILD HAS THE FOLLOWING ALLERGIES AND IS PRESCRIBED THE FOLLOWING MEDICATION AND TREATMENT:



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Sullivan

Sign:

PHOTO

Date ____/____/____

School

Upper



Allergy

Action Plan Form M3(ii)

THIS

Additional Instructions:

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING: Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

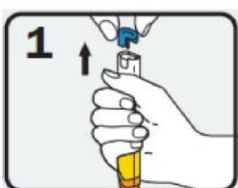
If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give EpiPen® or EpiPen® Junior**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
If in doubt, give EpiPen®

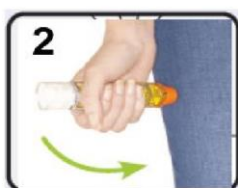
After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further EpiPen®** or alternative adrenaline autoinjector device, if available *You can dial 999 from any phone, even if there is no credit left on a mobile.

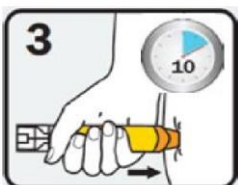
How to give EpiPen®



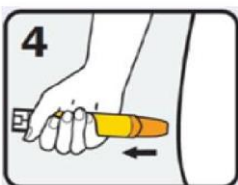
1
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2
SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3
HOLD FIRMLY in place for 10 seconds



4
REMOVE EpiPen®. Massage injection site for 10 seconds



**CHILD HAS THE FOLLOWING ALLERGIES
AND IS PRESCRIBED THE FOLLOWING
MEDICATION AND TREATMENT:**



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Sullivan

Name: _____

DOB: ____/____/____

Emergency Contact Details:

1) _____

2) _____

Mild-moderate allergic reaction

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION

- STAY WITH THE CHILD, CALL FOR HELP IF NECESSARY
- GIVE ANTIHISTAMINE _____ (dose)
(if vomited, can repeat dose)
- CONTACT PARENT/CARER

Jext®: Instructions for use



AIRWAY: Persistent cough, hoarse voice, difficulty

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:



1. Lie child flat. If breathing is difficult, allow to sit
2. Give Jext®
3. Dial 999 for an ambulance* and say

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

swallowing, swollen tongue

persistent cough

ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Jext®

After giving Jext:

1. Stay with child, contact parent/carer



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Sullivan

Additional Instructions:

2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further Jext®** or alternative adrenaline autoinjector device, if available *You can dial 999 from any phone, even if there is no credit left on a mobile.

Upper
School

of 16

PHOTO

Sign:

Date ____/____/____

Allergy Action Plan

Form M3(iii)

THIS CHILD HAS THE FOLLOWING ALLERGIES:

POLICY
Name: _____

SULLIVAN UPPER SCHOOL



DOB: ____/____/____

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Emergency Contact Details:

1) _____

2) _____ **Sullivan** _____

Additional Instructions:

Mild-moderate allergic reaction

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting □ Sudden change in behaviour

ACTION

- STAY WITH THE CHILD, CALL FOR HELP IF NECESSARY
- GIVE ANTIHISTAMINE _____ (dose) (if vomited, can repeat dose)
- CONTACT PARENT/CARER

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

Watch for signs of ANAPHYLAXIS

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. **Stay with child, contact parent/carers**
4. **Commence CPR if there are no signs of life**

*You can dial 999 from any phone, even if there is no credit left on a mobile.

(life-threatening allergic reaction):



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FORM M4

SULLIVAN UPPER SCHOOL Administration of Medicines

Section 1 - REQUEST TO ADMINISTER MEDICATION

The school may not give your child medicine unless you complete and sign this form

DETAILS OF PUPIL

Surname _____ Forename(s) _____
Date of Birth _____ Form _____
Condition or illness _____

CONTACT DETAILS

Name _____
Phone No: Home _____
Mobile _____
Work _____
Relationship to Pupil _____

MEDICATION

Parents must ensure that in date, properly labelled medication with the pupil's name and full administration instructions is supplied and replaced as required. **It is the parents' responsibility to ensure all medication has not passed its expiry date.**

DIRECTIONS FOR USE

B Dosage of a prescribed medication can only be changed on a Doctor's instructions

Name of Medication _____ Name of Medication _____
Type (ie liquid) _____ Type (ie liquid) _____



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

Dose _____

Route (Please tick as appropriate)

Orally ☐

Injected ☐

Inhaled ☐

Other _____

Self Administration Yes/No

Dose _____

Route (Please tick as appropriate)

Orally ☐

Injected ☐

Inhaled ☐

Other _____

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Conditions Policy - June 2018.docx

Printed: 04/10/2018 page no. 13 of 16

First Approved by Board of Governors :16 /09/2008

Reviewed by Board of Governors: 24/09/2018

Time

At break-time ☐

At Lunch-time ☐

Other ☐ (specify time) _____

Time

At break-time ☐

At Lunch-time ☐

Other ☐ (specify time) _____

**Are there any side effects that the school needs to know about? Yes/No If
yes, give details**

Any other relevant information eg emergency procedures

PARENTAL RESPONSIBILITY

I have read and agree to the statements below:

- I understand 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.
- I understand any medication not collected at the end of the school year will be taken to a pharmacy and disposed of.
- I understand that it is the parents' responsibility that medication is delivered to the nurse. ☐ **It is the parents' responsibility to ensure all medication has not passed its expiry date.**

Signed _____ **(Parent/Carer)** **Date** _____

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Conditions Policy - June 2018.docx

Printed: 04/10/2018 page no. 18 of 22

First Approved by Board of Governors :22 /09/2008

Reviewed by Board of Governors: 24/09/2018



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Section 2 - REQUEST FOR PUPIL TO CARRY MEDICATION ONLY COMPLETE IF YOU WISH YOUR CHILD TO CARRY MEDICATION

I would like my child to keep the medication for use as necessary and understand they have a responsibility to keep this medication safe and away from other pupils.

Signed _____ (Parent/Carer) Date _____

Relationship to child _____

AGREEMENT OF HEADMASTER

I agree that _____ will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until instructed by parents.

Signed _____ (Headmaster) Date _____

Data Protection Act 1998: The School is registered under the Data Protection Act for holding personal data. The School has a duty to protect this information and keep it up to date.



SULLIVAN UPPER SCHOOL Administration of Medicines

FORM M6


Advice regarding medicine given to your child

Front page



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Date	Time	Pupil Name	Form	D.O.B.
<input type="checkbox"/> Head Injury <input type="checkbox"/> Injury <input type="checkbox"/> Medicine Administered <input checked="" type="checkbox"/> Parent Contacted <input type="checkbox"/> Unable to contact -message left <input type="checkbox"/> The nurse administered the following treatment			Name of parent/carer contacted (if applicable)	
Details of Treatment and Additional Comments			MEDICINE ADMINISTERED Name of Drug: Dose: Time Given: This drug should not be given again before _____ AM/PM	
			HEAD INJURY ADVICE Observe your child carefully & should your child suffer any drowsiness, vomiting, visual disturbance, severe headache or complain of feeling generally unwell following this injury, seek further medical advice.	
IF ANY SYMPTOMS OF THE ILLNESS / INJURY PERSIST PLEASE SEEK ADDITIONAL MEDICAL ADVICE			INCIDENT / ILLNESS REPORT SLIP	
 SULLIVAN UPPER SCHOOL TEL: 02890 428780			REPORT SLIP No. 001226	

On reverse

If your child has sustained a head injury please remember the following:

Symptoms (Headache, Dizziness, Nausea, Disturbed Vision)

Behavioural (Depression, Moodiness, Irritability)

Ears (Ringing or hearing impairment)

Cognitive (lapses of memory, concentration or focus)

Seek Medical help for diagnosis, treatment and advice about physical activity e.g. sport

Infection Name	Exclusion Period from School
Chicken Pox *	Five days from the onset of the rash
German Measles (Rubella) *	Six days from the onset of the rash
Measles*	Four days from the onset of the rash
Scabies	Child can return after first treatment
Scarlet Fever	Child can return 24 hours after commencing appropriate antibiotic treatment
Slapped Cheek*	None
Whooping Cough	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment
Mumps	Exclude child for five days following the onset of the swelling

* Please inform school of these conditions due to serious risk to vulnerable children & pregnant women

FORM M7

SULLIVAN UPPER SCHOOL, HOLYWOOD

**BASIC MEDICATION**



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As it is not always easy to contact a parent when a child presents with a minor ailment, I keep in school a number of basic medicines and creams which may be purchased over the counter in any chemist. These include cough remedies, paracetamol and antacids, etc.

These basic medicines would be administered at my discretion if the child has returned a signed consent form.

If your child requires short-term medication eg eye drops which need to be administered in school I can do this, if it is presented in the following manner. The medication should have a pharmacy label and be in its original container or if it is a non-prescription medication it should have the pupil's name and date of birth on it. It should be accompanied by a note containing instructions of the dose and when treatment should start and finish. If medications are to be given it will be assumed the parent/carer has checked that the medication is suitable for their child.

Please do not allow your child to carry medication in school without contacting me first. If your child is on prescription medication which may be required during school hours please contact me as a separate form needs to be completed.

Asthma

We are currently looking into introducing the use of an emergency inhaler, as per guidelines, for pupils who have asthma. If during an attack they do not have their own inhaler with them, the school's emergency inhaler would be used. The consent for this needs to be given as per the form below.

Please complete and return the attached slip and listing any allergies your child has. **This consent is not renewed annually therefore it is the responsibility of every parent to inform the school of any change in consent for medication or of any new medical conditions or allergies.**

M McAVOY (Mrs)
School Nurse

NB Pupils **must not** contact parents directly about illness before seeing the school nurse. If your child is too unwell to be in school, you will be contacted by the school nurse or another member of staff.

✂-----

REPLY SLIP – BASIC MEDICATION

FORM M7

NAME OF PUPIL

YEAR

DOB

ALLERGIES

My child has been diagnosed with asthma and

I give permission for the use of an emergency inhaler if required?

Yes ☐ No ☐

I give my consent to the administering of basic medication to my child.



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Signature of Parent/Guardian: _____ Date: _____