



St. Anne's National School
Scoil Áine Naofa

Medical Policy

A policy outlining procedures regarding medical issues in St Anne's School 17674B

Medical Policy

Areas covered in the St Anne's Medical Policy

1. Introduction
2. Aims of the Policy
3. Procedures for informing the school re medical issues
4. Asthma Policy
5. Administration of medicines policy
6. Procedures around nut allergies
7. Children's wellbeing and Care Needs
8. School Accident/injury policy
9. Infection in school
10. Equipment /resources
11. Success Criteria:
12. Ratification and Review:

Note: Reference should also be made to the school Health and Safety Policy

1. Introduction

The health and safety of all children in St Anne's school is of prime concern to us and it is essential that parents and teachers work together for the good of the child in this regard.

The school promotes positive home-school contacts, not only in relation to the welfare of children, but in relation to all aspects of school life. This policy is in keeping with the school ethos through the provision of a safe, secure and caring school environment and the furthering of positive home-school links.

The school maintains an up to date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year.

2. Aims of the Policy:

The policy as outlined was put in place to;

- Minimise health risks to children and staff on the school premises
- Outline procedures for staff and parents regarding areas outlined above
- Clarify areas of responsibility
- Give clear guidance about situations where it is not appropriate to administer medicines
- To indicate the limitations to any requirements which may be notified to teachers and school staff
- to deal with a pupil with a nut allergy in our school
- Safeguard school staff that are willing to administer medication
- Protect against possible litigation.

3. Procedures for informing the school re medical issues:

- **Information Forms:**

It is important that the school is aware of any medical condition that may affects children during the school day. This may include information on allergies, eyesight etc.

To this end a form is sent to parents on an annual basis- **see Appendix 1**

You are required to complete the form detailing any medical information that may affect your child while at school. The Board of Management requires that parents inform their child's teacher in writing of any medical condition their child may have. It is the parent's/ guardian's responsibility to notify subsequent teachers.

- **Enrolment forms:**

Parents of newly enrolled children are requested to fill in information re medical needs on the enrolment form

- **Meetings:**

Parents are invited to meet with the class teacher/and or principal to discuss health needs at any time during the year

The class teacher/Principal will meet with health care professionals (eg occupational therapist) to discuss children's needs as requested or may request a meeting in order to further support/assist a child in school.

- **Record keeping:**

A file is kept outlining information re children's needs (per class). This is made available to teachers on an annual basis and updated information is passed on also

4. Asthma Policy

This school recognises that asthma is an important condition affecting many school age children and positively welcomes all pupils with asthma.

This school encourages children with asthma to achieve their full potential in all aspects of school life by having clear guidelines that are understood by staff and pupils.

Medication

Immediate access to reliever inhalers is vital.

- older children are encouraged to carry their reliever inhaler, while reliever inhalers of younger children are kept easily accessible in the classroom.
- Parents are asked to ensure that the school is provided with a labelled reliever inhaler and spacer device which the class teacher holds separately in case the child forgets or loses his/hers. To avoid wastage this will be returned at the end of each school year. This way it may be used before its 'use by' date and a new one sent to the school in September.

School staff: Are not expected to administer medication to children except in an emergency, however, many of our staff are happy to do this.

Record keeping:

- At the beginning of the school year or when a child joins the school, parents are asked if their child has asthma.
- The school asthma record sheet (**See Appendix 2**) is given to parents of children and filled out.
- School asthma record sheets will be sent to parents annually to be updated. If a child's medication changes, parents are asked to inform the school teacher.

P.E.

- Participation in sport is an important part of school life.
- Children with asthma are encouraged to participate fully in P.E.
- Each child's inhalers are labelled and kept on site at the lesson. Children are encouraged to use their inhaler during P.E. class if they need it.

The school Environment:

- The school ensures the school environment is favourable to children with asthma by not keeping furry or feathery pets and having a non-smoking policy. Chemicals in science and art lessons that are potential triggers of asthma are avoided as far as possible.

Asthma Attack:

- The school and school staff follow the below procedure which is clearly displayed in the staff room, in the event of an asthma attack.

The Five Minute Rule

- i. Ensure the reliever inhaler is taken immediately.
This is usually blue and opens up narrowed air passages.
- ii. Sit the child up and loosen tight clothing.
- iii. Stay calm. Attacks may be frightening and it is important to stay calm.
- iv. If there is no immediate improvement during an attack, continue to take the reliever inhaler every minute for five minutes or until symptoms improve: two puffs if MDI/evohaler or one puff if turbohaler.
- v. If symptoms do not improve in five minutes, or if you are in doubt, call 999 or a doctor urgently. Continue to give reliever inhaler until help arrives or symptoms improve.

5. Administration of Medicines Policy

Administration of Medicines

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 medicines.

Under normal circumstances* no oral medicine or tablets will be administered by the staff. This includes medicines which have been prescribed by your own doctor for your child. If your child is ill enough to require medicine while in school, please keep him/ her at home until the treatment is completed.

Children are not permitted to keep medication in their own possession, except for an inhaler. Parents/ guardians may think it appropriate on certain occasions for older children to bring medicines into school (e.g. Paracetamol). The class teacher must be informed in writing if your child is carrying medicine of any sort (including cough sweets, cold-sore creams and other pharmaceuticals). The note should identify the medicine and give the child permission to self-administer it. However the teacher will store the medicine for the duration of the school day. It is the responsibility of the child to remind the teacher when he/ she needs the medication. The child should only carry the quantity needed for the school day. Where children carry inhalers, they should be competent to self-administer.

****Procedure for parents of children with long term illness requiring administration of medicine within school hours e.g. diabetes, severe allergies.***

In the event of a child requiring taking medicines while in the care of the school, the following procedures will apply;

- Parents write to the Board of Management requesting permission for the administration of medicine during the school day, and outlining the procedure involved. Where children are suffering from life threatening conditions, parents should outline clearly, in writing, what can and can not be done in a particular emergency situation, with particular reference to what may be a risk to the child.
- Written details should include the name of the child, name and exact dosage of medication, whether the child should be responsible for his/ her medication, the circumstances in which medication is to be given by the teacher and consent for it to be given, name of doctor to be contacted in emergency, when the parent/ guardian is to be notified and where he/ she can be contacted, parent/ guardians signature.
- Two members of staff are needed in order to administer medicine (in the case of absence). Staffs are not obliged to undertake these responsibilities and teachers should not administer prescribed medication without specific authorisation of the Board. Should staff agree to administer same, the parents/ guardians are required to indemnify the Board of Management and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in the school. The Board will inform the school's insurers accordingly. In as far as possible children should self-administer. A written record of the date and time of administration must be kept.
- Where permission has been given by the Board of Management for the administration of medicine, the smallest possible dose should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil.
- Parents/guardians are responsible for ensuring that adequate supplies of up-to-date medicines are available. The medicines will be kept out of reach of pupils in the school.
- Changes in prescribed medication (or dosage) should be notified immediately to the school with clear written instructions of the procedure to be followed in storing and administering the new medication. Request for administration of
- Request for administration of medication should be renewed at the beginning of each school year.

6. Procedures around nut allergies

The following guidelines are in place with regard to pupils with a Nut Allergy:

- Parents must inform the staff regarding the allergy
- A letter is sent to all parents informing them that nut related products are not permitted in school **(See Appendix 3)**
- Parents with children with nut allergies are requested to give permission to the school for a photo to be taken of the child for the purpose of displaying it in the staffroom . Emergency contact details are also supplied and indication of the location of anapens is displayed
- Photos are also carried in the Junior and Senior Yard books
- Staff dealing with the pupil do not eat nuts of any item with nut trace
- Children are advised not to offer or exchange foods, sweets, lunches etc.
- If going off-site, medication must be carried.
- Signs re Nut free school are displayed in public areas
- Only in the event of anaphylactic shock should the anapen be administered. Indicators of shock include: Symptoms of shock can include, wheezing, severe difficulty breathing and gastrointestinal symptoms such as abdominal pain, cramps, vomiting and diarrhoea.
- Before or immediately after Pen has been administered, an ambulance must be called. Parents are contacted straight away
- In the event of an emergency, teachers should do no more than is 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. Where no qualified medical treatment is available, and circumstances warrant immediate medical attention, designated staff members may take a child into Accident and Emergency without delay. Parents will be contacted simultaneously

7. Children's wellbeing and Care Needs

- Parents with children with particular physical needs should inform the school of same and discuss requirements for the child
- The school will liaise with parents and health professionals re. equipment required and conditions needed for the child to attend school
- The needs of the child will be central to the development of the school evacuation plan/fire drill **(see PEEP plan Appendix 4)**

8. School Accident/injury policy

In the case of a child becoming ill at school, parents/ guardians will be contacted. Parents will be notified if their child has any fall involving a bang on the head.

Reporting Accidents in the School/First Aid

- From time to time minor incidents such as cuts and abrasions etc. will occur. The staff at the school will deal with these by tending to the cut with medical wipes and if necessary applying a plaster. Parents are expected to check under the plaster when the child returns home from school.
 - If for any reason parents do not want us to treat cuts etc, they must inform the school.
 - An account of this is kept on the file in the Yard First Aid box
 - General incidents will be reported to the class teacher.
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- Incidents of a more serious nature will be recorded in the incident book/ yard book. An Accident Report form ([see Appendix 5](#)) will be filed where medical intervention is required. Where a child receives a blow to the head, parents will be notified. Staff should keep a record of how/ when this notification is carried out.
 - **Emergency Procedure**
Where a child has a fall/ cut which is considered serious, an ambulance will be called.
Where a child has a fall/ cut which requires medical attention, and where it is safe to move the child, the parents/ guardians will be contacted. Failing that, the child will be taken to the hospital as soon as possible by the Principal. Staff in the school will continue to try and make contact with the parents/ guardians.

9. Equipment/Resources:

- All classes will be equipped with a First Aid bag which will contain basic materials needed for minor accidents
 - Teachers take this with them when leaving the classroom (eg going to PE or on school trip etc)
 - The Yard First Aid box contains a wider range of materials for tending to accidents. An additional supply is kept in Room 5 (locked cabinet)
 - Anapens etc are kept in the child's classroom
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- Dolores Burke, SNA (nurse) will be responsible for replenishing supplies (teachers should notify Dolores when supplies are needed. It is the responsibility of all to take due care of children as outlined above.

10.Infection in school

- Infections in school children are common. However, not all infectious diseases are contagious. In the case of contagious diseases (chicken pox, infective hepatitis, measles, mumps, rubella (German measles), scarlet fever, glandular fever, whooping cough, impetigo (school sores), ringworm (tinea), head-lice, scabies), all parents/ guardians will be informed by letter (See Appendix 6)
- If you discover that your child has an infectious disease please inform the school immediately, especially in the case of an illness which may affect other children. Please keep your child away from school until he/ she is clear of infection and check with your GP when your child is fit to return to school. Head-louse infection is a regular problem in the classroom. Please keep your child at home until he/ she is fully clear of the problem.

11. Staff CPD:

- Regular training will be undertaken in First Aid
- 2015: Defibrillator training completed

12.Success Criteria:

The effectiveness of the school policy in its present form is measured by the following criteria:

- Compliance with Health and Safety legislation
- Maintaining a safe and caring environment for children
- Positive feedback from parents/teachers
- Ensuring the primary responsibility for administering remains with parents/ guardians

13.Ratification and Review:

This policy was brought to the BoM for consultation on _____

The policy was ratified by the BoM on _____.

_____ (Chairperson)

_____ (Principal)

It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, and within 3 years.

APPENDICES

Appendix 1: Information form for Parents

Appendix 2: School Asthma Record Sheet and Letter to Parents

Apendix 3: Nut allergy letter to parents

Appendix 4: PEEP Plan template

Appendix 5: Accident Report form

Appendix 6: Infection Letter (sample)

Appendix 1: Information form for Parents

Appendix 2: School Asthma Record Sheet and Letter to Parents

Dear Parents,

I am pleased to advise you that this school takes it's responsibility to pupils with asthma very seriously. With advice from the Asthma Society of Ireland we have established school asthma management guidelines for use by school staff.

As part of the accepted good practice, we are now asking all parents of children with asthma to help us complete a school asthma record sheet for their son/daughter. Please complete the enclosed asthma record sheet as soon as possible and return to the class teacher.

The completed asthma sheet will have details of the pupil's current treatment and also what steps to take if they should have an asthma attack in school. The asthma record sheet will help school staff to ensure your child with asthma receives the best possible treatment at all times. If your child does not have asthma or is not on inhalers please return the asthma record sheet stating these facts.

Thank you for your co-operation in this important matter.

Sincerely

Mary Manley (Principal)

Appendix 3: Nut allergy letter to parents

Appendix 4: PEEP Plan template

Personal Emergency Evacuation Plan

Name: _____ **Date:** _____

Position :

Designated Assistance (including leave cover arrangements for designated staff):

Assistance Methods/Techniques:

Equipment Provided:

Emergency Evacuation Procedure(s): (a step-by-step guide, from alarm to safety, of the evacuation procedures from different floors and buildings)

Evacuation Route(s): (preferably with diagrams)

_____ (Principal)

_____ (SNA)

_____ (SNA)

_____ (Class Teacher)

_____ (Parent)

Appendix 5: Accident Report form



St. Anne's National School
Scoil Áine Naofa

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INCIDENT/ACCIDENT REPORT FORM

Date:
Child/Children involved:
Description of Accident/Incident:
Action taken:
Other information:
Signature:

Appendix 6: Infection Letter (sample)