



# Macosquin Primary School



## Medication Needs Policy

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be a short term medical need; perhaps finishing a course of medication, as a result of an accident or recovering from illness. Some other children may require medication on a long term basis to keep them well (e.g. asthma). For others, they may very rarely require medication to be given in an **emergency** (e.g. for severe allergic reaction – Refer to Appendix 1). Such children are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in the majority of school activities.

1.1 Whilst the Board of Governors and staff of Macosquin Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school, this is a voluntary duty. However, members of staff may volunteer to give or supervise pupils taking medications during the school day.

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

1.2 Parents are responsible for providing the teacher with comprehensive information regarding the pupil's condition and medication.

1.3 Prescribed medication will not be accepted in school without the complete written and signed instructions from the parent.

1.4 Staff will not give a non prescribed medicine to a child at school. Non-prescribed medication will only be administered during residential trips (e.g. sea-sickness tablets) after parental consent has been obtained and the relevant documentation filled in.

- For short-term and long-term medical needs, including medication to be given only in an emergency, parents should complete and sign the 'Request for a school to administer medication' form (Appendix 2) and give to the class teacher.

1.5 Each item of medication must be delivered to the 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.** Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

1.6 Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medications to be administered in school will be kept in a locked box. Some medicines, such as inhalers for asthma or EpiPens/ Anapens for severe allergic reactions, must be readily available to pupils and should not be locked away. These pupils must know exactly where their medication is stored. All staff are made aware of the location of the medication.

1.7 The school will keep records, which they will have available for parents.

1.8 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.

1.9 It is the responsibility of the parents to notify the school in writing if the pupil's need for medication has ceased.

1.10 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.

1.11 The school will not make changes to dosages on parental instructions.

1.12 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 community pharmacist for safe disposal.

1.13 For each pupil with long term or complex medication needs, the Pastoral Care Co-Ordinator, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

1.14 Staff who volunteer to assist the administration of medication will receive appropriate training/ guidance through arrangements made with the School Health Service.

1.15 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

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.

## ANAPHYLAXIS

### What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness.

### Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenalin. Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription.

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 child vomits.

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

Minor reactions (needing oral antihistamine):

- Feeling hot/ flushing
- Itching
- 'Nettle sting like' rash/ welts/ hives
- 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):

- Difficulty/ noisy 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'm going to die')
- Becoming pale/ floppy
- Collapse

If an EpiPen is administered, the child should be kept lying down, with feet raised (e.g. on a chair) to assist circulation.

They should transfer to hospital in this 'head down' position. 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 may be required if there has been no improvement in the child's condition 5 to 10 minutes after administering the first EpiPen.



**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

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

**Legality**

**The school is not compelled to administer medication to children. Members of staff may volunteer to give or supervise pupils taking medication in the school day. Restrictions are also placed on school regarding the contents of First Aid boxes eg. no antiseptics or pain killers may be used or given.**

**Ideally**

Parents should perform the administration of medication. From time to time parents request that staff assist with this and the school wishes to be helpful in this regard.

However the following conditions must be met:

1. Parents should ensure that medication is clearly marked with the name of the child, the name of the medication, the dosage, the times that the medication should be administered, the date of dispensing, storage required (if important) and expiry date.
2. Parents should hand the medication (**in a secure and labelled container as originally dispensed**) directly to the child's teacher.
3. The attached consent form must be completed.
4. Should there be any change to the arrangement outlined below, the parent must contact the school and clearly outline the necessary detail.

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

M ☐ F ☐

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

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

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Special precautions 

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

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Self-Administration

Yes/No (delete as appropriate)

**Procedures to take in an Emergency**

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**Contact Details**Name 

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Phone No: (home/mobile)

(work)

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Relationship to Pupil 

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Address 

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I understand that I must deliver the medicine personally to the class teacher and accept that this is a service, which the school is not obliged to undertake. Members of staff may volunteer to give or supervise pupils taking medication during the school day. 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.**



**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Class \_\_\_\_\_

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

**Medication**

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

Name of Medicine \_\_\_\_\_  
\_\_\_\_\_

Procedures to be taken in an emergency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_

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

Relationship to child \_\_\_\_\_  
\_\_\_\_\_

**I would like my child to keep his/her medication on him/her for use as necessary.**

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

Relationship to child \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (*name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (*either end date of course of medication 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 the named pupil carrying his/her own medication.***