



Learning Together

Ballymoney Model Integrated Primary School

Administration of Medication for Complex Medical Needs in School Policy



Date

August 2023

Date of Next Review

2024–2025

United Nations Convention on the Rights of the Child

Article 3:

The best interests of the child must be a top priority in all actions concerning the child.

The Board of Governors and staff of Ballymoney Model Integrated Primary School wish to ensure that pupils with **complex medical needs** receive appropriate care and support at school. The Principal will accept responsibility in principle for staff giving or supervising pupils taking prescribed medication for **complex medical needs (anaphylaxis, asthma and diabetes)** during the school day.

1. Parents/Carers are responsible for providing the school office with comprehensive information regarding the pupil's condition and medication (Care Plans and Appendix 3 – Asthma).
2. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent/carer (Care Plans and Appendix 3 – Asthma).
3. Staff will not give a non-prescribed medicine to a pupil.
4. Only reasonable quantities of medication should be supplied to the school.
5. Where the pupil travels on school transport with an escort, parents/carers should ensure the escort has written instructions relating to any medication sent with the pupil and these are passed onto the school office.
6. Each item of medication must be delivered to the school office in normal circumstances by the parent/carer, 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
7. The school will not accept items of medication in unlabeled containers.
8. Medication will be kept safely and securely in the school office.
9. The school will keep records, which they will have available for parents/carers on request.
10. If a pupil refuses to take medicine, staff will not force them to do so, and will immediately inform the parents/carers of the refusal. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
11. It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased.

12. It is parents/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
13. The school will not make changes to dosages on parental/carer instructions.
14. School will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent/carer at the end of the school year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent/carer for transfer to a community pharmacist for safe disposal.
15. For each pupil with long term or complex medication needs, the member of staff responsible for pupils' medical needs will ensure that liaison takes place with the appropriate health profession and a suitable care plan drawn up.
16. Staff will receive appropriate training/guidance through arrangements made with the Northern Health and School Care Trust.
17. All staff will be made aware of the procedures to be followed in the event of an emergency.

The policy has been drawn up in accordance with the Department of Education and the Department of Health, Social Services and Public Safety's guidelines as found in their booklet: Supporting Pupils with Medication Needs.

Management of Anaphylaxis Recommended Guidance from the Southern Health Trust

Anaphylaxis is a severe and potentially life threatening allergic reaction. It should always be treated as a medical emergency. Symptoms need to be recognised early, and treated quickly with the medicine 'adrenaline'.

An ambulance should always be called for a person having anaphylaxis and the operator informed that it is anaphylaxis. (AllergyUK 2019)

Certain substances can trigger the severe, rapid onset allergic reaction. There are called allergens and some of these are:

- cow's milk,
- eggs,
- nuts,
- fish, shellfish,
- bee and wasp stings,
- antibiotics, aspirin,
- anaesthetic drugs, chlorhexidine and latex.

There are two types of reactions:

- Uni-phasic – rapidly developing severe reaction involving the airway or circulation.
- Bi-phasic – early oral and abdominal symptoms, then a symptom-free period of 1 – 2 hours, then increasing symptoms involving breathing and circulation.

Symptoms of a **mild to moderate reaction** are:

- swollen lips, face or eyes,
- itchy/tingly mouth,
- hives or itchy skin
- rash,
- abdominal pain or vomiting or
- a sudden change in behaviour.

Action that should be taken:

- stay with the child and call for help if necessary,
- locate adrenaline auto injector(s),
- give antihistamine,
- give inhaler if prescribed and
- phone parent or emergency contact to attend school and assess the child's condition.

<p>Symptoms of a severe reaction are;</p> <ul style="list-style-type: none"> ● persistent cough, hoarse voice, ● difficulty swallowing, swollen tongue, ● difficult or noisy breathing, wheeze, ● persistent dizziness, pale or floppy, suddenly sleepy, collapse or unconsciousness. 	<p>Action that should be taken:</p> <ul style="list-style-type: none"> ● lie flat with legs raised, ● use adrenaline auto injector without delay, ● dial 999 for an ambulance and say ANAPHYLAXIS, the operator may decide to send a rapid response vehicle to the location. ● after giving adrenaline the adult should; stay with the child until the ambulance arrives, ● commence CPR if there are no signs of life, ● phone the parent/carer/emergency contact, ● if no improvement after 5 minutes, give a further adrenaline dose using a second auto injector device if available.
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Adrenaline is the emergency medicine used to treat a severe allergic reaction. It works quickly to reverse the symptoms of anaphylaxis by: helping to reduce swelling, open the airway and improve the blood pressure. (AllergyUK 2019)

Pupil's individual emergency box should be:

- accessible at all time during the school day,
- contain the original completed care plan with medication in date,
- be clearly labelled for clear identification and avoid extremes of temperature.

Roles and Responsibilities

The School Health Team will:

- provide centralised Health Raising Awareness on the recognition and treatment of anaphylaxis,
- offer and arrange a suitable date with the school, parent/carer and young person, to complete the allergy action plan for pupils new into school or newly diagnosed with anaphylaxis and
- participate in a debriefing session following an anaphylactic incident.

The child's parent/carer will:

- notify the school if their child requires an Adrenaline auto injector,
- notify the school of any changes to their child's allergy action plan,
- attend a school meeting with school nurse, principal/designated member of staff and young person to complete the allergy action plan,
- ensure in date auto injectors are available in school,
- return out of date auto injectors to local pharmacy,
- discuss with the school arrangements for lunch and snacks,
- regularly remind the child of the need to refuse any food items offered by others,
- take home the emergency box, including all contents, at the end of the school year and return to school in September.

The school will:

- notify the school nurse on becoming aware of a pupil requiring an Adrenaline auto injector device in school,
- where no care plan is in place, create awareness of the pupil's allergic condition,
- be aware of those staff who have attended the Health Raising Awareness Session,
- identify adequate numbers of appropriate staff to attend awareness sessions,
- make arrangements for the safe handling and availability of Adrenaline auto injector for pupils leaving the school building or any activities that can place the child at risk,
- attend the meeting with the school nurse, parent/carer and young person to devise and complete the allergy action plan,
- agree with the parents/carers and school catering staff on the provision of school meals,
- ensure safe storage and easy access to the auto injector,
- all staff must be aware of where these are stored, be aware of auto injector expiry dates to ensure they are in date at all times in school and attend a meeting with the school nurse within one week following an anaphylactic incident.

Management of Asthma Recommended Guidance from the Southern Health Trust

Asthma is a condition of the airways that cannot be cured but can be controlled. In response to a trigger the airways narrow as the muscles around them tighten, they become swollen, inflamed and produce mucus.

Signs and symptoms of an asthma attack are:

- coughing,
- shortness of breath,
- wheezing,
- tightness in the chest,
- being unusually quiet,
- difficulty speaking in full sentences and
- sometimes younger children will express feeling tight in the chest as a tummy ache.

Triggers include: sprays, chemicals and fumes, cigarette smoke, house dust mites, pollen and grass cuttings, viral infections weather and air quality, mould and damp, stress and emotion, exercise and dust from flour and grain.

Exercise and Asthma

School staff should ensure:

- that fitness levels increase gradually – the blue inhaler should be used before warming up if exercise makes a pupil's asthma worse,
- that pupils warm up and down thoroughly at the start and end of the session,
- to try to avoid other triggers, e.g. newly cut grass
- that the location of pupils' reliever inhaler is known,
- if a pupil has symptoms while exercising they should stop, take their reliever inhaler and wait until they feel better before starting again and
- that they recognise and respect the pupil's limits.

School should:

- keep an asthma register,
- seek consent from parents/carers which should be updated regularly and
- record where and when an attack happened and how much medication was administered.

School staff need to:

- be aware of the asthma register and be able to check if a pupil is on it,
- be able to access the pupil's inhaler and ensure pupils have access to their reliever inhaler,
- be aware of pupil's triggers,
- plan for school visits,
- ensure good communication with parents/carers,
- know what to do in an emergency and
- attend awareness update sessions.

When dealing with an asthma attack, the member of staff should:

- stay calm,
- encourage the pupil to sit up and slightly forward,
- make sure the pupil takes the inhaler in line with their health plan and reassure the pupil.

Call 999 urgently if:

- the symptoms do not improve in 5 – 10 minutes,
- the pupil is too breathless or exhausted to speak,
- the pupil's lips are blue or if you are in any doubt,
- continue to give the pupil one puff of their blue reliever inhaler every minute until the ambulance arrives.

The school can help by:

- making sure asthma is identified on school health form,
- ensuring pupils have access to their reliever inhaler,
- being aware of pupil's triggers,
- planning for school visits,
- having good communication with parents/carers,
- knowing what to do in an emergency and
- attending regular training sessions.

Appendix 3



EDUCATION AUTHORITY – NORTH EASTERN REGION

Ballymoney Model Integrated Primary School

North Road, Ballymoney, Co. Antrim, BT53 6BW

Tel: 028 276 62340 School Website: www.ballymoneymodelcips.co.uk

Email: jjamison554@c2kni.net

Principal: Mrs J Jamison B Ed(Hons) PQH(NI)

Dear Parent/Carer

Your child _____

is on our medical register for asthma, please **tick** the statement that applies to you.

No longer asthmatic – remove from the register	
Asthmatic – inhaler in school	

Please complete Form AM2 (available on the school website) and return to school to ensure school staff are able to support your child with their complex medical needs.

Many thanks

Mrs Knight

Member of staff responsible for Pupils' Medical Needs