



# **KNOCKAVOE SCHOOL**

## **&**

# **RESOURCE CENTRE**

## *Administration of Medication Policy*

### *2022-2024*

### *Ratification*

Position	Signed	Date
Principal	<i>Sharon Cassidy</i>	<i>31/3/22.</i>
Chair of Board of Governors	<i>Jane Neill</i>	<i>31/3/22</i>

***Date of Review:*** *March 2024.*



## Introduction

The Principal, Board of Governors and staff of Knockavoe School wish to ensure that pupils with medical needs receive appropriate care and support at school. As a rights Respecting School, pupil's needs will be met in a dignified, respectful manner- ***"You have a right to good health. You should have professional care and medicines when sick" (Article 24)***

Most pupils will at some time have a medical condition that may affect their participation in school activities. This can be grouped in 3 categories

1. Pupils requiring **short term** medication for acute conditions.
2. Pupils with **long term** or **complex** medication needs.
3. Pupils who may **very rarely require medication** to be given in an emergency
  - Pupils with no known medical condition and the medical emergency arises "out of the blue"
  - Pupils with a known medical condition and Medication Plan is needed for a medical emergency.

The Principal will deal sympathetically with each request, from parents/carers for medication to be administered. Ensuring that parents' cultural and religious views are always respected.

The Principal accepts responsibility, in principle, for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so. The Education Authority (Western), indemnify all staff who undertake any aspect of the Policy on Adminstrating Medication, if it is in line with Knockavoe School Policy which has been drawn up with the guidance document 'Supporting Pupils with Medication Needs **SPMN Feb 2008**'

***Please Note: There is no legal duty that requires school staff to administer medication; this is a voluntary role and this Policy does not intend to alter in any way the right for staff to not volunteer. (Supporting Pupils with Medication Needs SPMN Feb 2008)***



## **Key Principles**

1. Parents should keep their children at home if acutely unwell or infections (SPMN Feb 2008)
2. Parents are responsible for providing the Principal with comprehensive information regarding the pupils condition and medication by providing a copy of the **Pupils Care Plan** or an **AM1 Form** (Appendix 1)
3. The school will endeavour to keep parents/carers fully informed of their child's medical condition and needs throughout the day.
4. Prescribed medication will not be accepted in school or administered without written and signed instructions from Medical Professionals on a **M1 Form** and Parent/Carer consent **AM2 Form** (Appendix 2)
5. Trained members of staff will be required to check expiry dates, dosage, frequency of administration and **two trained** staff members will always administer and sign off all medicines using an AM4 Form (Appendix 4)
6. In the event of a Medical Emergency, all staff must ensure that protocols are followed to ensure the safety of the pupils.
7. Staff within individual classrooms should split morning and lunch breaks to ensure the safety of the pupils.

## **Roles and Responsibilities**

It is important that responsibility for pupils' health and safety is clearly defined and that each person involved with pupils who need medication are aware of what is expected of them. A **partnership approach** with close cooperation among schools, parents, health professionals and other agencies is important in providing a **supportive environment** for pupils with these needs to enable them to participate fully in school activities.



## **Parents/Carers**

*Please note: The term parent/s is used to refer to parents, carers and legal guardians.*

### **Parents are responsible for:**

- Making sure their child is well enough for school if acutely unwell or infectious they should remain at home
  - If a child comes to school showing signs of being unwell, parents will be contacted so that their child can be taken home as soon as possible
  - A child should remain from school for 48 hours after the last episode of vomiting and/or diarrhoea to prevent cross infection.
- Where possible medicine should be timed for administration outside of school hours.
- Providing the Principal with the original written medical evidence from the Consultant / GP / CCN detailing the treatment or care needed in school. Agreement will then be made with the principal.
- Providing a completed Knockavoe Prescription, AM2 Form, with the details of the dose and when the medication is to be administered. Ensure any changes in medication or condition are notified promptly and a new prescription form is completed, Knockavoe Staff **cannot** make changes to a pupil's prescription form.
- Providing sufficient medication and ensuring it is correctly labelled. **Labels must correspond with the prescription form.** Pupils cannot attend school if their medicine is not available or **they are out of date.**
- Delivering their child's medication to school and signing the school checklist (Appendix 9). Medication cannot travel on school Transport.
- Disposing of their child's unused or out of date medication.
- Collecting their child's medication at the end of the school year.



### **Principal/Vice Principal**

The Principal/Vice Principal are responsible for:

- Ensuring that the school has a policy for supporting pupils with medication needs following the guidance document on SPMN Feb 2008.
- Ensure parents are aware of the school's policy.
- Ensure that all staff are aware of the policy and procedures.
- Designating the coordination role to an identified person.

### **Medical Coordinator**

The Medical Coordinator is responsible for:

- Ensuring that adequate ratios of staff receive appropriate training to support pupils with medical needs.
- Seek and record training for identified staff members when needed.
- Supporting HOD's, who arrange staff cover, to ensure adequate staff are trained for specific pupils.
- Establishing and maintaining Pupil Individual Medical files. All templates are updated yearly and available to all staff in the Shared Area.
- Ensure accurate records are maintained. Each year medical recording sheets will be filed in line with GDPR.
- Compiling a whole school yearly pupil medical record for the Senior Management Team. (Appendix 5)
- Co-ordinating the Medical Team to ensure Yearly Checklist completed for each pupil, Emergency Call Forms on display by each phone, First Aid boxes are stocked and defibrillators are tested.

### **Staff**

It is the responsibility of teacher and CA's (where appropriate) to ensure that they:

- Are aware of the Policy for the Administration of medication in Knockavoe School.



- Follow procedures in the event of an emergency. (Emergency Call Form available by telephones available in SPMN Feb 2008)
- Understand the nature of pupil's medical condition, the Care Plan and they are aware of when the pupil may need extra attention.
- Ensure that the child's Care Plan and Emergency Contact details are up to date and kept with pupils **at all times** in their Pupil Medical File.
- Report any discrepancies around medicines to the class teacher / HOD / Medical coordinator.
- Advise parents if a child needs to be taken home.
- Attend appropriate training and awareness through arrangements made with the specialist Nurse/ CCN Team or EA.
- Complete checks of medication and equipment using the templates provided (Appendix 9)
- Administer prescribed daily medication and / or emergency medication to identified pupils in accordance with the yearly updated Pupil Prescription **M1 Form** and the Parent/Carer Consent **AM2 Form** (Appendix 2). **Prescription forms are not to be amended or updated by staff.**
- Keep a record of all medication given and record. **AM 4 Form** (Appendix 4)
- In the absence of the class teacher, inform temporary staff of the medical need of the pupils and the class protocols.
- In the absence of 1 classroom assistant, from a class team, medical needs will be covered by a trained classroom assistant from the same or another class.
- Send a reminder to parents/carers when medical supplies need replacing.
- Ensure all relevant documentation is completed in support with Medical Coordinator.

### **Health Care Professionals**

It is the role of the School Health Service, Children Community Nursing Team (CCN), GP's and Community Paediatrician to work in partnership with Knockavoe School. The partnership enables Knockavoe to have written Care plans, receive advice and support to ensure the safe inclusion of all pupils. The CCN's and Diabetic Nurse ensure pupil



care plans are drawn up in consultation with parents and staff are competent in meeting the needs of the individual pupils.

### **Delivery of Medication to School**

Medication will be delivered to a trained class staff member, **by the parent/carer**, clearly labelled, in the container originally dispensed and secure in the Orange Medpacs provided by school.

All medication and equipment needs to be checked on arrival and checked each term and signed by trained members of staff (Appendix 9). Medication and equipment is to be collected by parents at the end of the school year.

Pupils with complex medical needs can travel with medication in agreement with the transport and the principal.

Pupils carrying their own medication can only do so in agreement with the Principal and their Parent/Carers. A Request form must be completed (Appendix 3) in line with the guidance document SPMN Feb 2008.

### **Storage and Organisation of Medication**

- Knockavoe provide **Orange Medpac** to store pupil Medication.
- Medication should be stored strictly in accordance with the product instructions (paying particular attention to temperature)
- Daily Medication will be kept in a secure place out of the reach of pupils.
- Emergency Medication, such as Buccal Midazolam, must travel with the staff member responsible for that pupil both in school and on educational outings.



- Emergency Medication, such as inhalers, must be readily available to pupils and should not be locked away.
- Medication, which are still in date, should be returned to parents at the end of each term.
- Sharps boxes should be used for the disposal of needles.

Pupils who refuse to take medication will not be forced to do so. Staff will inform parents of the refusal as a matter of urgency. If the refusal to take medication results in an emergency the schools emergency procedures will be followed.

### **Emergency Procedures**

In all emergency situations a teacher or other members of school staff will be expected to act as a responsible adult in the best interests of the child in recognition of their duty of care.

If in doubt, phone for the emergency services. Follow the Emergency Call Form by the telephone Appendix 10

Knockavoe have 5 trained first aiders who are available to give guidance and advice when required. Posters of First Aider contact details are on display in each classroom and around the school. They named First Aiders are:

- Aisling Doherty-McConomy
- Myra Grier
- Louise Jack
- Sonya McGill
- Lisa Callaghan
- Caroline Mc Daid
- Noreen McElwee

In the event of an emergency every phone has a copy of the Emergency Call Form Appendix 10

Knockavoe have 2 Defibrillators on site, 1 in the front hall and 1 on the Secondary Corridor. Staff are trained and checks are completed.





### **Educational Trips**

- Individual Pupil Medical Files should travel with the pupils.
- Medication should travel in the **Orange Medpacs**

Reasonable steps will be taken to ensure pupils with medication needs are able to go on educational visits or trips. 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.

### **Arrangements for School Meals**

The school catering supervisor should be informed of those pupils who have been diagnosed with a food allergy. **Knockavoe is a NUT FREE school.**



<b>Appendix</b>	
1	<b>Form AM1</b> Knockavoe MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS Western HSC Care Plan Epilepsy Care Plan Anaphalex Care Plan Asthma Card
2	<b>Form AM2</b> REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION & KNOCKAVOE PRESCRIPTION FORM <b>M1 Form</b> Prescription sheet for the Administration of Medication in School
3	<b>Form AM3</b> REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION
4	<b>Form AM4</b> RECORD OF MEDICINE ADMINISTERED
5	<b>Form AM5</b> WHOLE SCHOOL RECORD OF PUPILS RECEIVING MEDICATION
6	<b>Form AM6</b> RECORD OF MEDICAL TRAINING FOR STAFF
7	<b>Form AM7</b> AUTHORISATION FOR THE ADMINISTRATION OF RECTAL DIAZEPAM
8	Pupil Medical File Contents
9	Checklist for pupil Medication & Equipment
10	Telephone Emergency Call Form



## **Appendix 1**

All pupils must have a Medication Plan. The medication plan is completed by the parent/carer on the **AM1 Form**, (*Care plan supported by the SPMN Feb 2008 documentation*) or by Health Trust.

Samples are included in Appendix 1

✓ <b>AM1 Form (Knockavoe)</b>
✓ Epilepsy Care Plan
✓ ANAPHYLAXIS Care Plan
✓ Asthma Card



**Appendix 1**

<b>MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS</b>				<b>Form AM1</b>
Date		Review Date		
Name of Pupil				
Date of Birth				
Class				
National Health Number				
Medical Diagnosis				
<b>Contact Information</b>				
<b>Family Contact 1</b>				
Name				
Phone Number Home/Mobile		Work		
Relationship				
<b>Family Contact 2</b>				
Name				
Phone Number Home/Mobile		Work		
Relationship				
<b>GP</b>				
Name				
Phone Number				
<b>Clinic/Hospital Contact</b>				
Name				
Phone Number				
<b>Plan prepared by</b>				
Name				
Designation				
Date				



**Appendix 1**

Describe condition and give details of pupil’s individual symptoms			
Daily care requirements (eg. Before sport, dietary, therapy, nursing needs)			
Members of staff trained to administer medication for the child (State if different for off site activities)			
Describe what constitutes an emergency for the child, and the action to take if this occurs			
Follow up care			
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	
Distribution			
Principal		School Nurse	
Parent		Other	



**Appendix 1**

<b>Western Health and Social Care Trust</b>		<h2 style="margin: 0;">Epilepsy Emergency Medication Plan</h2>			
<b>Description of seizure(s) requiring emergency medication</b>		Write in CAPITALS or use an addressograph Name: _____ H & C Number: _____ Date of Birth: _____ Address: _____ _____ _____			
		Weight	kg	Age	
If the seizure lasts longer than _____ minutes or has a cluster of _____ seizures within _____ minutes					
<b>Buccal Administer (prescriber to tick)</b>					
<input type="radio"/> <b>Buccolam® (3 months to 18 years)</b>			<input type="radio"/> <b>Other</b>		
<input type="radio"/> Buccolam® 2.5mg prefilled oral syringe <input type="radio"/> Buccolam® 5mg prefilled oral syringe <input type="radio"/> Buccolam® 7.5mg prefilled oral syringe <input type="radio"/> Buccolam® 10mg prefilled oral syringe			Medicine & Strength: _____ Dose: _____		
This will take 5 – 10 minutes to have desired effect Do not give a second dose within 6 hours and no more than two doses within 24 hours unless otherwise indicated					
↓					
<b>When to CALL 999</b>					
<ul style="list-style-type: none"> <li>If the emergency medication fails to have effect</li> <li>If the person experiences breathing difficulties</li> <li>If recovery is slow or an injury is sustained</li> </ul>					
↓					
<b>Contact Parent / Guardian</b>					
↓					
<b>Prescriber details</b>					
Consultant signature				Date	
Print name					
<b>Consent given to the implementation of the guideline by parent / guardian</b>					
Signature				Date	
Print name					
<b>Copies sent to (please tick appropriately)</b>					
<input type="radio"/> Parent / Guardian		<input type="radio"/> School Nurse		<input type="radio"/> LD Nurse	
<input type="radio"/> GP		<input type="radio"/> CCN		<input type="radio"/> Other: _____	
<input type="radio"/> Epilepsy Nurse		<input type="radio"/> Health Visitor			
Paediatric Epilepsy Nursing Service, WHSCT					

**Appendix 1**

# ANAPHYLAXIS INDIVIDUAL CARE PLAN (ICP)

Name of Child \_\_\_\_\_

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

Name of School \_\_\_\_\_

Date of Individual Care Plan \_\_\_\_\_

In the event that it may become necessary I consent to members of the school staff who have received appropriate training, to give the above prescribed medication to my child.

Signed \_\_\_\_\_ Parent / Guardian

Date \_\_\_\_\_

**IN THE EVENT OF ANY CHANGE(S) TO THE ABOVE PRESCRIPTION(S) THE PARENT MUST ADVISE THE PRINCIPAL TEACHER IN WRITING IMMEDIATELY OR AS SOON AS PRACTICABLE.**

**bsaci** RCPCH  
Improving allergy care  
www.bsaci.org.uk

## Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

Child's Weight: \_\_\_\_\_ Kg

**Emergency contact details:**

1) \_\_\_\_\_

2) \_\_\_\_\_

**PARENTAL CONSENT:** I hereby authorize school staff to administer the medicine specified on this plan, including a SCREW-INjector adrenaline autoinjector (AAI) if needed, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: \_\_\_\_\_

(PRINT NAME) Date: \_\_\_\_\_

**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
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if verified, call repeat dose)

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

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

**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 (or more) of these signs are present:

1. Lie child flat:
2. Use Adrenaline autoinjector (eg EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IG")

\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

**After giving Adrenaline:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical attention in hospital is recommended after anaphylaxis.

**How to give EpiPen®**

Form the nozzle around EpiPen® and PULL OFF BLUE SAFETY CAP

SQUEEZE AND PUSH CHANGE (TOP) against outer thigh (or BI) or without clothing) until click is heard

HOLD FIRMLY in place for 10 seconds

REMOVE: EpiPen® Massage injection site for 10 seconds

© The British Society for Allergy & Clinical Immunology (BSACI)

**Additional instructions:**

\_\_\_\_\_

\_\_\_\_\_

This is a medical document that can only be consulted by the child's healthcare professionals. It must not be shared without their permission. This document provides medical information for schools to arrange a rapid and effective response if needed, as certified by the Local Medicines (Adrenaline) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 1**

# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

**Reliever treatment when needed**  
For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature  Date

**Expiry dates of medicines**

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature  Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?  
 Yes  No

Does your child need help taking his/her asthma medicine?  
 Yes  No

What are your child's triggers (things that make their asthma worse)?

Pollen  Stress  
 Exercise  Weather  
 Cold/flu  Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?  
 Yes  No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>



**Dates card checked**

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

**What to do if a child is having an asthma attack**

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a tummy ache
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.

**Any asthma questions?**  
 Call our friendly helpline nurses  
**0300 222 5800**  
 (9am - 5pm, Mon - Fri)  
[www.asthma.org.uk](http://www.asthma.org.uk)

© 2018 Asthma UK. Registered charity number 1049466. Registered office: 200566, and in Scotland: 50209120



**Appendix 2**

<b>REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION</b>		<b>Form AM2</b>	
The school will not give your child medicine unless this form has been signed and the Principal has agreed that school staff can administer the medicine.			
Name of Pupil			
Date of Birth			
Class			
National Health Number			
Medical Diagnosis			
<b>Agreement of Parent (Please tick and sign)</b>			
I will supply school with medication in date and properly labelled			
I will give full directions for use (Dosage and method)			
I understand that dosage can only be changed on a Doctor's instructions			
I understand that I must deliver the medicine to Knockavoe 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.			
Signed Parent /Carer		Date	
<b>Agreement of Principal</b>			
I agree that _____ (Name of child) will receive medication stated on the prescription form.			
This arrangement will continue until _____ (either end date of course of medicine or until instructed by parents)			
Principal		Date	
The original will be retained in the Pupils Medical File and a copy sent home to the parents to confirm the school's agreement to administer medication to the named pupil.			

**Appendix 2**



Knockavoe School & Resource Centre

PRESCRIPTION SHEET FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL										M1
NAME OF PUPIL		NAME OF PRESCRIBER								
DATE OF BIRTH		JOB TITLE								
ADDRESS		ADDRESS								
CONTACT NO.		CONTACT NO.								
THE PRESCRIPTION										
	DAILY PRESCRIPTION/S GENERIC NAME	ROUTE KEY OVERLEAF	DOSE TO BE ADMINISTERED	TIME 24HR CLOCK	ADMINISTRATION DIRECTIONS I.E WITH,BEFOR OR AFTER FOOD, DISSOLVED IN WATER.					
1										
2										
3										
4										
5										
6										
XX	P.R.N AND		DOSE TO BE	TIME	ADMINISTRATION DIRECTIONS					
XX	EMERGENCY MEDICATION	ROUTE	ADMINISTERED							
A										
B										
C										
TO BE SIGNED BY THE PERSON PRESCRIBING THE MEDICATION										
SIGNATURE		DATE		TITLE						
TO BE SIGNED BY THE GUARDIAN AGREEING TO THE MEDICATION BEING ADMINISTERED IN SCHOOL										
SIGNATURE		DATE		RELATIONSHIP						

PLEASE ENSURE THAT ALL DETAILS ARE CLEARLY PRINTED

**Appendix 2**

 <p>Knockavoe School &amp; Resource Centre 2020/2021</p>							
KEY TO ADMINISTRATION ROUTES							
PER ORAL (MOUTH)	PER RECTAL	TOPICAL (APPLIED TO THE SKIN)	NASAL GASTRIC TUBE	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY	INHALED	SUB-CUTANEOUS	INTRA-MUSCULAR
P.O	P.R	T	N.G TUBE	PEG	IH	S.C	I.M
COMPETENCIES THAT NEED TO BE ACHIEVED				PROTOCOL FOR ADMINISTRATION			
<ul style="list-style-type: none"> <li>IDENTIFIES NEED TO WASH HANDS BEFORE AND AFTER</li> <li>IDENTIFIES THE <b>RIGHT</b> CHILD WITH PRESCRIPTION FORM</li> <li>IDENTIFIES THE <b>RIGHT</b> MEDICINE</li> <li>IDENTIFIES THE <b>RIGHT</b> DOSE</li> <li>IDENTIFIES THE <b>RIGHT</b> TIME OF ADMINISTRATION</li> <li>IDENTIFIES THE <b>RIGHT</b> EXPIRY DATE ON THE MEDICATION</li> <li>IDENTIFIES THE <b>RIGHT</b> ROUTE OF ADMINISTRATION</li> <li>IDENTIFIES WHERE TO DOCUMENT ADMINISTRATION OR DIFFICULTIES WITH ADMINISTRATION</li> </ul>				<ul style="list-style-type: none"> <li>WASHES HANDS BEFORE AND AFTER INFECTION CONTROL POLICY</li> <li>DOCUMENTATION FOR THE CORRECT CHILD</li> <li>SELECTED THE CORRECT MEDICATION</li> <li>CORRECTLY IDENTIFIED THE EXPIRY DATE</li> <li>CORRECT DOSE PREPARED FOR ADMINISTRATION</li> <li>MEDICATION ADMINISTERED AT THE CORRECT TIME</li> <li>ADMINISTERED THE MEDICATION CORRECTLY</li> <li><b>SECOND PERSON TO ALWAYS CHECK PRIOR TO ADMINISTRATION</b></li> <li>CORRECTLY DOCUMENTS MEDICATION ADMINISTERED OR ANY DIFFICULTIES</li> <li>INFORMS PARENTS OF NEED FOR MORE MEDICATION OR ANY CONCERNS</li> </ul>			

**Appendix 3**

<b>REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION</b>			<b>Form AM3</b>
This form must be completed by Parents/Carers and agreed with the Principal. If staff have any concerns discuss this request with healthcare professional.			
Date		Review Date	
Pupil Name			
Date of Birth			
Address			
Class			
Condition / Illness			
<b>Medication</b>			
Parents must ensure that in date and the medication supplied is properly labelled.			
Name of Medicine			
Procedures to be taken in an emergency			
Contact details			
Name		Relationship to Pupil	
Contact No. Home		Contact No. Mobile	
Agreement of Parent			
I would like my child to keep his/her medication on him/her for use as necessary.			
Signed Parent/Carer		Date	
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 Principal		Date	
The original will be retained in the Pupils Medical File and a copy sent home to the parents to confirm the school's agreement to administer medication to the named pupil.			





Knockavoe School & Resource Centre

2019/2020

SCHOOL RECORD OF PUPILS RECEIVING MEDICATION										Form AM15
<b>PRIMARY Class Name</b>										
Pupil	DOB	Medical Contact COP/ School Nurse	Medical Training	Class Staff Trained	Additional Staff Trained	Mode of Transport	Storage of Medication			
<b>PRIMARY Class Name</b>										
Pupil	DOB	Medical Contact COP/ School Nurse	Medical Training	Class Staff Trained	Additional Staff Trained	Mode of Transport	Storage of Medication			
<b>SECONDARY Class Name</b>										
Pupil	DOB	Medical Contact COP/ School Nurse	Medical Training	Class Staff Trained	Additional Staff Trained	Mode of Transport	Storage of Medication			
<b>SECONDARY Class Name</b>										
Pupil	DOB	Medical Contact COP/ School Nurse	Medical Training	Class Staff Trained	Additional Staff Trained	Mode of Transport	Storage of Medication			

PLEASE ENSURE THAT ALL DETAILS ARE CLEARLY PRINTED

**Appendix 6**


RECORD OF MEDICAL TRAINING FOR STAFF		Form AM6	
Name			
Type of Training Received			
Names of Condition/ Medication involved			
Date Training/Awareness Completed			
Training Provided By			
I confirm that I have received the training detailed above			
Trainee's Signature		Date	
Proposed retraining Date			
Principal Signature			

**Appendix 7**


<b>AUTHOSISATION FOR THE ADMINISTRATION OF RECTAL DIAZEPAM</b>		<b>Form AM7</b>	
This form should be completed in conjunction with AM2 and administration should be maintained using Form AM4 or similar.			
Name of Pupil			
Date of Birth			
Class			
National Health Number			
GP			
Hospital Consultant			
<p>_____ should be given Rectal Diazepam ____ mg if he/she has a *prolonged epileptic seizure lasting over ____ minutes</p> <p>Or</p> <p>*serial seizures lasting over _____ minutes</p> <p>Or</p> <p>If the seizure has not resolved * after _____ minutes</p> <p>(*~please delete as appropriate)</p>			
Doctors Signature		Date	
Signed Parent /Carer		Date	
CALL AMBULANCE IMMEDIATELY			



**Appendix 8**



# Knockavoe Pupil Medical File

<b>Section 1</b>	<b>Care Plans</b>  Western Health and Social Care Trust Western HSC or Knockavoe AM1
<b>Section 2</b>	Mediation Consent AM2 Prescription Sheet M1
<b>Section 3</b>	Record of Medication Administration AM4
<b>Section 4</b>	Checklist of Equipment/Medication Location of Emergency Medication
<b>Section 5</b>	Staff Training AM6

**Appendix 9**

Pupil Name	DOB		Location of Emergency Medication in Classroom				
Checklist of Medication	Term 1 Sep - Dec		Term 2 Jan - April		Term 3 April - June		Summer Scheme
	Check In Date	End of Term Check	Start of Term Check	End of Term Check	Start of Term Check	End of Term Check or Return	Return of Medication
Care plan for Administration of Emergency medication							
Medication Name: _____ ✓ Label ✓ Date ✓ Damage							
Parent/Carer Signature  When Medication Collected or Returned							
Staff Member Signature							

Year 2021/22

**Appendix 10**

## EMERGENCY CALL FORM

TO BE DISPLAYED BY THE OFFICE TELEPHONE

### REQUEST FOR AN AMBULANCE

to:

**Dial 999**, ask for ambulance and be ready with the following information.

1. Your telephone number (insert telephone number here).
2. Give your location as follows: (insert school address and postcode).
3. Give exact location within the school (insert brief description).
4. Give your name.
5. Give brief description of pupil's symptoms.
6. Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil.

**SPEAK CLEARLY AND SLOWLY**

57