Scoil Mhuire, Clarinbridge, Co. Galway

POLICY ON ADMINISTRATION OF MEDICATION AND FIRST AID

Introductory Statement:
The staff and the B.O.M. of Scoil Mhuire was involved in preparing this policy.

Rationale:
We need this policy document to guide the school community in fulfilling its responsibility in the administration of medicines to pupils.

Aims:
To provide a clear procedure in the event of medicines being self administered by a pupil or being administered a parent/guardian or teacher during the school day.

Context:

The school requires information on medical conditions/allergies when a child is first enrolling. This information is recorded on the enrolment forms by the parent. The filed enrolment forms are retained in the office. This information is brought to the attention of the teacher by the principal. Every September during the first week back at school, the Parents \ Guardians complete an Emergency Contact Form on which they bring the school up to date on any possible medical conditions/allergies that their child(ren) suffer from.

Guidelines:
The following are the agreed procedures to be followed when medicines are being administered.

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.

- Non- prescriptive medicines will neither be stored nor administered to pupils in school. Prescribed medicines will not be administered in school without the written consent of parents and the specific authorisation of the Board of Management.

- The medicine should not be kept by the pupil but in a secure place in the Main School Office or in the Principal's Office, out of reach of pupils. Certain medicines, such as inhalers used by asthmatic children, must be readily accessible at all times of the school day.

- The medicine should be self-administered if possible, under the supervision of an authorised adult

- A written record of the date and time of administration must be kept.

- A teacher should not administer medication without the specific authorisation of the Board.

- No teacher can be required to administer medicine or drugs to a pupil.

- In line with the policy stated and request for permission for same in the Emergency Contact Form that every parent \ guardian completes each September, qualified medical assistance will be secured at the earliest opportunity in emergency situations.

- Parents of a pupil requiring regular medication during school hours should write to the Board to authorise a member of staff to administer the medication in school.

Severe Medical Conditions

Where possible, the family doctor should arrange for the administration of prescribed medicines outside of school hours. Where a pupil suffers from a severe medical condition, the parents may request the school or the class teacher to administer medication to the child in the event of the pupil suffering an attack while in attendance at school. As a general rule, teachers should not be involved in the administration of medications to pupils. In exceptional circumstances where a teacher agrees to become involved in the administration of medication the INTO advises that:

- The parents of the pupils concerned should write to the Board of Management requesting the Board to authorise the class teacher or other members of staff to administer the medication and thus indemnify the teachers.
- Written details are required from the parent/guardian to the Board of Management giving the name of the child, name and dose of medication; whether the child should be responsible for his/her own medication; the circumstances in which medication is to be given by the teacher and consent for it to be given; when the parent is to be notified and where s/he can be contacted. It is the parent's responsibility to check each morning whether or not the authorised teacher is in school unless an alternative arrangement is made locally.

- The request should also contain written instructions of the procedure to be followed in administering the medication. *The BOM may request the parent to organise a demonstration of the administration of the medicine by a medical professional. Trained personnel (e.g. doctor, nurse, health worker) may be required to come to the school to discuss a particular condition (e.g. epilepsy, asthma, anaphylaxia, etc.) with the staff.*
- The Board of Management, having considered the matter, may authorise a teacher or members of staff to administer medication to a pupil. If the teacher is so authorised she/he should be properly instructed by the Board of Management or a medical expert.
- A teacher should not administer medication without the specific authorisation of the Board.

- In administering medication to pupils, teachers should exercise the standard of care of a reasonable and prudent parent.
- The Board of Management should inform the school's insurers accordingly.
- The Board of Management should seek an indemnity from the parent(s) in respect of any liability that may arise regarding the administration of medication. ('*Administration of medicines in schools indemnity'* form pp174-5 BOM Handbook 2004)
- Where the above procedure is put in place the Board of Management should give consideration to authorising another member of staff to administer the medication in the event that the regular teacher is absent from school.
- Arrangements should also be made by the Board for the safe storage of medication.
- It is the responsibility of the parent to regularly check that the medication stored in the school is not out of date.
- A copy of this procedure is presented and explained in full to the parents \ guardians by the Principal. All parties should have a common understanding of their roles and responsibilities.

Guidelines and Procedures on Anaphylaxis

Our school has been informed in recent years of a number of children who may or do suffer from anaphylaxis, a dangerous allergy to certain food items, usually nuts and nut-related products. These products may also be found in medicines and toiletries. In the event of a child suffering an anaphylactic reaction \ shock, an anapen, which is stored in the school office, must be administered immediately to the child's thigh. The Emergency Contact forms for all children whom we have been alerted to (and for whom there are anapens in the office) are posted on the wall over the secretary's desk.

All staff have acces to a video about anaphylaxis and how the anapen is administered. In addition, training has been provided including on October 16th 2012 at staff meetings. The following people have agreed to administer the anapen to any of the children for whom anapens have been stocked in the office in the event of an emergency.

Willing to use Anapen
Sean Holian – Principal
Aileen Mc Donnell - Teacher
Karen Coolahan – Teacher
Brid Glynn - Teacher
Elaine Glavey - Teacher
Timmie Glavey – Teacher
Caroline Kilroy - Teacher
Therese Beirne – Teacher
Caroline Burke – Teacher
Sinead Nolan – Teacher
Deirdre Caulfield – Teacher
Therese Sylver – Teacher
Aideen McGillicuddy – Teacher
Edward lynch – Teacher
Phyllis Cummins -SNA
Ciara Wilson – SNA

Deirdre Brown – SNA
Mary Loughnane - SNA
Geraldine Dowling – School Secretary

Parents will be asked to give written permission to all listed above to administer the anapen to their child in the event of it being seemingly necessary to do so. A doctor \ nurse will be invited to address the staff periodically, including those above, to give further medical advice on how the anapen should be administered and also on any further procedures.

Antihistamine

Some staff members (listed below) have indicated that they are willing to administer an antihistamine (liquid or tablet) which deals with mild symptoms of anaphylaxis and possibly even prevents full-blown anaphylactic shock.
The mild symptoms as listed in the Appendix to this policy, entitled Food Allergy Action Plan, include

MOUTH Itchy mouth
SKIN A few hives around mouth / face, mild itch
GUT Mild nausea / discomfort

All teachers not willing to administer the antihistamine, should contact the nearest Teacher listed below in the event that they notice these mild symptoms, especially with children known to suffer from anaphylaxis so as that teacher may administer the antihistamine. Other staff members such as SNAs should draw the attention of the Class Teacher to this, if they notice the mild symptoms and the teacher then decides what to do. This also applies to more severe symptoms (which may require the use of the anapen) being noticed by staff members other than the Class Teacher.

Willing to administer antihistamine
Sean Holian – Principal
Aileen Mc Donnell - Teacher
Karen Coolahan – Teacher
Brid Glynn - Teacher
Elaine Glavey - Teacher
Timmie Glavey – Teacher
Caroline Kilroy - Teacher
Therese Beirne – Teacher
Caroline Burke – Teacher
Sinead Nolan – Teacher
Deirdre Caulfield – Teacher
Therese Sylver – Teacher
Aideen McGillicuddy – Teacher
Edward lynch – Teacher

WHAT ARE THE SIGNS AND SYMPTOMS OF ANAPHYLAXIS?

Food induced anaphylaxis often produces skin reactions and respiratory symptoms whilst drug or venom induced anaphylaxis produces shock. Symptoms usually occur within 5-60 minutes of contact with the allergen, but sometimes occur after several hours, or even 3-4 days later. Fast onset and rapid progression of symptoms usually indicates severe, life threatening anaphylaxis.

Symptoms of Anaphylaxis

The reaction usually starts within minutes of eating the allergen.

- Tingling in child's mouth, looking for a drink of water
- Swelling of throat, mouth and lips and saliva flowing from mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing, wheezing shortness of breath and coughing
- Hives (Large ones anywhere on body)
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness
- Collapse and unconsciousness

One or more organ systems may be involved. Typical features include:

Organ	Features
Systemic	• Confusion, dizziness • Tremor • Collapse
Skin	* Affected in > 85% of reactions • Pruritus (itching) either localised or general • Urticaria (hives), red rash and swelling • Skin may feel hot
Respiratory	• Affected in about 50% of reactions • Shortness of breath, throat tightness, coughing, sneezing, wheeze • Upper airway obstruction indicated by nasal congestion, swelling of lips or tongue, hoarseness
Heart	• Chest pains • Rapid or irregular heart beat • Low blood pressure
Gastrointestinal	• Stomach cramps • Nausea, vomiting and diarrhoea

Diagnosis of anaphylaxis

Because acute anaphylaxis can be immediately life threatening, diagnosis must be made quickly and efficiently, often while administering initial medication. Diagnosis is essentially made on the basis of:

- Typical symptoms and signs, involving at least two organ systems

- Development of specific symptoms after exposure to a known allergen
- Exclusion of other diseases that may have similar signs and symptoms

What is the treatment of anaphylaxis?

Acute anaphylaxis must be treated as a medical emergency with stabilisation of airway, breathing and circulation. Intramuscular adrenaline must be given immediately to patients with signs of shock, airway swelling, or definite difficulty in breathing. This is followed by treatment with an antihistamine, corticosteroid and perhaps other drugs.

Adrenaline may not be necessary for skin manifestations of anaphylaxis. Treatment with antihistamines may be all that is required.

REMEMBER

Epinephrine (Anapen) is the most effective drug for treating anaphylaxis and should be readily available for any child at risk for anaphylaxis. The benefits of administering epinephrine in situations of doubt outweighs the side effects, which are generally mild. **It is most easily administered with an auto-injectable device (Anapen) in the lateral thigh muscle (side of the upper leg). A second injection can be given in 10 to 15 minutes if the child continues to be in distress.**

Prompt recognition of signs and symptoms of anaphylaxis, early administration of epinephrine, and rapid transport to an appropriate emergency facility are the keys to successful management of anaphylaxis.

PROCEDURE **STAY CALM!**

Step 1 *If child is conscious, one staff member should stay with the child and bring him/ her to the office where the anapen for that child should be found. Another staff member should ring a parent and ask if Dr Hayward 091-96192 should be called. If parents not available, ring Dr Hayward in any case and if she can assess the situation within a few minutes, bring the child and pen to her.*

Step 2: *If child is unconscious, one staff member should put the child in the recovery position. Another staff member should get the anapen from the office and a blanket and wrap it around the child. Remove the bottom and the top of the pen.* ***A staff member should place the bottom of the pen against the thigh and inject and hold for 10 seconds. The time of this injection should be recorded.*** *Meanwhile another member of staff should contact Doctor Hayward or the family doctor listed in the Emergency Contact Form and ask them to come immediately or to give appropriate advice on procedure. The parents and the hospital should then be informed of the situation.*

Step 3 *The child, whether conscious or unconscious must then be brought immediately into the A & E Department in the hospital.* ***The used anapen(s) and record(s) of the time of injection(s) should be brought also.*** *Two members of staff should go with the child. One drives and the other attends to the child in the back seat. One teacher should stay with the child in the hospital at least until a parent arrives.*

ADMINISTRATION OF FIRST AID

Many staff members have completed First Aid Courses including a school-based one in autumn 2010. There will be some training in the future also. In general, whenever a child becomes hurt or injured, either in the school building, on the school yard or on field trips, etc. the supervising teacher(s) should assess if the child will need first aid treatment. In all cases, it should also be immediately assessed if parents \ guardians and medical expertise including an ambulance should be contacted without delay.

Injuries \ Illnesses to the Head

Check to see if the child is dizzy or concussed. Is there any swelling or cuts to the skin? Call the Principal, parents \ guardians and if necessary a doctor or ambulance. Do not move the child if possible if there is concussion or unconsciousness but keep him \ her warm with blankets from the office. Apply an icepack to bruises.

Cuts

Check to see how deep the cut is. Call the Principal, parents \ guardians and if necessary a doctor or ambulance. Get First Aid kit and wear the medical gloves. If there is any debris in the cut, then clean it out with water and cotton wool. Assess if pressure is required to stop the bleeding. Then apply a plaster or for deeper cuts, cotton wool and a bandage to slow the flow of blood.

Possible Fractures & Swelling

Assess the injury. Call the Principal, parents \ guardians and if necessary a doctor or ambulance. If a limb becomes injured then it needs support. If a leg is possibly fractured, the child should be left lying down in a stationary position if at all possible. Blankets from the office should be used to keep him \ her warm. Apply a splint to support an injured leg. Stay with the child if leg is possibly fractured until the ambulance arrives. If an arm is possibly fractured, a sling needs to be applied to keep the injured arm upright. The child should in this instance be brought to the office to wait for their parents \ guardians.

Attacks – Epilepsy & Asthma

Appendix 1 contains guidelines that come from The irish Epilepsy Association website and Appendix 2 contains guidelines that come from The Asthma Society of Ireland website..In all cases, staff should inform parents\guardians immediately of any difficulties in these areas that their children experience at school. They should also follow procedure re calling the doctor, listed in the Emergency Contact Form , and \ or the ambulance etc.

Roles and Responsibilities:

This implementation of this policy is the responsibility of the Board of Management, school employees and parents.

Success Criteria

The success of this policy is dependant on its full implementation.

Implementation Date:

This updated plan is being implemented as and from the 12th December 2012

Review:

This plan will be reviewed by the staff and the BOM. The Principal may consult relevant parties such as parents of children with anaphylaxis.

Ratification and Communication

This plan was ratified by the Board of Management on 12th December 2012.
Copies will be available to the parents and the whole school community.

Signed : Niall MA Geraghty

(Chairperson BOM)

Appendices

1. **The Asthma Society of Ireland Guidelines**
2. **Irish Epilepsy Association Guidelines**

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Appendix 1. Asthma Society of Ireland Guidelines

What to do in an asthma emergency

An emergency is when:

1. Your reliever (blue) inhaler does not help.
2. Symptoms get worse eg. coughing, breathlessness, wheezing and tight chest
3. You are too breathless to speak.

What to do in an asthma emergency?
The Five Minute Rule

1. Ensure the reliever inhaler is taken immediately. This is usually blue and opens up narrowed air passages.
2. Sit down and loosen tight clothing.
3. Stay calm. Attacks may be frightening and it is important to stay calm.
4. If 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.
5. 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.

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Appendix 2. Irish Epilepsy Association Guidelines

First Aid For Epilepsy Seizures

Major Seizure

At the start of the attack the person may cry out, usually stiffens and then falls:

Their arms and legs may jerk or twitch. You will not be able to rouse them (and do not try). Seizures mostly last a few minutes, but can sometimes go on for much longer. During the seizure the person will often go blue in the face. There is nothing you can do about this until the attack is over.

During the Convulsive Seizure DO NOTHING except:

1. Make the person comfortable lying down, put something soft under their head if you can. Only move the person, if they are in a dangerous place like on the road or by a fire.

2. Keep other people away.

DO NOT - put anything into their mouth.

DO NOT - try to rouse the person.

At the end of an attack:

Twitching will stop: the person usually takes a deep breath, the blue colour goes and they slowly wake up. The person is often muddled and will not know where they are for a short while afterwards. They may well be wet and soiled.

DO - stay with the person: talk to them quietly until you are certain that they can find their way home.

DO NOT - try to wake the person up; let them come to in their own time.

DO NOT - give them anything to drink until you are sure that they are fully awake

DO NOT - send for an ambulance unless one seizure runs into another, or if the person does not wake up after 5 minutes (they may be carrying a card which tells you how long they take to wake up), or if they are having trouble breathing or if they are injured.

If at the end of the seizure they remain blue, or are struggling for a breath.

1. Put your fingers under the angles of their jaw and lift it forward.

2. Put your fingers gently into their mouth and check that their dentures or tongue are not blocking the back of their throat. (Do not do this while they are having a seizure).

3. Roll the person onto their side with chin lifted up

4. Do mouth to mouth resuscitation if the above steps have not worked- this will not be necessary very often.

Other Types of Seizures (Non-Convulsive Seizures)

During the attack the person may just seem blank and will not be able to speak or answer questions normally. They may act in an odd way like chewing or smacking their lips, say odd unexpected things or for example, fiddle with their clothes or buttons. A person having a minor seizure may appear drunk or drugged or disturbed, but minor seizures may come on suddenly and last only a short time (a few minutes).

During an attack DO NOTHING except:

1. Gently protect the person from obvious dangers (like wandering in a busy road).

2. Keep other people away

3. Talk to them quietly

4. Remember they may be dazed when they come around

5. Very rarely, they may become agitated. If so do not obstruct the person - they're better left alone. Instead, wait nearby observe closely, intervening only if necessary.

DO NOT try to stop the attack- you will not succeed
DO NOT send for an ambulance unless the attack lasts a long time. (In excess of 5 minutes where that is not usual for that person or pattern is unknown)

6. Stay with the person until you are sure they can get home.

At the end of a minor attack it is not unusual for a person to have a major seizure.

First Aid in Special Circumstances

SEIZURES IN WHEELCHAIRS AND PUSHCHAIRS - SAFETY

Seizures can occur at any time in any place so it is useful to consider safety issues which may arise in a variety of contexts. Depending on the kind of seizure experienced there may different symptoms apparent to an observer. Convulsive type episodes with loss of consciousness, unresponsiveness, stiffening of body, limb jerking, laboured breathing are those that give rise to most concern when managing the seizure event. Non convulsive seizures vary considerably from each other - a person may be confused, may wander, experience tremor involving one side of the body, speech may be affected as may consciousness to a greater or lesser degree and there may be more subtle symptoms like auras (déjà vu).

CONVULSIVE SEIZURES IN WHEELCHAIRS/PUSHCHAIRS

If someone begins to have a convulsive seizure whilst seated in a wheelchair or pushchair then the following action is recommended.

Remain calm and monitor the duration of the seizure
Apply the brake and ensure the chair is secure
Don't restrain the person or attempt to stop the seizure
DO NOT put anything into the person's mouth
Wipe away any saliva that may collect around the mouth
Allow the person remain seated in the chair during the seizure - this is safer than moving them which could lead to injury
Move objects that could cause injury to the person
The seat belt or harness should prevent falling from chair. If there is no belt you may need to support (not restrain) the person to prevent them from falling out of the chair.
Cushion the head area by supporting it. A rolled up coat or a cushion will suffice in the absence of a head rest.
At the end of the seizure the person can be moved from the chair and placed in the recovery position if there is concern about their breathing.
There is no need to call an ambulance unless the seizure is prolonged (5 minutes or more), there is injury, it's the first seizure, the person is pregnant or has a complicating medical condition

A SEIZURE IN WATER

If a seizure occurs in water, the person should be supported in the water with the head tilted so his/her face and head stay above the surface. The person should be removed from the water as quickly as possible with the head in this position. Once on dry land, they should be examined and, if they are not breathing, artificial respiration should be begun at once. Anyone who has a seizure in the water should be taken to an emergency room for a careful medical check-up, even if they appear to be fully recovered afterwards. Heart or lung damage from ingestion of water is a possible hazard in such cases.

SEIZURES ON BUSES AND AEROPLANES

Passengers in surrounding seats should be moved where possible to allow space be cleared around the person having the seizure.

Raise the arms of seats to facilitate the person lie lengthways across seats.

Raise trays on backs of seats, remove hot liquids and foods and any objects that could cause injury.

The person should be placed on one side in the recovery position to ensure their breathing continues unobstructed.

Protect the head area with blankets, pillows or rolled up coats.

Place nothing in the mouth.

Do not restrain the person during the seizure.

Following the seizure the person can remain lying on their side until recovered. If there is pressure on seating space they may be eased into a reclining seat to rest (turned to one side) but only if there are no problems with their breathing and the airway is clear.

If the person has vomited during or after the seizure they should not be lifted up or moved onto their back but should remain on their side in the recovery position until recovered.

Monitor the duration of the seizure. Where a seizure exceeds 5 minutes duration this may present a medical emergency and the cabin crew or bus driver need to be informed accordingly. Likewise if the person is pregnant, injured or has a complicating medical condition this may present a medical emergency also.

Is an Emergency Room Visit Needed?

An uncomplicated convulsive seizure in someone who has epilepsy is not a medical emergency, even though it looks like one. It stops naturally after a few minutes without ill effects. The average person is able to continue about his/her business after a rest period, and may need only limited assistance, or no assistance at all, in getting home.

However, there are several medical conditions other than epilepsy that can cause seizures. These require immediate medical attention and include:

- diabetes
- poisoning
- brain infections
- hypoglycemia
- heat exhaustion high fever
- pregnancy
- head injury

No Need to call an Ambulance

If medical I.D. jewellery or cards says "epilepsy" - and
If the seizure ends in under 5 minutes - and
If consciousness returns without further incident - and
If there are no signs of injury, physical distress or pregnancy.