



Administration of Medicines Policy

Introduction:

This policy was recently redrafted through a collaborative school process and was ratified by the Board of Management (BoM) on September 2023.

Rationale:

The policy as outlined was put in place to;

- Clarify areas of responsibility
- To 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 outline procedures 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.
- To outline our schools role in relation to chronic illness specifically diabetics, asthma, epilepsy and severe allergies.

Relationship to School Ethos:

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.

Aims of this Policy:

The aims and objectives of the policy can be summarised as follows;

- Minimise health risks to children and staff on the school premises
- Fulfill the duty of the BoM in relation to Health and Safety requirements
- Provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed with parents/guardians

Pre- enrolment Procedures:

Parents are required to complete a Health/Medication form when enrolling their child/ren in the school to ensure the school are fully aware of any additional

Post Antibiotics

Parents are requested not to bring a child into school during the first two days of antibiotic treatment. Should a child require administration of antibiotics after the first 48 hours of treatment during a school day, the parent or guardian will have to attend the school to administer medicine.

Administration of over the counter medicine.

A teacher/SNA must not administer any medication without the specific authorisation of the Board of Management and no teacher/SNA can be required to administer medicine or drugs to a pupil

In an emergency situation, qualified medical assistance will be secured at the earliest opportunity and the parents contacted

It is not recommended that children keep medication in bags, coats, etc. If medications for minor pain relief/ hayfever are required in school it is expected that the child will give these to the class teacher for safe keeping to make sure no other child takes it. **It is the responsibility of the parent/ guardian to inform the school/ class teacher in writing that medicine has been supplied**, the purpose of the medicine and the child will self administer under supervision.

If a child becomes ill during the day, relevant teachers and staff will monitor the child and see how he/she is. If a child's condition deteriorates during the day the parents will be contacted and asked to collect their child. Please note we do not administer calpol, nurofen or any over the counter medications.

The school generally advocates the self administration (e.g. inhalers) of medicine under the supervision of a responsible adult, exercising the standard of care of a prudent parent. No medicines are stored on the school premises except in the management of chronic health conditions.

Management of Chronic Conditions.

A small quantity of prescription drugs will be stored in the fridge if a child requires emergency medication and parents have requested storage facilities. Parents are responsible for the provision of medication, ensuring medicine in within date and notification of change of dosage.

The following guidelines are in place with regard to pupils with severe allergies including a Nut Allergy

1. We have a no nut policy in our school.
2. Staff dealing with the pupil do not eat nuts or any item with nut trace
3. Advise children not to offer or exchange foods, sweets, lunches etc.
4. If going off-site, medication must be carried.

The parents/guardians of children with allergies have the responsibility to

1. Inform the Board of Management that their child has a severe allergy via a letter with instructions from a medical professional outlining the medical protocol to be followed in the case of an emergency.
2. Attend school meetings to provide sufficient/additional information so that the care needs of the child are defined based on PPP
3. Inform school of any changes in their child health status in writing.
4. Provide the school with antihistamine where appropriate.
5. Ensure the child's anapen is in date. TWO pens that are clearly labelled with the child name should be given to the school where they will be sorted in the fridge. It is the parent's responsibility to dispose of any used medical devices.
6. The parents must demonstrate how to administer Anapen.

In the event the pupil comes in contact with peanuts

Only in the event of anaphylactic shock should anapen be administered. Before the anapen has been administered, contact will be made with 999/112 and instructions will be followed as directed by medical emergency team. An ambulance will be requested and parents will be contacted immediately.

Indicators of shock include

Symptoms of shock can include, wheezing, severe difficulty breathing and gastrointestinal symptoms such as abdominal pain, cramps, vomiting and diarrhoea.

The parents/guardians of children with diabetes have the responsibility to

1. Inform the Board of Management that their child has diabetes via a letter with instructions from a medical professional of the medical protocol to be followed in the case of an emergency.
2. Attend school meetings to provide sufficient/additional information so that the care needs of the child are defined based on PPP
3. Inform school of any changes in their child health status in writing.
4. Ensure the child's insulin and glucose meter is labelled with child's full name. Ensure any medications are within expire date and that the child has a hypo remedy with them to treat low blood glucose.
5. Parents/ guardians are to provide school with a sharps disposal unit.
6. Provide information about their child's meal/snack schedule which were as possible should fit into the school break time.
7. Provide alternative treats for their child/ inform the teacher what the child is allowed to have if the class are receiving a sweet treat.
8. Provide the school with the equipment required to monitor blood sugar levels.
9. Demonstration of how to use glucometic strips, use of diabetic pump, how to administer glucagon (exact dosage to be administered etc) must be give to relevant staff. Please note in cases where glucagon must be administered a phone call will be made to 999 /112. Glucagon will only be administered with the assistance of the emergency services via phone.
10. It is the parent's responsibility to dispose of any used medical devices.

See appendix 2 and appendix 3 for a copy of the junior and senior care plan.

1. Parents must write requesting the Board of Management to authorise the administration of the medication in school
2. Where specific authorisation has been given by the Board of Management for the administration of medicine, the medicines must be brought to school by the parent/guardian/designated adult
3. Parents/Guardians are responsible for ensuring that emergency medication is supplied to the school and replenished when necessary
4. Emergency medication must have exact details of how it is to be administered
5. The BoM must inform the school's insurers accordingly
6. Parents are further required to indemnify the Board of Management and members of the staff in respect of any liability that may arise regarding the administration of prescribed medicines in school
7. All correspondence related to the above are kept in the school

Guidelines for managing the needs of children with Epilepsy

The parents/guardians of children with epilepsy have the responsibility to

1. Inform the Board of Management that their child has epilepsy in writing with a supporting letter from medical professionals outlining the medical procedure to be taken in the case of a medical emergency.
2. Parents must attend and participate in school meetings to provide specific information about their child's epilepsy including seizure type, patterns, triggers, management and drug regime. An emergency plan will be compiled to include details of emergency medication, GP contact details etc.
3. Parents must inform the school of any changes in their child health status in writing.
4. Demonstrate how to administer Bucculam.
5. Take responsibility for the disposal of used medical devices and replacement of Bucculam as required.
6. An up to date healthcare plan must be reviewed annually or more frequently should there be changes in the management of the child's epilepsy.
7. Parents must provide the school with any equipment required to aid the child post seizure.

Agree that if there are specific concerns in relation to a child attending specific outing/ participating in swimming or extra-curricular activities that the school will be guided by the student's neurological team.

Should the child require buccal or another type of medication, this will be detailed in the child's healthcare plan

Other Emergencies:

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 (999/112) 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.

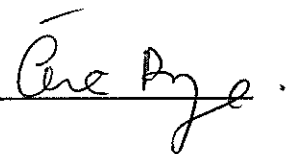
Ratification and Review:

This policy was ratified by the BoM in September 2023. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than September 2030

Appendices attached

- 1. Letter of indemnity**
- 2. Letter inviting parent to meeting**
- 3. Personal pupil plan: Medical condition and administration of medicines**
- 4. Personal pupil plan: Medical condition and administration of medicines for a chronic health condition.**
- 5. SNA Primary care need record**
- 6. GDPR agreement to share data and information**
- 7. Record of administration of emergency medication**
- 8. Personal pupil plan as outlined by HSE for diabetics age 4-8 and 9 upwards**
- 9. Sample epilepsy emergency plan**
- 10. Sample anaphylaxis emergency plan**
- 11. Sample asthma plan**

Signed by Chairperson of Board of Management _____



Date 26 | Sept | 2023

Scoil Diarmada
Athy Road
Castledermot,
Co. Kildare.



R14 FX 46
Tel: 059-9144355
E -mail: schooloffice@scoildiarmada.com
www.scoildiarmada.com

Principal: Jennifer Murphy

Roll No: 19786W

Date:

Child:

Dear Parent

Re Personal Pupil Plan

Thank you for informing us of your child's chronic condition. As part of our school policy on administering medicines, we are asking you to complete the attached personal pupil plan.

We request that you attend a meeting on _____ with class teacher, SNA and principal to discuss the plan and your child's condition.

At this meeting you will also provide the school with two supplies emergency medication to be administered to your child in the case of an emergency. You are also aware that it is your responsibility to dispose of any used medical equipment.

Please ensure that the school is informed immediately should any changes be required to the PPP.

I looking forward to meeting you and discussing the PPP

Thank you for your co-operation

Yours sincerely

Principal.

Any know reaction to medication in the past? _____

Any known drug allergies? _____

Signed by parent:

Signed by teacher

Date

Regular medication to be self administered and supervised during school hours	
School activities to be aware of	
Emergency medication including dosage	
In case of emergency	Step one
	Step two
	Step three
Any other information relating to the child's health	

To be signed by class teacher and parent. (Copy to be given to parents)

This plan will be reviewed annually or sooner should there be changes to the child's medical health care plan by medical professionals.

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Principal: Jennifer Murphy

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Parental and student agreement

I agree _____ I do not agree _____ that the medical information contained in this plan maybe shared with individuals involved with my child's care and education (including medical services). I understand that I must notify the school of any changes to the plan in writing.

Signed by parent

Print name

Date.

Permission for emergency medication.

In the event of an emergency, I agree _____ I do not agree _____ with my child receiving medication administered by a staff member or providing treatment set out in the personal pupil plan under the direction of 999/ 112

Signed by parent

Print name

Date.

Appendix 1a Personal Pupil Plans for 4-8 Age Group

Personal Pupil Plan for 4-8 Age Group

Picture

Contact details

Pupil Name _____ Class _____ DOB _____

Other siblings in school _____

Parents _____

Home Telephone _____

Contact 1 _____ Relationship _____ Mobile _____ Work _____

Contact 2 _____ Relationship _____ Mobile _____ Work _____

Home address _____

GP Contact _____ Hospital Contact _____ Diabetes Nurse _____

Medical condition(s) _____

School _____ Teacher _____ SNA _____

Insulin Administration

Review Date / /

2/3 times daily 4 times daily Insulin pump

Care needs of (insert pupil name) _____ within school setting

Blood glucose monitoring	<p>The target level for blood glucose is _____</p> <p>Supervise pupil or carry out blood glucose measurement</p> <p><input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Before planned activity</p> <p><input type="checkbox"/> When Hypo/hyperglycaemia is suspected <input type="checkbox"/> Other</p>
Dietary Needs	<p>Supervise the intake of: <input type="checkbox"/> Break snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Before planned activity</p>
Insulin administration	<p>Supervise pupil or help to administer insulin via: <input type="checkbox"/> Pen <input type="checkbox"/> Insulin Pump</p> <p><input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Other</p>
Planned Exercise	<p>Check/supervise pupil to check the blood glucose level before exercise and if less than _____ consider a small snack such as _____</p>
Vomiting or pupil feeling unwell	<p>Parents should be contacted immediately if pupil vomits, regardless of blood glucose or ketone levels. The pupil should be collected by their parents. If parents are delayed, blood ketones should be checked, regardless of what pupil's blood glucose level is.</p> <p style="text-align: right;">Continued over </p>

Hypoglycaemia – can happen quickly but the warning signs are usually noticeable by the pupil or by the adults around them. Constant vigilance and prompt action can prevent events.

Hypo Box is kept at _____

Specific warning signs of Hypoglycaemia – tick all that applies to this pupil as the signs/symptoms differ in each pupil but remain constant.

- | | |
|---|---|
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Irritability or being badly behaved |
| <input type="checkbox"/> Tiredness | <input type="checkbox"/> Pale skin colour or glazed look on face/eyes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> More moodiness or quieter than normal |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Difficulty paying attention, or confusion |
| <input type="checkbox"/> Hunger or stating tummy is "funny" | <input type="checkbox"/> Unable to speak properly |
| <input type="checkbox"/> Behaviour changes, such as crying for no apparent reason | <input type="checkbox"/> Headache |

Presence of any symptom necessitates a blood glucose check and if less than _____ mmol/L action is required regardless of time. Failure to do so may result in the pupil collapsing and going unconscious.

1. Give 10-15g of fast acting carbohydrate such as _____ or _____ or _____
2. Repeat blood glucose measurement after 10-15 minutes and if **not** above _____ mmol/L give the fast acting carbohydrate again.
3. On recheck, If blood glucose level above _____ mmol/L give slow acting carbohydrate such as _____ or _____ or _____
4. If pupil unable to take food, give Glucogel™ if trained to do so or call emergency assistance.
5. If pupil unresponsive, call emergency assistance and give glucagon. If the child is less than 6 years (or less than 25 kg), give half a vial of glucagon (0.5mg); if 6 years or older (or 25kg or greater), give full vial (1 mg) glucagon, if competent and trained to do so.

**NEVER LEAVE A PUPIL WITH HYPOGLYCAEMIA without adult supervision.
IF IN DOUBT, TREAT AS HYPO – less dangerous than not to.**

Hyperglycaemia

1. Blood glucose level 8 - 11 mmol/L: no specific action is needed in school. Family will monitor and liaise with diabetes team if a pattern of higher readings is identified.
2. Blood glucose level 11.1 - 13.9 mmol/L: give glass of water and recheck in one hour. If pupil is using an insulin pump, check that it is functioning properly.
3. Blood glucose is greater than or equal to 14mmol/L: check ketone level and give a glass of water. Contact family to discuss need for correction dose of insulin and/or collection of the child depending on the levels.

General action plan for ketones

- a. Ketone level under 0.6 mmol/L: give glass of water and recheck in 1-2 hours.
- b. Ketone level 0.6 - 1.5 mmol/L*: supplementary insulin may be required and should be given if the support is competent and trained to do so after contacting parents to discuss the dose. Recheck after 1-2 hours.
- c. Ketone level greater than 1.5 mmol/L*, intervention should occur without delay – contact parents to collect the child who should then liaise with their diabetes team.
- d. If unable to contact parents and child is unwell with ketones greater than 2.5 mmol/L call an ambulance.

*If a child is using an insulin pump and ketones are greater than 0.6, please contact family as pump site change and pen correction is very likely needed

Appendix 1b Personal Pupil Plan - Over 8 years

Personal Pupil Plan for Over 8 Age Group

Picture

Contact details

Pupil Name _____ Class _____ DOB _____

Other siblings in school _____

Parents _____

Home Telephone _____

Contact 1 _____ Relationship _____ Mobile _____ Work _____

Contact 2 _____ Relationship _____ Mobile _____ Work _____

Home address _____

GP Contact _____ Hospital Contact _____ Diabetes Nurse _____

Medical condition(s) _____


School _____ Teacher _____ SNA _____

Insulin Administration

Review Date / /

2/3 times daily 4 times daily Insulin pump

Care needs of (insert pupil name) _____ within school setting.

Blood glucose monitoring	<p>The target level for blood glucose is _____</p> <p>Supervise/allow pupil or carry out blood glucose measurement</p> <p><input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Before planned activity</p> <p><input type="checkbox"/> When Hypo/hyperglycaemia is suspected <input type="checkbox"/> Other</p>
Dietary Needs	<p>Supervise/allow the intake of: <input type="checkbox"/> Break snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Before planned activity</p>
Insulin administration	<p>Supervise/allow pupil or help to administer insulin via: <input type="checkbox"/> Pen <input type="checkbox"/> Insulin Pump</p> <p><input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Other</p>
Planned Exercise	<p>Supervise/allow pupil to check the blood glucose level before exercise and if less than _____</p> <p>consider a small snack such as _____</p>
Vomiting or pupil feeling unwell	<p>Parents should be contacted immediately if pupil vomits, regardless of blood glucose or ketone levels. The pupil should be collected by their parents. If parents are delayed, blood ketones should be checked, regardless of what pupil's blood glucose level is.</p> <p style="text-align: right;">Continued over </p>

<p>Hypoglycaemia – can happen quickly but the warning signs are usually noticeable by the pupil or by the adults around them. Constant vigilance and prompt action can prevent events.</p>	<p>Hypo Box is kept at _____</p> <p>Specific warning signs of Hypoglycaemia – tick all that applies to this pupil as the signs/symptoms differ in each pupil but remain constant.</p> <table border="0"> <tr> <td><input type="checkbox"/> Shakiness</td> <td><input type="checkbox"/> Irritability or being badly behaved</td> </tr> <tr> <td><input type="checkbox"/> Tiredness</td> <td><input type="checkbox"/> Pale skin colour or glazed look on face/eyes</td> </tr> <tr> <td><input type="checkbox"/> Dizziness</td> <td><input type="checkbox"/> More moodiness or quieter than normal</td> </tr> <tr> <td><input type="checkbox"/> Sweating</td> <td><input type="checkbox"/> Difficulty paying attention, or confusion</td> </tr> <tr> <td><input type="checkbox"/> Hunger or stating tummy is "funny"</td> <td><input type="checkbox"/> Unable to speak properly</td> </tr> <tr> <td><input type="checkbox"/> Behaviour changes, such as crying for no apparent reason</td> <td><input type="checkbox"/> Headache</td> </tr> </table> <p>Presence of any symptom necessitates a blood glucose check and if less than _____ mmol/L action is required regardless of time. Failure to do so may result in the pupil collapsing and going unconscious.</p> <ol style="list-style-type: none"> 1. Give/advise eating 10-15g of fast acting carbohydrate such as _____ or _____ or _____ 2. Repeat blood glucose measurement after 10-15 minutes and if not above _____ mmol/L give the 10-15g fast acting carbohydrate again. 3. On recheck, if blood glucose level above _____ mmol/L give slow acting carbohydrate such as _____ or _____ or _____ 4. If pupil unable to take food, give Glucogel™ if trained to do so or call emergency assistance. 5. If pupil unresponsive, call emergency assistance and give glucagon. For a child 6 years or older (or 25kg or greater), give full vial (1 mg) glucagon, if competent and trained to do so. <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>NEVER LEAVE A PUPIL WITH HYPOGLYCAEMIA without adult supervision. IF IN DOUBT, TREAT AS HYPO – less dangerous than not to.</p> </div>	<input type="checkbox"/> Shakiness	<input type="checkbox"/> Irritability or being badly behaved	<input type="checkbox"/> Tiredness	<input type="checkbox"/> Pale skin colour or glazed look on face/eyes	<input type="checkbox"/> Dizziness	<input type="checkbox"/> More moodiness or quieter than normal	<input type="checkbox"/> Sweating	<input type="checkbox"/> Difficulty paying attention, or confusion	<input type="checkbox"/> Hunger or stating tummy is "funny"	<input type="checkbox"/> Unable to speak properly	<input type="checkbox"/> Behaviour changes, such as crying for no apparent reason	<input type="checkbox"/> Headache
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Sample Anaphylaxis Emergency Plan

• WHEN USING ANAPEN •



Each student's doctor will provide an emergency plan specifically for the student. What follows is a sample plan.

Student's Name: _____

Class: _____

Family Contact: _____

Siblings in the School: _____

Symptoms of mild to moderate allergic reaction

- ▶ Swelling of lips, face, eyes
- ▶ Hives, welts, itchy skin, rash
- ▶ Tingling mouth, abdominal pain, vomiting, nausea

Action for mild to moderate reaction

- ▶ Stay with student and call for help
- ▶ Give antihistamine if available
- ▶ Locate Anapen
- ▶ Contact family/carer
- ▶ If condition worsens follow actions for severe reaction below

ANAPHYLAXIS SEVERE ALLERGIC REACTION

Look for any ONE of the following

- ▶ Difficult/noisy breathing
- ▶ Swelling of tongue
- ▶ Swelling/tightness in throat
- ▶ Difficulty talking and/or hoarse voice
- ▶ Loss of consciousness and/or collapse
- ▶ Pale and floppy
- ▶ Wheeze or persistent cough
- ▶ Condition steadily worsening

Action for severe reaction

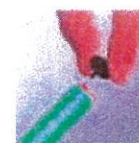
- ▶ Give Anapen or Anapen Junior as per instructions immediately
- ▶ Call ambulance (dial 112 or 999) without delay
- ▶ Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand
- ▶ If conscious and able to swallow give _____ of antihistamine
- ▶ If wheezy administer inhaler _____ puffs using aerochamber (if available)
- ▶ Contact family/carer
- ▶ A second Anapen may be given if no response after 5 minutes

Allergic to:

How to administer the ANAPEN



1 Remove the black needle cap



2 Remove the black safety cap from the red firing button



3 Hold Anapen against the outer thigh and press red firing button



4 Hold Anapen in position for 10 seconds

✚ IF IN DOUBT USE THE ANAPEN ✚

Sample Anaphylaxis Emergency Plan

• WHEN USING JEXT •



Each student's doctor will provide an emergency plan specifically for the student. What follows is a sample plan.

Student's Name: _____

Class: _____

Family Contact: _____

Siblings in the School: _____



Symptoms of mild to moderate allergic reaction

- ▶ Swelling of lips, face, eyes
- ▶ Hives, welts, itchy skin, rash
- ▶ Tingling mouth, abdominal pain, vomiting, nausea

Action for mild to moderate reaction

- ▶ Stay with student and call for help
- ▶ Give antihistamine if available
- ▶ Locate Jext
- ▶ Contact family/carer
- ▶ If condition worsens follow actions for severe reaction below

ANAPHYLAXIS SEVERE ALLERGIC REACTION

Look for any ONE of the following

- ▶ Difficult/noisy breathing
- ▶ Swelling of tongue
- ▶ Swelling/tightness in throat
- ▶ Difficulty talking and/or hoarse voice
- ▶ Loss of consciousness and/or collapse
- ▶ Pale and floppy
- ▶ Wheeze or persistent cough
- ▶ Condition steadily worsening

Action for severe reaction

- ▶ Give Jext as per instructions immediately
- ▶ Call ambulance (dial 112 or 999) without delay
- ▶ Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand
- ▶ If conscious and able to swallow give _____ of antihistamine
- ▶ If wheezy administer inhaler _____ puffs using aerochamber (if available)
- ▶ Contact family/carer
- ▶ A second Jext may be given if no response after 5-15 minutes

Allergic to:

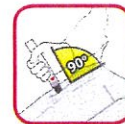
How to administer JEXT



1 Grasp the Jext injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.



2 Pull off the yellow cap with your other hand.



3 Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh.



4 Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



5 Massage the injection area for 10 seconds. Seek immediate medical help.

✚ IF IN DOUBT USE JEXT ✚

Sample Asthma Emergency Plan



THE FIVE MINUTE RULE contains the recommended steps to follow if a child has an asthma attack.

Student's Name: _____

Class: _____

Family Contact: _____

Siblings in the School: _____

Common signs of an asthma attack

- ▶ Coughing ▶ Shortness of breath ▶ Wheezing
- ▶ Feeling tight in the chest ▶ Sometimes younger children express feeling tight in the chest as a tummy ache
- ▶ Being unusually quiet ▶ Difficulty speaking in full sentences
- ▶ Requesting use of the blue reliever inhaler ▶ Opting out of exercise

EMERGENCY PROCEDURE THE FIVE MINUTE RULE

Do ...

- ▶ Keep calm, attacks can be frightening and it is important to stay calm and reassure the student
- ▶ Encourage the student to sit up and slightly forward – do not hug them or lie them down
- ▶ Encourage the student to breath slowly and calmly and ensure tight clothing is loosened
- ▶ Make sure the student takes their reliever inhaler (usually blue) immediately – preferably through a spacer: TWO puffs if MDI (metered dose inhaler) / evohaler, ONE puff if turbohaler

If there is no immediate improvement

- ▶ Continue to make sure the student takes the reliever inhaler every minute for five minutes or until their symptoms improve

Call an ambulance or a doctor urgently if the:

- ▶ Student's symptoms do not improve in 5-10 minutes
- ▶ Student is too breathless or exhausted to talk
- ▶ Student's lips are blue or if you are in any doubt

Ensure the student continues to takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Important things to remember in an asthma attack

- ▶ Never leave the student having an asthma attack
- ▶ If the student does not have their inhaler and/or spacer with them, send another teacher or student to their classroom or assigned room to get their spare inhaler and/or spacer
- ▶ In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent
- ▶ Reliever medicine is very safe. During an asthma attack do not worry about a student overdosing
- ▶ Send another student to get another teacher/adult if an ambulance needs to be called
- ▶ Contact the student's parents immediately after calling the ambulance/doctor
- ▶ A member of staff should always accompany a student taken to hospital by ambulance and stay with them until their parent arrives
- ▶ The parents must always be told if their child has had an asthma attack

Sample Epilepsy Emergency Plan



First aid for seizures is quite simple and can help prevent a student from being harmed by a seizure.

Student's Name:

Type of Seizure:

Class:

Family Contact:

Siblings in the School:



PLEASE NOTE THAT SOME STUDENTS MAY BE PRESCRIBED EMERGENCY MEDICATION AND PLEASE REFER TO THEIR HEALTHCARE PLAN FOR DETAILS

TONIC-CLONIC SEIZURES

DO

- ▶ Note the time
- ▶ Protect the student from injury (remove any harmful objects nearby)
- ▶ Cushion the head
- ▶ Wipe away excess saliva
- ▶ Gently put the student in the recovery position when the seizure has ended
- ▶ Stay with them until recovery is complete
- ▶ Calmly reassure the student

DON'T

- ▶ Restrain the student
- ▶ Put anything in their mouth
- ▶ Try to move them unless they are in danger
- ▶ Give the student anything to eat or drink until they are fully recovered

SEIZURES INVOLVING ALTERED CONSCIOUSNESS OR BEHAVIOUR

DO

- ▶ Guide the student from danger
- ▶ Stay with the student until recovery is complete
- ▶ Calmly reassure
- ▶ Explain anything that they may have missed

DON'T

- ▶ Restrain the student
- ▶ Panic
- ▶ Assume the student is aware of what is happening or what has happened
- ▶ Give the student anything to eat or drink until they are fully recovered

+ First Aid for Seizures

FIRST AID WILL DEPEND ON THE INDIVIDUAL STUDENT'S EPILEPSY AND THE TYPE OF SEIZURE THEY ARE HAVING.

Some general guidance is given on this page. This is a sample plan and please fill out appropriately for each student but most of all, it is important to keep calm and know where to find help.

When to call an ambulance - dial 112 or 999

- ▶ If you know it's the student's first seizure
- ▶ The seizure continues for more than 5 minutes
- ▶ Or longer than is normal for that individual
- ▶ One seizure follows another without the student regaining awareness between seizures
- ▶ The student is injured during the seizure
- ▶ You believe the student needs urgent medical attention

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For further information, latest news and advice about epilepsy visit:

www.epilepsy.ie