****

**Castletown Primary School**

**Policy**

**on**

**The Administration of Medication to Pupils**

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## Introduction

Parents should consult with their child’s Doctor to arrange, in so far as is possible, medication time intervals that avoid the administration of medication during school hours.

The Board of Management does not accept any liability or responsibility for the diagnosis and treatment of the illness of any pupil. At the same time, the Board recognises that a pupil’s attendance at school may be contingent upon the timely administration of medication duly prescribed by a Doctor.

The Board will permit the dispensation of medication in school only when the pupil’s health and continuing attendance in school so require and when the medication is administered in accordance with this policy.

The pupil’s parent(s) or legal guardian(s) must consent in writing to the administration of medicine. In addition, the parent(s) or legal guardian(s) must be informed that the school has no liability as a result of any injury arising from the administration of medicine, and the parent(s) or legal guardian(s) must sign a statement that shall indemnify and hold the school and employees harmless against any claims arising from the administration of such medicine.

**Diabetes Ireland has published an excellent resource pack entitled** [**Managing Chronic Health Condition at School (A Resource Pack for Teachers and Parents)**](https://www.diabetes.ie/wp-content/uploads/2014/11/School-Resource-Pack-updated-jan2013.pdf)**. This pack provides very clear and practical guidance around the management of Asthma, Diabetes, Epilepsy and Anaphylaxis in a school setting.**

## Permitted Medication

The Board of Management shall not be responsible for the diagnosis and treatment of a pupil’s illness. The administration of prescribed medication to a pupil during school hours will be permitted only when failure to take such medication would jeopardise the health of the pupil or the pupil would not be able to attend school if the medicine were not made available during school hours.

For the purposes of this policy, ‘medication’ includes all medicines prescribed by a doctor for the particular pupil, including over the counter medication or emergency medication for any life-threatening illness, condition or reaction.

## Permission for Administration of Medication

Before any medication may be administrated to or by any pupil during school hours, the Board of Management shall require the written request of both a Doctor and both parents/guardians, who shall give permission for such administration and relieve the Board and its employees of liability for the administration of medication.

Such written requests shall be made through the completion of the ‘**Request for Administration of Medication’** form which is attached at **Appendix 1**. The completed form must provide information on the following matters:

1. The purpose of the medication
2. The dosage
3. The time at which or the special circumstances under which medication shall be administered
4. The length of time for which medication is prescribed
5. The possible side effects of the medication

**A copy of the completed request form shall be furnished to the pupil’s teacher and to the Parents/Guardians**.

These requests must be filed annually. Completed forms shall be kept on file in the school principal’s office.

## Procedures for Administration of Medication

1. All medication, whether prescribed or over the counter, shall be administered by the pupil’s Teacher, by an SNA trained to do so or by the Principal, or the pupil where the Doctor and parent/guardian have given permission.
2. Medication shall be kept in a central location in the staffroom, unless there is a need to refrigerate, and kept in the original labelled container.
3. All medication shall be supplied by the parent/guardian and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier.
4. **Procedures in relation to Anapens are available at Appendix 4.**
5. **Procedures in relation to Diabetes are available in appendix 5.**

## Pupil Self-Administration of Medication

The Board shall permit self-administration of medication for asthma by pupils, both on the school premises during regular school hours and off-site or after regular school hours when a pupil is participating in field trips or extracurricular activities. Parents/guardians of the pupil must meet the following conditions:

1. Provide the Board with written authorisation for the pupil’s self-administration of the medication.
2. Provide written certification from the pupil’s doctor that the pupil has been instructed in and understands the proper method of self-administration of medication.
3. Sign a statement acknowledging that the school shall incur no liability as a result of any injury arising from the self-administration of the medication by the pupil and that the parents/guardians shall indemnify and hold harmless the board of management of the school and its employees or agents against any claims arising out of the self-administration of the medication by the pupil.
4. The pupil and his/her parents/guardians shall be informed that permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfilment of the requirements listed above.

## Prescription Medication

Any medication to be given during school hours must be sent by the parent/guardian directly to the child’s teacher, SNA or in their absence, to the school principal. The medication, accompanied by a written note from the parent/guardian giving permission to administer, must be sent to the school in the original pharmaceutically dispensed and labelled container.

## Maintain Log of Medicine administered

A log will be maintained for any child receiving prescription medicine during school hours in accordance with **Appendix 3**.

## Storage of Medicine

Prescription medication will be kept in the child’s classroom and, where necessary, in a fridge.

## Non-prescription Medications not allowed

Students are not permitted to carry non-prescription medications to school unless prior written approval has been obtained from the principal.

## Responsibility to ensure medicines are not out of date

The parents/guardians accept that the storing of medicine by the School in no way absolves the Parent/Guardian of their responsibility for ensuring that the child’s medicine to be administered in accordance with this policy is and remains in date and agrees to acquire and furnish up to date medicine when necessary.

## Indemnity for Teachers & SNAs

The Board of Management and the parents/guardians agree to complete a letter of indemnity absolving the teacher or SNA from any liability arising out of the Administration of Medicine in the form attached at **Appendix 2**.

## Ratification and review

This policy and the procedures contained within will be reviewed on an annual basis, at the beginning of each school year.

This policy was last reviewed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It is scheduled for review again in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This policy was ratified by the Board of Management of Castletown Primary School on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chairperson’s Signature:**

**Date:**

**Principal’s Signature:**

**Date:**

## Appendix 1

## **REQUEST FOR ADMINISTRATION OF MEDICATION**

**This form must be completed by BOTH PARENTS/GUARDIANS**

**Name of student** **Date** **Class**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Name of Doctor** (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/We request that my/our child be assisted in taking medicine(s) described below at school, as authorised by me/us and my/our child’s Doctor**. (See below)

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following is to be completed by the DOCTOR**

Diagnosis for which medication is given:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medicine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If medicine is to be given DAILY, what time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If medicine is to be given “WHEN NEEDED”, describe indications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List significant side effects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First aid in case of adverse reactions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date prescribed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to be discontinued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other significant information** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Doctor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Doctor’s Stamp**

**NOTE:**
Recommendations are effective for one school year only and must be renewed annually. All forms must be received and be on file in the Principal’s office before any medication can be administered.

**COMPLETION OF THIS FORM BY THE PARENT AND DOCTOR IS REQUIRED**

**INHALER INSTRUCTIONS (complete if applicable)**

I have instructed the above pupil in the use of his/her inhaler and he/she may be permitted to carry the medication on his/her person and self-administer it as instructed by me.

**Doctor** (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor** (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations are effective for one school year only and must be renewed annually. All forms must be received and be on file in the Principal’s office before any medication can be administered.

## **REQUEST FOR SELF-ADMINISTRATION OF INHALER**

I request that my child be permitted to carry and self-administer his/her inhaler at school, as authorised by my Doctor above. I accept full responsibility for making sure that my child carries the inhaler at all times. I release the School and its employees from any liability as a result of any injury or illness arising from the self-administration of this medication.

**Parent’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INDEMNIFICATION/HOLD HARMLESS AGREEMENT FOR ADMINSTRATION (INCLUDING SELF-ADMINISTRATION) OF MEDICATION TO BE COMPLETED IN EVERY CASE

The parent(s)/guardian(s) agree(s) to indemnify, defend and hold the school harmless from any and all claims, action, costs, expenses, damages and liabilities arising out of, connected with or resulting from the administration of medication or self-administration of medication by the pupil.

The parent(s)/guardian(s) agree(s) to extend this indemnification/hold harmless agreement to the Board of Management, Department of Education and Science their employees and agents.

The parent(s)/guardian(s) agree(s) the school, Board of Management, Department of Education and Science their employees and agents shall incur no liability as a result of any injury or illness arising out of or connected with the administration of medication or self-administration of medication by the pupil.

The agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil requires medication as certified by his/her Doctor. This agreement must be signed and in full effect prior to the granting of permission to administer medication.

**Student** (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian** (signature) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian** (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian** (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principa**l (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 2

## **Indemnity of relevant staff members**

The Board of Management of Castletown Primary School and the Parents/Guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pupil)

agree and consent to those staff members listed hereunder and the Principal administering medication to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pupil) in accordance with the directions provided by the Parents/Guardians and the pupil’s Doctor.

In consideration of the said teachers, SNAs, ancillary staff and the Principal so administrating medication the Board of Management of Castletown Primary School and the Parents/Guardians hereby undertake to indemnify said teachers, SNAs and the Principal in respect of any claims, costs, expenses, damages and liabilities arising out of or in connection with the administration of such medicine.

Date \_\_\_\_\_\_\_\_\_\_ Signature **Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ Signature **Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ **Signature of Principal** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature on behalf of **Board of Management** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 3

## Administration of Medication Log

**Name** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Class *\_\_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| **Date** | **Medication** | **Signature** |
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## **Appendix 4**

## **Anapen Procedures**

**Key Points**

* All anapens are stored in a location clearly identified on the alert notice in the staffroom, and those authorised to use them are aware of their location.
* The parents should call in regularly to check the pens’ safety and expiry date.
* A list of staff members who have agreed to administer the anapen will be kept by the Board of Management and a copy is posted in the staffroom This list will need to be revised annually.
* The indemnity form must be signed by parents.
* The anapen must go with the pupil if he/she leaves the premises for any school reason. The pupil’s parents must remind the child to bring the anapen on all trips.
* **Every** staff member must have a copy of the symptoms at their disposal. A copy will be emailed to all staff and that can be inserted into their yard pack if desired. A Board in the staffroom will also display photos and information on the individual pupils.

**Procedures for Yard**

If the pupil shows symptoms, the following should happen:

1. The adult who notices the symptoms will stay with the pupil and call/phone for assistance.
2. Another adult on yard duty will blow the whistle and bring the pupils into the school.
3. A staff member who is signed-up to use the Anapen, will go immediately to the pupil.
4. Another staff member will send for an ambulance and the child’s parents.
5. The adrenaline will be administered to the child.
6. The child will be made comfortable until the ambulance arrives.

**Procedures for in-house situation**

1. The staff member, who notices the symptoms will stay with the pupil and will phone for assistance.
2. The staff member in that classroom immediately locates the anapen and, if necessary, someone to administer it.
3. Classmates will be sent to the yard space outside the Principal’s office where, under supervision, they will remain until further notice.
4. Another staff member will send for the ambulance and parents.
5. The adrenaline will be administered to the pupil.
6. The pupil will be made comfortable until the ambulance arrives.

**Procedures for an Out of School incident**

1. A staff member signed up to administer the Anapen will always accompany the pupil on outings/trips.
2. Should a situation arise the adrenaline will be administered.
3. The parents and ambulance will be sent for.
4. The pupil will be made comfortable until the ambulance arrives.

## **Appendix 5**

## **Diabetes Procedures**

The prime objective of these procedures is to ensure that every child’s diabetes condition is managed in the school in such a manner as to ensure that he/she participates fully in the life of the school and benefits fully from the educational opportunities offered.

Furthermore, the procedures aim to ensure that:

* Clear, safe and medically sound procedures are in place for each child as part of his/her daily routine.
* Clear, safe and medically sound procedures are in place in the event of a child with diabetes entering a state of Hypoglycaemia or a state of hyperglycaemia.
* All those involved in the management of a child’s diabetes are fully aware of these procedures. It further aims to ensure that all these personnel are in agreement with these procedures.

The procedures also aim to clearly delineate the responsibilities of the school and its employees in relation to the monitoring and recording of BGL, administration of insulin to a child, and in their response to a child entering a state of Hypoglycaemia or Hyperglycaemia.

The procedures include a parent/guardian Indemnity form (**Appendix 6**) which indemnifies the Board of Management and school staff in relation to medical procedures or the administration of medicines as they might apply to pupils with diabetes.

**The Board of Management has responsibility for:**

* Promoting a supportive learning environment for pupils with diabetes.
* Developing school guidelines for diabetes management during school and school outings.
* Ensuring substitute personnel are aware of the needs of a student with diabetes and the Diabetes Emergency Plan.
* Arranging for diabetes management training of staff members with responsibility for students with diabetes.
* Ensuring that all school-related staff members who teach or supervise a student with diabetes are aware of his/her condition and ensuring that that they are familiar with the relevant emergency procedures.
* Ensuring that all staff have sufficient knowledge of diabetes to make informed decisions regarding the safety of pupils.
* Supporting the implementation of the Healthcare Plan and Emergency Diabetes Plan agreed between the school and the student’s parents/guardians.

**Teachers and SNAs (as appropriate) have a responsibility to:**

* Participate in the school meeting with parents/guardians and all relevant staff.
* Work with the school team and the parents to develop a written Healthcare Plan, including a specific Diabetes Emergency Plan for the pupil.
* Be prepared to recognise the triggers, respond to the signs and symptoms of hypoglycaemia and hyperglycaemia, and know what to do in an emergency.
* Maintain effective communication with parents/guardians, including informing them if their child has been unwell at school through the homework diary, or of any changes to the regular school day.
* Provide a supportive environment for the student to manage their diabetes effectively and safely at school. This may include unrestricted access to the bathroom, drinking water, snacks, blood glucose monitoring, the taking of insulin, adequate time to eat and supervision of the food eaten at break times.
* Treat the student with diabetes the same as other students except when meeting medical needs.
* Ensure the hypo kit is in a safe place in the classroom and available to staff in the event of hypoglycaemia. This hypo kit will be provided by the parent.
* Ensure that the student with diabetes has the appropriate medication or food with them during any exercise and is allowed to take it when needed during the school day. This also includes blood glucose monitoring during the school day.
* Provide alternative options for unplanned vigorous physical activity by allowing an extra snack, provided by the parents to be eaten, for every 30 – 40 minutes of activity (this is child dependent).
* Provide information for substitute teachers that communicate the day-to-day needs of the student with diabetes and the Diabetes Emergency Plan.
* Attend diabetes management training.
* Send the hypo kit home at the end of each school year.

**The parents/guardians of a student with diabetes have a responsibility to:**

* Inform the Board of Management, School Principal, and the class teacher that their child has diabetes.
* Attend and participate in the school meeting to develop a written Healthcare Plan to meet their child’s needs.
* Provide accurate emergency contact details and participate in the development of a Diabetes Emergency Plan for their child within the school team (see **Appendix 7**).
* Inform school staff of any changes in their child’s health status in writing.
* Provide the school with any necessary equipment such as hypo kit, and replenish supplies as needed. The parents/guardians must provide the school with extra supplies, such as hypo kit, extra test strips, spare insulin pen, batteries for pump, etc.
* If their child is having abnormally high BGL over a period of time, it is their responsibility to check ketone levels and inform the school of these levels.
* Ensure that their child’s medication is labelled with the child’s name.
* Ensure medication and all necessary equipment is within the expiry date.
* Bring medication home on the last day of the school year and return it to the school at the beginning of the new school year.
* Ensure that the pupil with diabetes brings an appropriate treat to school on Fridays (treat day).
* Agree arrangements with the school in the event of school trips involving a pupil with diabetes

## **Diabetes Indemnity Form**

**Indemnity Form for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS INDEMNITY made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BETWEEN**

**Parent/Guardian 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

and

**Parent/Guardian 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

(Hereinafter called the ‘parents/guardians’) of the One Part

AND for and on behalf of the Board of Management of Castletown Primary School, Castletown, Co Laois. (hereinafter called ‘the Board) of the Other Part.

 WHEREAS

Where the above are respectively the lawful parents/guardians of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a pupil of the above school.  The pupil suffers on an ongoing basis from the condition known as Diabetes.  The pupil requires that a medical procedure and/or the administration of medicines, as described in the attached care plan, be implemented as appropriate.

The parents have agreed that the said medical procedures be carried out by a Special Needs Assistant and that said medication be administered by a Special Needs Assistant or by other persons as may be designated from time-to-time by the Board.

**NOW IT IS HEREBY AGREED** by and between the parties hereto as follows:

In consideration of the Board entering into this agreement, the parents/guardians, HEREBY AGREE to indemnify and keep indemnified the Board, its servants and agents including the Principal or Special Needs Assistant or other persons as may be designated from time-to-time by the Board from and against all claims, both present and future, arising from the carrying out or not carrying out of the said medical procedure or from the administration or failure to administer the said medication.

**IN WITNESS** whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein WRITTEN.

**SIGNED AND SEALED**by the parents/Guardians in the presence of:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 1                                                             Witness**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 2                                                         Witness**

**Stakeholders in these Procedures**

The following are the current stakeholders in this procedure:

**The child/pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents/guardians**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School**

* The Board of Management of Castletown Primary School
* Principal: Jemma Lynch
* SNA(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Class teacher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical**

**Dr Name:**Diabetes & Endocrinology Consultant, Hospital Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**Paediatric Diabetes Nurse, Hospital Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP:**Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conditions under which child is accepted as a pupil in the school**

* The Department of Education & Skills (DES) provides access to an SNA to meet

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_care needs during the school [day](file:///C%3A%5CUsers%5CBryanLynch%5CDownloads%5CPolicy%20https%3A%5Cwww.diabetes.ie%5Cwp-content%5Cuploads%5C2014%5C11%5CSchool-Resource-Pack-updated-jan2013.pdf).

* The Health Service Executive co-operates with the school in the management of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ diabetes during school hours by providing training, advice and emergency cover to the school as required.

* Parents/guardians are contactable by mobile phone and are available to come to the school in the event that they are required to deal with his/her treatment, as outlined in this policy.
* The Board of Management is satisfied that the school has the facilities and support to safely monitor and manage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_diabetes while he/she is at school.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian will demonstrate the use of medicines/injections to the relevant staff dealing with ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) during the school year.
* In the event of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s medical care plan being reviewed or changed, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s parent/guardian will attend the school daily for a period of time, until staff are familiar with the procedures.
* Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the SNA(s) are comfortable carrying out the procedures outlined in the policy.
* All necessary supports and agreements have been put in place.

**Definitions in relation to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s diabetes:**

|  |  |
| --- | --- |
| **BSL** | Blood Sugar Level |
| **Normal BSL range** |  |
| **Mild Hypoglycaemia** |  |
| **Severe Hypoglycaemia** |  |
| **Mild Hyperglycaemia** |  |
| **Severe Hyperglycaemia** |  |
| **Insulin Pump** | Yes/No |
| **Insulin Type** |   |
| **Carb Count** | The amount of carbohydrates in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s food |

**Insulin dose:**In the event that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will require insulin injections during the day, the parents/guardians will determine the amount of insulin required to deal with the carbohydrate count in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s food. Parents/guardians will calculate this figure and write it down each day for guidance.  Verbal instructions given to the child are not sufficient. Any necessary corrections to correct high blood sugars will be advised by the parents/guardians.  Any changes to these correction figures must be advised to the school by the parents/guardians in writing. The SNA will record this figure in the record book.

**Symptoms relating to Hypoglycaemia (Specific to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Authority of these symptoms**

The school has been advised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_’s parents/guardians that the following may be/can be symptoms displayed by them in the event of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ entering a state of **Hypoglycaemia:**

* **Mild Hypoglycaemia**

Pale, hungry, in a quiet mood, lethargic.

* **Moderate Hypoglycaemia**

Pale, very tired.

* **Severe Hypoglycaemia (Emergency)**

As above, but BSL will be lower.

**Symptoms relating to Hyperglycaemia (Specific to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Authority of these symptoms**

The school has been advised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name)’s parents/guardians that the following may be/can be symptoms displayed by them in the event of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) entering a state of **Hyperglycaemia:**

* **Mild Hyperglycaemia**

There are often no symptoms.

* **Moderate Hyperglycaemia**

Slightly grumpy, lack of concentration, tired, thirsty, going to the toilet frequently.

* **Severe Hyperglycaemia (Emergency)**

Serious signs requiring immediate attention: nausea/vomiting, lethargy, deep and rapid breathing, sweet smell from breath, rapid heartbeat.

**Procedure for checking BSL**

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s BSL will normally be checked twice a day – prior to consuming meals.
* Further checks will be carried out at the discretion of the SNA, class teacher, or Principal.
* The BSL check will be carried out by the child, in the presence of an SNA. The SNA will communicate these results to the class teacher.  In the SNAs absence, the class teacher will check the BSL.  If either the SNA or class teacher is unavailable to record the BSL, the Principal will take over this duty. In the event of the SNA, class teacher and Principal not being available on a particular day, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s parent/guardian will be required to come to the school and check the BSL.
* The result of the BSL will be recorded in the record book.

**Procedure for the administration of food and insulin bolus under normal conditions**

* When the SNA arrives in the classroom to check BSL, the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will wash their hands, without the use of soap.

The SNA will:

* Discreetly check and supervise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s BSL

The teacher will:

* Allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to have their food immediately after BSL check.
* Adequate time should be allowed for all of the above, and there should be discreet observation that all the snack/lunch is consumed.
* The SNA and class teacher will periodically monitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the school day for symptoms which might indicate the onset of Hypoglycaemia or Hyperglycaemia.

**Procedure to be carried out in the event of the SNA becoming aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is entering a mild state of Hypoglycaemia (BSL <4).**

**Please note that each child has their own procedure to be followed and this is outlined in their individual file.**

This procedure will be carried out in accordance with hospital guidelines, i.e., hospital staffs agree that the following procedures are in accordance with hospital guidelines:

***Note: Never leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ without adult supervision during a Hypo event.***

**Protocol to be followed when making phone calls in the event of an emergency in relation to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Two calls**will be made to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s parent/guardian, on the phone numbers provided in the healthcare plan. If they cannot be contacted, the school will make
* **Two calls**to the alternative contact on the child’s healthcare plan. If they cannot be contacted, the school will make:
* **Two calls**to GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at his/her surgery. If he cannot be contacted, or is unavailable, the school will make
* **Two attempts**to contact one of paediatric Diabetes Nurses

Nurses name(s), phone number, hospital name.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In the event of the Nurses being unavailable, the school will contact the Paediatric Registrar on call.

If the Paediatric Registrar on call cannot be contacted, the SNA/class teacher/Principal will wait for a maximum time of 30 minutes before re-checking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s BSL.  If the BSL still indicates a problem, the SNA/Principal will call an ambulance to take (child’s name) to hospital and will:

* Call hospital in advance, and
* Send Record Card with child’s name to the hospital

**Authentication**

The following have read the above procedures and are in agreement with all provisions.

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **Parent/Guardian 1** Name (PRINT)  |   |   |
| **Contact Details** |  |
| **Parent/Guardian 2** Name (PRINT) |   |   |
| **Contact Details** |  |
| **‘Alternate Contact’**Name (PRINT) |  |  |
| **Contact Details** |  |
| **Family GP:**Name (PRINT)  |   |   |
| **Contact Details** |  |
| **Diabetes Consultant**Name & Hospital (PRINT) |   |   |
| **Contact Details** |  |
|  |  |  |
| **Name** | **Signature** | **Date** |
| **Paediatric Diabetes Nurses**Name/s & Hospital |   |   |
| **Contact Details** |  |
| **Chairperson, BOM**  |   |   |
| **Principal**  |   |
| **SNA(s)**     |   |   |
| **Class Teacher(s)**  |   |   |

**Review**

These procedures will be reviewed on an annual basis, at the beginning of each school year.  All the parties concerned will be asked to contribute to such review.  Any suggested changes will be inserted and circulated for approval by all parties.  In the case of any change in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s condition which necessitates it, these procedures will be immediately reviewed.

These procedures were last reviewed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It is scheduled for review again in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Ratified by the Board of Management of Castletown Primary School on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be reviewed annually**

**Chairperson’s Signature:**

**Date:**

**Principal’s Signature:**

**Date:**