



Harmony Hill Primary School

**Administration of Medicines &
Management of Care Plans / Allergies
Policy**

2024-2026

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Abstract

The Board of Governors and staff of Harmony Hill Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school.

The Principal will accept responsibility, in principle, for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have agreed to do so.**

There is no legal duty that requires school staff to administer medication. This is a voluntary role.

Please note that parents should keep their children at home if acutely unwell or if they have infections. The PHA guidance is circulated via email at the start of ever academic year. A copy is attached to this policy.

- Parents are responsible for providing the School with comprehensive information regarding the pupil's medical condition and medication. This should be provided on the annual Data Collection Form and if regular medication is required, a completed **Form 1** should also be supplied. (See Appendices).
- Prescribed medication will not be accepted in school without completed and signed forms including instructions from the parent. **(Form 2)**.
- Staff will not give a non-prescribed medicine to a child, except for exceptional circumstances. In the event of regular non-prescribed medication i.e. anti-histamines for hay fever in summer, a supply can be stored in school and self-administered in the presence of a parent, or as agreed by the appropriate adult. Paperwork **MUST** be in place
- Only reasonable quantities of medication should be supplied to the school at any one time.
- Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.
- Each item of medication must be delivered to the class teacher, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:
 - Pupil's Name.
 - Name of medication.
 - Dosage.
 - Frequency of administration.
 - Date of dispensing.
 - Storage requirements.
 - Expiry date.

*A properly completed **Form 2** provides all of this information and should be provided along with the medication.*

**School will not accept items of medication in unlabelled packaging and
without the correct paperwork as above.**

- Prescribed medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated, all medication to be administered in school will be held in a secure area.
- The school will keep records, which they will have available for parents.
- If children refuse to take agreed prescribed medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency. If a refusal to take agreed prescribed medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school, in writing, if the pupil's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment, will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- Staff who volunteer to assist in the administration of prescribed medication will receive appropriate training/guidance through arrangements made with the School Health Service for specific needs such as childhood diabetes.
- School will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate provision cannot be guaranteed. Every effort will be made to find a solution to such a scenario, to avoid any exclusion.
- All staff are aware of the procedures to be followed in the event of an emergency.
- Care Plans are compiled by the Health Trust, for pupils with specific health needs or serious allergies will be stored with medication. An overview of children in this group will be centrally available to appropriate staff.
- Mrs McKee has direct responsibility for overseeing the effective management of care-plans, the asthma register and pupils with allergies.
- Parents of children with diabetes must supply the sugar drink and the appropriate hypo/hyper kit with blood testing devices
- Any sharp items used (e.g. needles for diabetic injections) shall be placed in a sealed sharps box located in the relevant teacher's store.

Children with Care Plans

It is the responsibility of parents to inform the school of their child's Care Plan, to provide a copy of it, and to ensure that any relevant updates are passed on accordingly.

These plans will be drawn up in consultation with parents and relevant Health Professionals and a Care Plan consent form is duly completed. The Care Plan will include the following:

- Details of the child's condition.
- Special requirements i.e. dietary need & pre-activity precautions.
- What constitutes an emergency?
- What action to take in an emergency.
- Who to contact in an emergency.
- The role staff can play.

School maintains an extensive running record of updated care plan discussions with parents

Annex of Forms and Templates

Dietary Requirements Process

1. Issue all Nursery, P1 and new pupils with a "Dietary Requirements Form".
2. "Dietary Requirements Form" information to be added to SIMS by Office.
3. Should "Dietary Requirements Form" be returned to school with any box ticked other than "None", a "Special Diet Application Form" should be issued by Office.
4. Should parent advise School of any change to child's Dietary Requirements, a "Special Diet Application Form" should be issued by Office.
5. "Special Diet Application Form" information to be added to SIMS by Office. Original form given to E McKee.
6. E McKee to make two copies. One copy to keep in Master File, one copy to be forwarded to Catering Supervisor.
7. E McKee to liaise with A Quinn, keeping Master Copy of dates A Quinn talks through with parent.
8. A Quinn aware of children with Special Dietary Requirements taking a School Dinner on any given day through "Daily Kitchen Statistics" report produced on School Money and passed to Kitchen daily.
9. E McKee to return original to Office for filing.

Form 1: Healthcare Plan for a Pupil with Medical Needs

Pupil's Name _____

Date of Birth _____

Condition

Pupil's Current Class

Today's Date

Contact Information

Priority Contact 1

Name

Phone No. (Work) _____

Mobile _____

Any other phone numbers

Relationship to Pupil

Priority Contact 2

Name

Phone No. (Work) _____

Mobile _____

Any other phone numbers

Relationship to Pupil

Priority Contact 3

Name

Phone No. (Work) _____

Mobile _____

Any other phone numbers

Relationship to Pupil

Clinic/Hospital Contact

Name

Phone

G.P.

Phone

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport / lunchtime etc.):

Describe what constitutes an emergency for the pupil and the action to take:

Any follow-up care:

Who is responsible in an emergency?

Signed by Parent(s)

Date

Form 2: Parental Request for School to Administer Medication

Staff at Harmony Hill Primary School will not administer any medication to any pupil without the completion of this form. On completion, the Principal will liaise with the member(s) of staff concerned and request their willingness to administer.

Pupil Details

Pupil's Name _____

Date of Birth _____

Condition

Pupil's Current Class _____

Today's Date _____

Medication

Name / Type of medication (as described on the container)

How long will your child take this medication for?

Date dispensed

Full directions for use:

Dosage and method:

Time(s)

Any special precautions:

Any side effects:

Can it be self-administered?

Procedures to take in an emergency:

Contact Information

Name

Phone No. (Work) _____

Mobile _____

Any other phone numbers

Relationship to Pupil

I understand that I must deliver the medicine personally to the agreed staff member and accept that this is a service which the school is not obliged to undertake.

Signed _____

Date: _____

Form 3: Parental Request for pupil to carry his/her medication and self-administer as necessary.

Pupil Details

Pupil's Name _____

Date of Birth _____

Condition

Pupil's Current Class

Today's Date

Medication

Name / type of medication and details/dosage approved including any limitations:

Procedures to be taken in emergency:

Contact Information

Name

Phone No. (Work) _____

Mobile _____

Any other phone numbers

Relationship to Pupil

I would like my child to keep his/her medication on him/her for use as necessary:

Signed _____

PHA Guidance on when to keep a child off school.

Do I need to keep my child off school?

HSC Public Health Agency

Chicken Pox Until all spots have crusted over	Conjunctivitis No need to stay off but school or nursery should be informed	Diarrhoea & Vomiting 48 hours from last episode	Glandular Fever No need to stay off but school or nursery should be informed	Hand, foot & mouth No need to stay off but school or nursery should be informed	Impetigo Until lesions are crusted & healed or 48 Hours after commencing antibiotics
Measles or German Measles 4 days from onset of rash	Mumps 5 days from onset of swelling	Scabies Until after first treatment	Scarlet Fever 24 hours after commencing antibiotics	Slapped Cheek No need to stay off but school or nursery should be informed	Whooping Cough 48 Hours after commencing antibiotics
	Flu Until recovered	Head Lice No need to stay off but school or nursery should be informed	Threadworms No need to stay off but school or nursery should be informed	Tonsillitis No need to stay off but school or nursery should be informed	

Form 4: Dietary Requirements Dietary Requirements Form

Name of Pupil:	
Class Registration:	

Allergens and/or Dietary Requirements

Please tick as appropriate

None	<input type="checkbox"/>	Please ensure that this box is ticked if your child does not have any dietary requirements.
Artificial food colouring	<input type="checkbox"/>	
Halal foods only Kosher foods only	<input type="checkbox"/>	
No Dairy produce	<input type="checkbox"/>	
No Eggs No Gluten	<input type="checkbox"/>	
No Lupin	<input type="checkbox"/>	
No Mustard No Nuts of any type/quantity	<input type="checkbox"/>	
No Peanuts	<input type="checkbox"/>	
No Sesame Seeds	<input type="checkbox"/>	
No Shellfish	<input type="checkbox"/>	
No Soya No Seafood	<input type="checkbox"/>	
Vegetarian	<input type="checkbox"/>	
Vegan	<input type="checkbox"/>	

Name of Parent:	
Signature:	
Date:	

In partnership with the school please be advised this is the role played by the School Catering Service.

The Role of the School Catering Service

The Catering Service has a significant role in the day to day provision of special diets. To allow the service to cater for special dietary requirements effectively and safely, the Catering Supervisor and management team will work in partnership, sharing joint responsibility between Pupil, Parent/Guardian and the school to provide as far as possible a nutritionally balanced meal that meets the special dietary requirements of the child.

The Catering Service is in compliance with HACCP (Hazard analysis and critical control points) and the Food Information Regulations legislation (Food Information for Consumers Regulation No. 1169/2011) therefore all controls and monitoring procedures are in place. All catering staff should be trained commensurate to their duties

Form 5A: Special Diet Application Form

If your child requires a special diet, please fully complete this form and return to the school office.

Please note-

- If your child requires a special diet for religious or cultural reasons or because they are vegetarian or vegan, please fully complete Part A and Part B of this form.
- If your child requires a special diet for medical/ health reasons, please complete Part A and Part C of this form, in addition to a Special Diet Medical Form. Please note, special diet medical forms may be signed only by a medical consultant, GP or registered dietitian.

Incomplete forms will not be accepted and will be returned to parent/guardians for completion. This may result in a delay in your child receiving a special diet.

PLEASE NOTE- The school catering service will accommodate specific dietary needs from existing menus and ingredient range, therefore a child with a special dietary need may not always get a choice of dishes. If any specialist dietary preparations and prescription foods are required these will need to be supplied by the child's parent/guardian. The set price for school meals will remain the same in these circumstances.

PART A- CONTACT DETAILS

Pupil details	
Pupil's Name	Date of birth
School details	
School	
School Address	
Parent/Guardian's details	
Contact Name	Contact daytime telephone number
Contact address	

PART B- RELIGIOUS, CULTURAL OR VEGETARIAN/VEGAN DIET REQUIREMENT

Cultural, religious, vegetarian or vegan diet	
Please specify the type of diet required:	
Please list the foods to be avoided and list the foods that can be used as a substitute	
List of foods to be avoided	List of substitute foods
Other relevant information	

PART C- MEDICALLY PRESCRIBED DIET REQUIREMENT

Medically Prescribed Diet	
Please indicate the type of medical condition the special diet is to be provided for (please tick all boxes that apply)	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Nut Allergy
<input type="checkbox"/> Coeliac disease	<input type="checkbox"/> Dairy/ Lactose intolerance
<input type="checkbox"/> Crohn's disease	<input type="checkbox"/> Egg allergy
<input type="checkbox"/> Phenylketonuria (PKU) C]	<input type="checkbox"/> Wheat allergy
Other (Please specify)	
If other please list the foods to be avoided and list of foods that can be used to substitute these. An additional list of food and drinks can be attached to this form.	

Health Care Professional contact details

Contact Name

Contact Telephone Number

List of foods to be avoided

List of substitute foods

Does your child require any foods to have changes in texture? Yes No

If yes, please list any foods that need changes in texture and state the changes required

Do you use special dietary products with your child? Yes No

If yes please give further details

Do you use prescribed dietary products with your child? Yes No

If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet? Yes No

Please give details of the product and amount

Parent/Guardian Signature: _____

Please print name: _____

Date: _____

HHPS Check

Date received by school:

Updated on SIMS:

Original to E McKee:

Office Signature: _____

Date: _____

Copy forwarded to Catering Supervisor:

Signed E McKee:

Date: _____

Original returned to Office for filing:

Filed in pupil file: Office

Signature: _____

Date: _____

Form 5B: Special Diet Medical Form

Private and Confidential

TO BE RETURNED TO SCHOOL PRINCIPAL

Date:

Dear:

RE: (Child's name)

DOB: _____ H&C No: _____

I would like to confirm that the above child requires special diet provision.

Diet required:

His/her parents/guardians have received written dietary advice.

Any other additional relevant information

He/she will/will not continue to be reviewed by the Consultant/ General Practitioner/ Paediatric dietitian.

Yours faithfully _____

Consultant/ General Practitioner/ Paediatric dietitian **cc** Parents **cc** File