

St Anne’s
Ballymany Cross, The Curragh, Co. Kildare



Policy for the Protection of
Medical Information

This policy was ratified by the BOM of St Anne’s on _____

Chairperson BOM

Date

Sample Care Plan and Management Forms as listed

6. Individualised Nursing Care Plan
7. Kardex
8. Medical Information Form
10. Medication Administration Record
11. Seizure Action Plan
13. Reference List

POLICY TITLE: Policy for the Protection of Privacy of Medical Information

1:0 DEFINITION: To ensure that medical information is only accessible to the relevant people in the pupil’s multi-disciplinary team. The pupil’s information is protected and secure.

2:0 KEEPING INFORMATION SECURE:

- Medical records are never left unattended in the workplace i.e where a nurse is away from her station all private information must be stored in a locked cupboard – where files are on the desk during working hours
- Key will be kept with the nurse or kept in a secure place that only the nurses can access
- Only designated staff have access to pupils records i.e Teachers/SNA staff assigned to specific pupil with underlying medical conditions (See nursing care plan on Aladdin)
- Medical Kardex and paper copies of medical information are to be filed away after use daily and stored in a locked press in a locked room
- Log in required to access the Aladdin pupils page where all other medical information is stored

3:0 MEDICAL RECORDS STORED ELECTRONICALLY

- Nurses’ laptop is kept in a locked environment when not in use in school
- Nurse will always log out when their work is finished
- Nurses are the only individual with access to the nurses laptop at school.
- Nurse has a password in place protected laptop. Only nurses are to know this password

4:0 USE OF THE NURSES PHONE

- A dedicated mobile has been assigned to the nursing team, this phone is only to be used by the school nurses

- Phone is to be stored in a locked environment out of the working hours

4:0 MAINTAINING CONFIDENTIALLY

- Discussion about clinical management for any pupil is to be carried out away from the vicinity of the pupil but equally important away from the vicinity of those who are not involved in said pupil’s care.
- Information is only to be shared with relevant health care professionals

Sample Care Plan and Management Forms as listed

6. Individualised Nursing Care Plan
7. Kardex
8. Medical Information Form
10. Medication Administration Record
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Nursing Care Plan

Name of Pupil		Date of Birth	
Care Plan Completed by:			
<p>My name is. This plan has been drawn up by the people who support me to help me with my medical needs. It is important that all staff that support me are aware of this plan and agree to the procedure outlined in the plan.</p> <p>I agree to this plan being shared among people who will be supporting me.</p>			
Care Task Required	<p>Past Medical History:</p> <p>Allergies:</p> <p>Medication Prescribed Whilst In School:</p> <p>Important Notes:</p>		
Date plan developed:		Date for review	
Details			
My preferred method of communication			
Equipment required for my nutrition .			
Resources required for specified task (equipment, support plans, risk assessments etc)			
Care Tasks			
Care Task 1			
Steps Involved Supporting the person			

Policy For The Protection Of Privacy Of Medical Information – St Anne’s Roll No. 19277

KARDEX

St Anne's School 19277B

KARDEX

<i>Pupil Photo</i>	Pupils Name:	
	Date of Birth:	
	Parent(s)/Guardian(s)	
	Address:	
	Contact No:	

Doctors Signature:	
Doctors Stamp:	
Contact No(s):	
Medical Card No:	

Pupil's Medication Chart (To be completed by Doctor)										
	DATE	MEDICATION	8AM	12-2PM	6PM	10PM	DOSAGE	ROUTE	DATE DISC	SIGNED
A										
B										
C										
D										
E										
F										
G										
H										
I										
PRN Drugs Inc Calpol										
Allergies										

Note: Include Epistatas, Lorazepam & Stesiod Letters (Documents saved in medical file) & Medical Policy

St Anne's School Kardex.rev2024

MEDICAL INFORMATION FORM

Part 1 – TO BE COMPLETED AND STAMPED BY DOCTOR PAGES 1 TO 3

MEDICAL INFORMATION

Doctor’s Name: _____

Address: _____

Tel. No.: _____

Medical Card No. _____

MEDICAL DIAGNOSIS

Primary _____

Secondary _____

Please complete the following as appropriate: (Tick appropriate boxes)

Mobility Ambulant Non Ambulant

Epilepsy Yes No

Hearing Normal Partially Deaf Deaf

Vision Good Partial None

Diabetes Yes No Type: _____

Asthma Yes No

Allergies Yes No

Medication Yes No

Has either Epistatus, Stesolid or Lorazepam been administrated in the past Yes No
If yes please state when _____

Was there any adverse reaction to the drug _____

Please advise of any specific feeding requirements ie P.E.G.or supplementary feed ie Forti Juice/ Paedisure etc

Any Comments re above: _____

Signed: _____
Doctor Signature and Stamp **Date**

Signed: _____
Parent/Guardian **Date**

MEDICATION ADMINISTRATION RECORD



Routine Medication Administration Recording Chart

Pupil: |

Month/Year:

Codes: **A** – Absent, **R** – Refused, **W/E** – Weekend, **H** – School Holiday, **O** – Other (Please record the reason on the back).

Medication Code	Date Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Example of Seizure Action Plan

Contact Nos.
Mum: _____
Dad: _____
Home: _____

Pupils Name: _____
Medication Stesolid/Epistatus: _____

_____ has been prescribed Epistatus/Stesolid which must be administered:

Activities the above pupil will take part in, which take place, outside of the school building:-

1. _____
2. _____
3. _____
4. _____
5. School Tour _____

The following procedures will be put in place to safely manage Epileptic seizures and administration of Epistatus/Stesolid should a seizure occur when he/she is at the above locations:-

If Nurse present Medication will be administered as prescribed.

When Nurse **NOT** present **CALL ambulance, parents, school IF:**

1. Seizure lasts more than _____ Minutes;
2. Multiple Seizures occur;
3. Pupil seems sick, injured or unresponsive;
4. Pupil has other chronic condition ie Asthma/Diabetic; and
5. The seizure occurs in water.

Parents Signature: _____ Date: _____

Nurses Signature: _____ Date: _____

Principals Signature: _____

C:\Users\Reception\Documents\Formats\Pupil Hlth_Epileptic_and_Seizure_Managment_Plan.docx

Policy For The Protection Of Privacy Of Medical Information – St Anne’s Roll No. 19277

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours

Students Name	Date of Birth
Parent/Guardian	Phone Cell
Other Emergency Contact	Phone Cell
Treating Neurologist:	Phone
Treating GP	Phone

Significant Medical History

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student’s response after a seizure:

Basic First Aid: Care & Comfort	Basic Seizure First Aid
Please describe basic first aid procedures:	<ul style="list-style-type: none"> Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious <p>For tonic-clonic seizure</p> <ul style="list-style-type: none"> Protect head Keep airway open/watch breathing Turn child on side
	<p align="center">A Seizure is generally Considered an emergency when:</p> <ul style="list-style-type: none"> Convulsive (tonic-clonic) seizure lasts longer than 5mins Student has repeated seizures without regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties Student has a seizure in water

Treatment Protocol During School hours (include daily and emergency medications)

Emerg Med ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator**? Yes No If YES, describe magnet use:-

Special Considerations and Precautions (regarding school activities, sports, trips etc)

Describe any special considerations or precautions:

Reference List

Melnyk B, Fineout-Overholt E. *Evidence Based Practise In Nursing and Healthcare*, Philadelphia, U.S.A 2005

An Bord Altranais (2000) Guidance to Nurse and Midwives on the development of Policies Guidelines and Protocols

An Bord Altranais (2000) The Code Professional Conduct for each nurse and midwife
www.nursingboard.ie

NHS (2012) *Record Keeping In Healthcare Records Policy* Version 6.0

British Meidcal Association Confidentiality and Disclosure of Health Information
www.bma.org.uk/advice/ethics

Website: www.hse.ie

Website: www.inmo.ie

Website: www.into.ie

Website: www.medicalprotection.org/ireland/booklets

Website: www.educational.ie/en/circulars-andforms/archived