

Administration of Medicines Policy

Introduction:

The staff drafted this policy during a staff planning session in September 2015.

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
- ✚ Protect against possible litigation

Relationship to School Ethos:

The school promotes positive home-school contacts, not only in relation to the welfare of children, but also 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
- ✚ Fulfil 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

In –School Procedures:

Parents are required to complete a Health/Medication form when enrolling their child/ren in the school. No teacher is obliged to administer medicine or drugs to a pupil.

- ✚ Prescribed medicines will only be administered by the parents/guardians of the pupil concerned and after the parents have written to the BoM requesting the Board to authorise this. Under no circumstance will nonprescribed medicines be either stored or administered in the school. The Board will seek indemnity from parents in respect of any liability arising from the administration of medicines
- ✚ The school generally advocates the self administration (e.g. inhalers) of medicine under the supervision of a responsible adult. No medicines are stored on the school premises. A small quantity of prescription drugs may be stored in the Administration Office if a child requires self-administering on a daily basis and parents have requested storage facilities. Parents are responsible for the provision of medication and notification of change of dosage 1
- ✚ The Board of Management requests parents to ensure that teachers be made aware in writing of any medical condition suffered by any child in their class. This, however, does not imply a duty upon teachers personally to undertake the administration of medicines or drugs.

Long Term Health Problems

Where there are children with long-term health problems in school, proper and clearly understood arrangements for the administration of medicines must be made with the Board of Management. This is the responsibility of the parents/guardians. It would include measures such as self-administration or administration under parental supervision.

Life Threatening Condition

Where children are suffering from life threatening conditions, parents/guardians must clearly outline, in writing, what should be done in a particular emergency situation, with particular reference to what may be a risk to the child (Appendix 3). If emergency medication is necessary, arrangements must be made with the Board of Management. The parents in respect of any liability that may arise regarding the administration of medication must sign a letter of indemnity.

Medicines

- ✚ Non-prescribed medicines will neither be stored nor administered to pupils in school
- ✚ Only the parents/guardians of the child (receiving the medication) will administer prescribed medication when arrangements have been put in place as outlined above
- ✚ Arrangements for the storage of certain emergency medicines, which must be readily accessible at all times, must be made with the Principal
- ✚ The prescribed medicine must be self-administered if possible, under the supervision of a parent
- ✚ 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. 2
- ✚ Where possible, the parents should arrange for the administration of prescribed medicines outside of school hours.

Medical Alert Card

A medical record is kept in the school so that a substitute teacher will be made aware of a pupil's medical condition in that class. This card will follow with the child from year to year.

All members of staff involved in drawing up this policy, whilst making every attempt to make it as comprehensive as possible would like to point out that none of them is medically qualified.

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 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.

In addition, parents must ensure that teachers are made aware in writing of any medical condition, which their child is suffering from. For example children who are epileptics, diabetics etc. may have a seizure at any time and teachers must be made aware of symptoms in order to ensure that appropriate persons may give treatment.

Written details are required from the parents/guardians outlining the child's personal details and medical condition also emergency contact numbers. Parents should also outline clearly proper procedures for children who require medication for life threatening conditions.

The school maintains an up to date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year and thereafter as appropriate.

First Aid Boxes:

A full medical kit is taken when children are engaged in out of school activities such as tours, football/hurling games and athletic activities.

General Recommendations:

We recommend that any child who shows signs of illness should be kept at home; requests from parents to keep their children in at lunch break are not encouraged. A child too sick to play with peers should not be in school.

Roles and Responsibilities:

The BoM has overall responsibility for the implementation and monitoring of the school policy on Administration of Medication. The Principal is the day to day manager of routines contained in the policy with the assistance of all staff members.

Success Criteria:

The effectiveness of the school policy in its present form is measured by the following criteria;

- ✚ Compliance with Health and Safety legislation
- ✚ Maintaining a safe and caring environment for children
- ✚ Positive feedback from parents/teachers
- ✚ Ensuring the primary responsibility for administering remains with parents/guardians

Ratification and Review:

It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than **2019**

The policy has been amended and will begin implementation **immediately**.

Policy Approval / Ratification

This policy was ratified by the Board of Management of Cullina National School

Signed: *Griffith J Griffiths*

Chairperson Board of Management

Date: *2nd December 2015*

Signed: *Maire Bn Uí Chroinín*

Principal Cullina National School

Date: *2nd December 2015*

Appendix 1
Medical Condition and Administration of Medicines

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day under parent/guardian supervision as it is absolutely necessary for the continued well-being of my/our child. I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in daily. I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed _____ **Parent/Guardian**

Signed _____ **Parent/Guardian**

Date _____

Appendix 2
Medical Condition and Administration of Medicines

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

Child's Doctor: _____ **Phone:** _____

Allergies / Medical Condition:

I/We understand that the school has no facilities for the safe storage of prescription medicines.

I/We understand that we must inform the school / Teacher of any changes of medicine in writing and that we must inform the Teacher each year of the prescription / medical condition.

I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed: _____

Parent / Guardian

Date: _____

Appendix 2
Emergency Procedures

In the event of

Name of Child _____

displaying any symptoms of his medical difficulty, the following procedures should be followed

Symptoms: _____

Procedure:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

**To include: Dial 999/ 112 and call emergency services.
Contact Parents**

Dear Parent

RE: THE HEALTHCARE PLAN

Thank you for informing us of your child's chronic condition. As part of accepted good practice and with advice from the Department for Children and Family Affairs, relevant voluntary organisations and the School's Board of Management, our school has established 'Managing Chronic Health Conditions' guidelines for use by all staff.

As part of these guidelines, we are asking all parents of students with a chronic condition to help us by completing a school Healthcare Plan for their child. Please complete the plan, with the assistance of your child's healthcare professional and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on **Telephone Contact Number: 0646644788**.

Your child's completed plan will store helpful details about your child's condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Yours sincerely

Principal

Form 2: Healthcare Plan

Date form completed: _____ Date for review: _____

Healthcare Plan for a Student with a chronic condition at school

1. Student's Information

Name of School: _____

Name of Student: _____ Class: _____

Date of birth: _____ Age: _____

Siblings in the school: _____

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

2. Contact Information

Student's address: _____

FAMILY CONTACT 1

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

FAMILY CONTACT 2

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

FAMILY CONTACT 3

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

GP

Name: _____ Phone: _____

CONSULTANT

Name: _____ Phone: _____

Condition information for: _____

3. Details of the student's conditions

Signs and symptoms of this student's condition: _____

Triggers or things that make this student's condition/s worse: _____

4. Routine Healthcare Requirements

During school hours: _____

Outside school hours: _____

5. Regular Medication taken during school hours:

6. Emergency medication – Please fill out full details including dosage:

Please also refer to the Emergency Plan for relevant information:

Asthma

7. Activities – Any special considerations to be aware of:

8. Any other information relating to the student's health care in school?

9. Name of Hospital Nurse for the student

Name: _____

Address: _____

Phone: _____

The school may contact the above named for further information or training.

Parental and student agreement (please tick the correct reply)

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

Signed by parent: _____

Print name: _____

Date: _____

Permission for emergency medication (please tick the correct reply)

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 as set out in the attached Emergency Plan

Signed by parent: _____

Print name: _____

Date: _____