

## **Policy on Administration of Medicines in School**

This policy deals with the administration of medicines to pupils and the supervised self-administration by pupils of medicine, both in the school and off the school premises on school-related activities.

The Board of Management has a duty to safeguard the health and safety of pupils when authorised to be on school premises or engaged in authorised school activities elsewhere. However, this does not impose a duty on teachers or administrative staff of the school to undertake personally the administration of medicine to pupils.

The Board of Management is committed to fostering a school environment that is welcoming and inclusive to all pupils, including those pupils who may have a chronic condition or may be temporarily ill. The Board of Management recognises that pupils may require to be administered medication or to self-administer medication under supervision during the school day. This may involve:

1. Pupils who require regular or ongoing medical treatment such as children with special needs or children with a chronic condition.
2. Emergency treatment of a child with a chronic condition.
3. A pupil who is finishing a short course of prescribed medication for an occasional illness.

### **Pupils who require regular or ongoing medical treatment such as children with special needs or children with a chronic condition.**

The Board of management understands that some pupils may have chronic conditions such as asthma, diabetes, epilepsy or anaphylaxis, which may be serious and can be potentially life threatening if not effectively managed.

Parents are requested to ensure that the school is made aware of any medical conditions which their child may have at the time of enrolment or at the time of the onset of a particular medical condition. Parents/guardians are responsible for ensuring that the school is kept up to date regarding any medical conditions which their child may have at the time of enrolment or develop subsequently. Parents/guardians are also responsible for ensuring that the school has up to date contact details, including details of at least one alternative emergency contact person.

Where possible, a child's GP or other treating doctor should arrange for the administration of prescribed medicines outside of school hours. If this is not possible, then it should be established if the parents/ guardians could come to the school to administer the prescribed medication or supervise the self administration of same. If this is not possible, the following procedures must be followed by parents who want their children to be administered medication by a member of the school staff during the school day or to self-administer medication under supervision of a member of school staff.

Parents/guardians should be aware that medication, other than emergency medication, will not be administered for the first time at school off the school premises on school-related activities.

The steps in the process are set out below.

#### **1. Request for approval or authorisation**

Parents/guardians who wish members of staff to administer medicine to their child or to supervise self-administration by the child of medicine should write to the Board of Management requesting it to authorise staff member(s) to administer the prescribed medicine or to supervise self-administration by the child of medication, as the case may be. Non-prescribed medicine will not be administered unless directed by the child's treating doctor in written instructions.

This letter of request should be accompanied by:-

1. A completed Healthcare Plan as set out in Appendix
2. Written instructions from a doctor, preferably typed, setting out clearly the procedure to be followed in the administration of the medication. These instructions should contain:
  1. the full name of the student
  2. the name of the medication to be administered.
  3. the expected duration of the course of medication
  4. the exact dosage to be administered and the frequency of dosage
  5. specific instructions regarding the method of administration
  6. whether the child should be responsible for his/her medication  
if the child is self-administering the medication under supervision
  7. Storage requirements
  8. Any other essential relevant information.

## **2. Consideration by the Board of Management**

The Board of Management will consider all requests by parents/guardians to authorise staff to administer medicine to their child or to supervise self-administration of medicine provided that parents/guardians submit the required documentation. Parents/guardians may be requested to provide additional information or to attend a meeting at the Board of Management to assist the Board of management in making its decision.

Parents/guardian must confirm their consent in the healthcare Plan for the disclosure of sensitive personal information relating to the child to appropriate staff members.

In the event that the child has been prescribed medication for emergency purposes, parents/guardians must confirm their consent for the administration of such medication by staff members.

The Board of Management may authorise staff members of administer prescribed medication to a pupil in accordance with the doctor's instructions or to supervise the self-administration of medication by a pupil. However, no staff member can be compelled to administer prescription medicines to a pupil.

The Board of Management may request the parent/guardian to organise a demonstration of the administration of the prescribed medicine by a medical professional or the Board may organise training of staff in the administration of the prescribed medicine.

Where the Board of management approves the request, it will inform the school's insurers.

## **3. Supply and Storage of Medication**

Non-prescribed medication will not be held by the school or administered by staff unless on the written instructions of the child's doctor.

Parents/guardians are responsible for the provision of the medication and ensuring that it is in date. The school will only store medication in its original packaging.

Parents/guardians should hand the medication to a nominated staff member and it should never be left in the child's school bag.

Arrangements will be made, the by class teacher, for the safe storage or prescribed medication in accordance with the recommendations from the doctor. This should be in a secure but accessible area.

Parents/guardians are responsible for the disposal of out-of-date medication and must supply and dispose of sharp boxes if required.

#### **4. Administration of Medicine**

Any member of staff who administers prescribed medicine should only do so in accordance with the instructions of the child's doctor and any guidelines supplied by the parents/guardians. Every reasonable precaution must be taken on the part of the member of staff to discharge the responsibility correctly.

In administering medication to pupils, staff should exercise the standard of care of a reasonable and prudent parent.

The name and dose of medication being administered will be checked by a second staff member and a written record of the time and date of administration will be co-signed and kept on the child's file in accordance with the Record of Administration of Medication Form, which is set at Appendix 2.

Staff will take all reasonable steps to administer medicine to the child or encourage the child to self-administer medicine under supervision. However, staff will not force a child to take medicine in circumstances where the child refuses to take medication, other than in an emergency situation. In the event that a child refuses to take medicine, parents/guardians will be notified at the earliest opportunity and this will be recorded on the Record of Administration of Medication Form.

#### **5. Changes and Updates**

Parents/Guardians are required to renew the request for the administration of medication at the beginning of each school year and to confirm that all information held by the school is up to date. Parents/Guardians are responsible for notifying the school of any changes to the emergency contact details or information concerning any medical condition/allergy which their child may have.

In the event that there are any alterations to amount of dosage or time or frequency of dosage, parents/guardians must write a letter to the Board of Management requesting such changes. A copy of written update instructions from the child's treating doctor must be included with the request.

No medicine will be administered by any member of staff without prior written approval and authorisation by the Board of Management.

### **Emergency treatment of a child with a chronic condition**

Where a child with a chronic condition which may require emergency medication or emergency treatment, it is essential that the school is fully informed regarding the pupil's condition.

In addition to completing the Healthcare Plan, parent/guardians should attend at a meeting with the school principal and the child's teacher and provide specific information regarding their child's condition and, in particular the circumstances in which emergency medication may be required to be administered. This information should be recorded in an Emergency Plan, which should be signed by the parents/guardians and the Principal.

The Emergency Plan should specify signs and symptoms of an attack, seizure or episode; the dosage of emergency medication to be administered in the case of an emergency and set out any further guidelines in relation to the emergency treatment of the pupil. The Plan should also specify where the emergency medication will be stored, which preferably would be in a secure but accessible place in, or near the child's classroom.

Staff members should be trained in best practice in the management of the condition and the administration of emergency medication.

The Emergency Plan should be brought to the attention of all staff member who have responsibility for the child with a chronic condition, including substitute teachers and SNA's.

### **A pupil who is finishing a short course of treatment for an occasional illness.**

As a general rule, children who are sick and clearly unwell should not be in school. However, it may arise that a child who has been absent from school due to ill health may have made sufficient recovery to return to school but still require to finish a short term course of medicine.

It is preferable if a parent/guardian or other family member attend at the school for the purposes for administration the medication or supervising the self-administration of same. However, where this is not possible, parent/guardians should follow the procedures set out below.

Where the course of treatment is short, it may not be practicable for a request to be considered by the Board of Management. In the case of short courses of treatment, the Principal will deal with requests for administration of medicine or the supervised self-administration of medication.



### Healthcare Plan for a Student

#### 1. Student Information

Name of Student:	Class:
Date of Birth:	Age:
Address of Pupil:	
Siblings:	
Name:	Class:
Name:	Class:

#### 2. Contact Information

Family Contact 1:	
Name:	
Phone:	
Mobile:	
Relationship to Pupil	

Family Contact 2:	
Name:	
Phone:	
Mobile:	
Relationship to Pupil	



**Healthcare Plan for a Student**

**1. Student Information**

Name of Student:	Class:
Date of Birth:	Age:
Address of Pupil:	
Siblings:	
Name:	Class:
Name:	Class:

**2. Contact Information**

Family Contact 1:	
Name:	
Phone:	
Mobile:	
Relationship to Pupil	

Family Contact 2:	
Name:	
Phone:	
Mobile:	
Relationship to Pupil	

Alliance Classification:



Alternate Contact Person	
Name:	
Phone:	
Mobile:	
Relationship to Pupil:	

**3. Medical Contacts**

GP	
Name:	
Phone:	

Consultant	
Name:	
Phone:	

**4. Details of the pupil's conditions**

Signs and symptoms of the pupil's condition:

---

---

---

Triggers or things which may make the pupil's condition worse:

---

---

---

**5. Routine Healthcare Requirements**

During school hours:

---

---

---

Allianz Classification:



Outside school hours:

---

---

**6. Regular Medication to be taken during school hours:**

---

---

---

**7. Emergency medication - Dosage and instructions for administration:**

---

---

---

---

**8. Other Emergency Treatment:**

---

---

---

**9. Are there any special considerations of which the school should be aware regarding the pupil's participation in school activities?**

---

---

---

---

**10. Is there any other information of which the school should be aware relating to the pupil's health care in the school?**

---

---

---

**11. Hospital Nurse**

Name:	
Address:	
Phone:	

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





**Consent to sharing of sensitive personal information regarding the pupil to appropriate staff members**

I agree that the information contained in this plan may be shared with members of staff involved with my child's care and education. This also may include emergency services.

I understand that I must notify the school of any changes in relation to the healthcare requirements of my child in writing and in a timely manner.

Signed by parent: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent for the administration of emergency medication or emergency treatment**

In the event of a medical emergency, I agree that my child can be administered emergency medication or self-administer emergency medication under supervision and/or receive treatment as set out in the attached Emergency Plan.

Signed by parent: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## RECORD OF ADMINISTRATION OF MEDICATION

Name of Child: \_\_\_\_\_

Name of Medication Prescribed: \_\_\_\_\_

Dose of Medication Prescribed: \_\_\_\_\_

Time of Administration of Medication (As per Doctors instructions): \_\_\_\_\_

Date	Time	Dose, Date and Name of Medication checked by	Medication Administered by	Any reactions	Signature of Staff Member and name printed	Signature of Staff Member and name printed

## RECORD OF EMERGENCY TREATMENT

Name of Child: \_\_\_\_\_

Name of Medication Prescribed: \_\_\_\_\_

Dose of Medication Prescribed: \_\_\_\_\_

Time of Administration of Medication (As per Doctors instructions): \_\_\_\_\_

Date	Time	Dose, Date and Name of Medication checked by	Medication Administered by	Any reactions	Signature of Staff Member and name printed	Signature of Staff Member and name printed