



## **Managing Health Conditions and Administration of Medicines Policy**

Ratified at BOM Meeting on .....

Signed ..... Chairperson of Board of Management

Signed ..... Principal

Date .....

Date of next review .....

## **1. Introduction and Rationale**

The Board of Management of Rush and Lusk Educate Together National School recognises its duty to safeguard the health and safety of pupils when they are engaged in authorised school activities. In 2018 the BOM completed a review of its previous Administration of Medicines policy. This redrafted Managing Health Conditions/Administration of Medicines policy supersedes all previous versions.

## **2. Relationship to School Ethos**

We aim to ensure that our school environment is inclusive. Children with chronic illnesses are encouraged to engage fully in school activities wherever possible. When medication or other intervention is required to facilitate a fully inclusive environment, every effort will be made to accommodate the child's needs.

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

## **3. Aims of this Policy**

The aims and objectives of the policy can be summarised as follows:

- to promote a supportive learning environment for all children, including those with health issues
- to 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
- to ensure that the needs of children who require administration of essential medications are met in line with best practice
- to clarify areas of responsibility
- to ensure compliance with relevant legislation, including Health and Safety requirements.

## **4. Short-term Health Problems**

In general, 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. The school management actively attempts to protect the children from the spread of infectious diseases.

In the event of a child having an injury that necessitates a cast/crutches, children are not sent to the yard. Instead, they are supervised in the First Aid area during breaktime. Parents should notify the school in writing as to the nature of the injury and include any recommendations from the child's medical professional.

Where possible, the administration of medication should take place outside of school hours. However, we recognise that children may sometimes need short-term medication e.g. to finish off a course of antibiotics, to relieve period pain, to address discomfort while waiting for a hospital procedure, to alleviate hay fever etc.

In these instances, a letter needs to be sent to the Board of Management, outlining how and when the medicine is to be taken. The medicine and this letter (once signed by a member of the Board) should be kept in the medicine box located in the classroom. Parents/guardians should ensure that any remaining medicine is returned to them once it is no longer required by the child.

## 5. Long Term/Chronic Health Problems

Parents have a duty to inform the school of any medical condition which may impact on their child during school. We encourage the participation of children with long term health conditions in all school activities that are appropriate and safe for them, including sports, extra-curricular activities and school trips, in accordance with the guidance of any medical professionals involved in their care.

If a child has a long term or chronic health condition, a Healthcare plan must be completed by parents annually (see Appendix 3). These are stored in a centralised register of students with medical needs. A copy is also given to the child's class teacher. The principal, Noel Reilly and deputy principal, Helen O'Reilly have responsibility for maintaining the register at this school. Healthcare plans are routinely discussed and reviewed at least once a year. Follow up discussions are held with parents if details are unclear. Parents are regularly reminded to notify the school in writing of any updates or changes to their child's Healthcare plan.

For children with long-term health problems, proper and clearly understood arrangements for the administration of medicines must be made with the Board of Management. These may include measures such as self-administration, administration under parental supervision or administration by school staff.

The school generally advocates the self-administration of medicine (e.g. inhalers) under the supervision of a responsible adult, exercising the standard of care of a prudent parent. A small quantity of medicine may be stored in the classroom, if a child requires daily medication and parents have requested storage facilities. Parents are responsible for the provision of in-date medication and notification of change of dosage.

Under certain circumstances, for example, taking asthma inhalers, it may be appropriate for an older child to retain medication in his/her possession and take responsibility for self-administration. It is good practice for a spare inhaler to also be provided for storage in the school, in case the child mislays one. This should be labelled with the child's name and directions for use.

## 6. Allergy risks

In order to protect children with life threatening nut allergies our school Healthy Lunch policy states that food items brought to school should not contain nuts. We also advise children not to share sweets, lunches etc. as some children have serious intolerances to various food types (e.g. gluten, dairy, certain fruits).

## 7. Life Threatening Conditions

Where children are suffering from life threatening conditions, parents/guardians must clearly outline in writing what should be done in emergency situations, with particular reference to what may be a risk factor for the child (Appendix 3, section 4). If emergency medication is necessary, arrangements must be made with the Board of Management. Each year in August, parents/guardians must complete a Healthcare plan, update the staff members involved and provide emergency medication **prior to the child returning to school on the first day of term.**

In emergency situations, staff should do whatever is obviously necessary and appropriate to relieve extreme distress or prevent further injury or irreparable harm. Where staff have agreed to give emergency medication, this should be the smallest dose possible to ensure recovery until a medical practitioner can take over. Qualified medical assistance and treatment should be sought at the earliest opportunity. In the event of no qualified medical treatment/ambulance being available and if circumstances warrant immediate attention, two designated staff members may bring a child to the nearest emergency department. Parents will be contacted simultaneously.

## **8. Roles and Responsibilities**

- Parents have a duty to inform school of any medical conditions and engage with the school's procedures for managing health conditions/administration of medicine.
- The Board of Management has overall responsibility for the implementation and monitoring of the school policy on Administration of Medication.
- The Principal/Deputy Principal, together with designated staff members, are the day to day managers of health care in the school.
- Teachers have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere. This professional duty includes ensuring that any necessary medications are available when outside the school.
- There is a First Aid team in the school for whom training is regularly provided by the Board of Management.

## **9. Success Criteria**

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

- maintenance of a safe and caring environment for all children
- feedback from parents/teachers/children, which is carefully considered by the BOM.

## **10. Compliance**

This policy was formulated to incorporate the recommendations from "Managing Chronic Health Conditions at School" along with the INTO and IPPN guidelines on administration of medicine.

## **11. Communication**

This policy has been disseminated to all staff. At the beginning of each school year it is brought to the attention of any new staff, and current staff are reminded of its content. It is available to parents on the school website or in hard copy format from the office on request.

## **12. Ratification and Review**

This policy was reviewed and updated in 2018. It will be reviewed in the event of medical incidents or on the enrolment of a child/children with significant medical conditions, but no later than September 2020.

## Appendix 1: Procedure for the Administration of Medicines



1. Parents must inform the school in writing of any relevant medical conditions when first enrolling their child in the school. They also complete an emergency contact form annually in September. This form lists any medical conditions which may impact on their child during school.
2. If a child has a long-term health issue (eg. asthma, epilepsy) or serious allergy, a letter is issued (Appendix 2) to the parents/guardians requesting the completion of a detailed Healthcare plan. This plan includes a request to the BOM for administration of medicine if required.
3. The BOM, having determined that the medication is such that a non-medical person may administer/supervise administration, requests staff members to volunteer and authorises them to administer the medication. No staff member can be required to administer medicine or drugs to a pupil. A teacher/SNA must not administer any medication without the specific authorisation of the BOM.
4. Parents will be informed of staff members who have agreed to administer the medication in question. In the event that staff members willing to administer the particular medication cannot be identified, the Board of Management will discuss alternative options with the child's parents/guardians.
5. The principal/deputy principal ensure that essential information is provided for substitute teachers or other adults working with the class to communicate the day-to-day needs of the child with a medical condition.
6. Where authorisation is given, the medicine must be brought to school by the parent/guardian in an original dispensing container. Parents/guardians are responsible for ensuring that in-date medication is supplied to the school and replenished when necessary, labelled with child's name and exact dosage.
7. In the case of emergency medication (eg. EpiPen, Buccolam) new and in-date medication must be provided, along with detailed instructions, on or before the first day of the new school year. Specific instructions or training must be provided for the staff members involved.
8. If/when medication is administered in school, a written record of the dates and times of administration is kept (Appendix 4).
9. At the end of each school year, or when the course of treatment is complete, parents/guardians must ensure that medication is collected and properly disposed of.
10. Parents are required to indemnify the Board of Management and members of the staff in respect of any liability that may arise regarding the administration of prescribed medicines in school.
11. The Board of Management must inform the school's insurers in the event of any emergency.

## Appendix 2: Medical Condition & Allergies letter to parents/guardians



Date \_\_\_\_\_

Dear Parents / Guardians

Thank you for informing us of your child's medical condition. Attached please find a school Healthcare Plan for your child. This will give us helpful details about your child's condition, current medication, triggers, symptoms and emergency contact numbers. It will help school staff better understand your child's individual condition.

If you think that at any time your child may need to take medicine in school (either self-administered or administered by a staff member), then you need to request the Board of Management to authorise this. Please complete the plan, with the assistance of your child's healthcare professional if possible. A meeting will be arranged to discuss the content of the plan with your child's teacher and to establish the staff members designated for administration of medicine if required.

An updated Healthcare plan must be filled out and a meeting held with staff members involved if a child is newly diagnosed, before the beginning of each new school year or if there are changes to your child's medication dosage/health condition.

Thank you for your cooperation. We look forward to meeting you to discuss how we can best assist your child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(on behalf of the Board of Management)

## Appendix 3: Healthcare Plan (including Emergency Procedures)



### 1. Student information

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings in the school: \_\_\_\_\_

### 2. Contact information

#### FAMILY CONTACT 1

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### FAMILY CONTACT 2

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### CONTACT 3

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### GP

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### 3. Details of the child's condition

Medical Condition/ type of allergy:

---

---

Symptoms:

---

---

---

**Triggers/Special considerations for staff to be aware of (eg. necessity to take an inhaler prior to exercise):**

---

---

---

**Regular medication to be taken during school hours, including dosage:**

---

---

**If medication is required during school, please tick as appropriate:**

- a) My child is responsible for taking the medication him/herself and needs no supervision
- b) My child is responsible for taking the medication him/herself, under adult supervision
- c) My child needs an adult to administer his/her medication

**Action required by school staff in the case of b) or c) above:**

---

---

---

## **4. Emergency Procedures**

**Symptoms of a medical emergency for my child's condition:**

---

---

---

**In the event of \_\_\_\_\_ having a medical emergency, the following procedures should be followed (including exact details of dosage of emergency medication):**

---

---

---

---

---

## **5. Indemnity**

- I request that the Board of Management authorise the taking of prescription medicine during the school day as it is necessary for the continued wellbeing of my child.
- I understand that I must inform the school of any changes of medicine/dosage and update his/her Healthcare Plan annually in advance of the beginning of the school year.
- I indemnify the Board of Management from any liability that may arise from the administration of the medication.

Signed: \_\_\_\_\_  
(Parent/Guardian)

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

Signed: \_\_\_\_\_  
(on behalf of the Board of Management)

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

## Appendix 4: Record of Administration of Medicines



Child's Name: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Storage Details: \_\_\_\_\_

### Administration Details

DATE	TIME	MEDICATION AND DOSE	SIGNATURE OF STAFF MEMBER	PRINT NAME

For school use only

## Appendix 5: Staff training record for Healthcare issues



1. Training provided by \_\_\_\_\_

Type of training received \_\_\_\_\_

Staff members who attended this training:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date training completed \_\_\_\_\_

Date for update/retraining \_\_\_\_\_

---

2. Training provided by \_\_\_\_\_

Type of training received \_\_\_\_\_

Staff members who attended this training:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date training completed \_\_\_\_\_

Date for update/retraining \_\_\_\_\_

---

3.Training provided by \_\_\_\_\_

Type of training received \_\_\_\_\_

Staff members who attended this training:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date training completed \_\_\_\_\_

Date for update/retraining \_\_\_\_\_

---