



Administration of Medication Policy Contents

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Administration of Medication Policy

Introduction

In Scoil an Linbh Íosa we endeavour to provide a caring environment that supports learning and is inclusive and favourable to all children including those children with chronic conditions such as Anaphylaxis, Diabetes, Epilepsy, or Asthma.

While the Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities, this does not imply a duty upon teachers to personally undertake the administration of medication.

The Board of Management requests parents to ensure that staff members are made aware in writing of any medical condition suffered by their child and to provide the necessary medication and/or medical equipment to deal with in an emergency. This information should be provided at enrolment or at the development of any medical conditions at a later date

Policy Content

Parents/guardians are required to:

- inform the school of their child's condition.
- complete the Healthcare Plan Form (Appendix 1) and return to the school.
- write to the Board of management requesting the board to authorise a staff member to administer the medication or to monitor self-administration of the medication.
- provide written instructions of the procedure to be followed in the administration and storing of the medication.
- to ensure that an adult collects the out of date medication
- ensure that the medication is delivered to the school and handed over to a responsible adult and to ensure that an adequate supply is available.
- indemnify the board and members of staff in respect of any liability that may arise regarding the administration of prescribed medication in school or during school related activities (Appendix 2). The Board will inform the school's insurers accordingly.
- to notify the school immediately of changes in prescribed medication (or dosage) with clear written instructions of the procedure to be followed in storing and administering the new medication.
- to outline clearly in writing what should and what should not be done in a particular emergency situation, where children are suffering from life threatening conditions, with particular reference to what may be a risk to the child

It is the responsibility of the parents to ensure that the healthcare plan is reviewed on an annual basis at the beginning of each school year.

1. Procedures to be followed by the Board of Management.

- The Board, having considered the matter, may authorise a staff member to administer medication to a pupil or to monitor the self-administration by a pupil. (See Appendix 3)
- The Board will ensure that the authorised person is properly instructed in how to administer the medicine.
- The Board will receive an indemnity from parents in respect of liability that may arise regarding the administration of the medicine. (Appendix 2).
- The Board shall inform the school insurers accordingly.
- The Board shall make arrangements for the safe storage of medication.

2. Responsibilities of staff members.

- No staff member can be compelled to administer medication to a pupil.
- Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
- Medication must not be administered without the specific authorisation of the Board of Management. (Appendix 3)
- In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
- A written record of the date and time of administration will be kept. (See Appendix 9).
- In emergency situations, staff should do no more than is obviously 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.
- Parents should be contacted should any questions or emergencies arise

Ratified by Board of Management on September 27th 2011

Signed _____

Chairperson, Board of Management



SCOIL AN LINBH IOSA

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Dear Parents/ Guardians,

Thank you for informing us of your child's medical condition. As part of accepted good practice, our school has drawn up a policy on the Administration of Medication.

As part of this practice we are asking all parents/guardians of children with a chronic condition to help us by completing a school Healthcare Plan for their child. Please complete the plan, with assistance of your child's health care professional and return to the school.

Your child's completed plan will store helpful details about his/her 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 that 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.

You will see from our policy on the Administration of Medication that it is a requirement for parents to sign an indemnity form where it is likely that their son/daughter may require emergency administration of medication in a school setting. You have indicated that _____ suffers from _____ and may require such intervention, and in accordance with the school's policy, the enclosed form must be signed and returned to the school office for the attention of the Principal.

Many thanks,

Yours sincerely,

Mary Kavanagh

Date _____

Appendix 1

Healthcare Plan for a pupil with a chronic medical condition

1. Pupil's Information

Name of Student: _____ Class: _____

Date of birth: _____ Age: _____

Siblings in the school:

Name : _____ Class: _____

Name: _____ Class: _____

2. Contact Information

Pupil'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: _____

CONTACT 3

Name: _____

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

Relationship to student: _____

GP/DOCTOR

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

In the case of epilepsy, how long does a seizure usually last

4. Routine Healthcare Requirements

During school hours: _____

Outside school hours: _____

5. Regular Medication taken during school hours:

6. Emergency Medication- please fill out details including dosage and route of administration

Please also refer to the Emergency Plan for relevant information:

Asthma Appendix 5, Diabetes Appendix 6, Epilepsy Appendix 8,

Anaphylaxis Appendix 4

{If an injection, please write to the BoM

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

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

9. Name of Hospital Nurse for the pupil:

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 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: _____

Date form was completed: _____

Date for Review: _____

Appendix 2

ADMINISTRATION OF MEDICINES IN SCHOOL INDEMNITY

THIS INDEMNITY made the ____ day of ____ 20 BETWEEN _____ /
_____ (father/mother/guardian) of _____ of

(hereinafter called 'the parents') of the one part and X, Chairperson for and on behalf of the Board of Management of School X, address in the County of X (hereinafter called 'The Board') of the other part.

WHEREAS

The parents are respectively the lawful father/mother/guardians of a pupil of _____
the above school.

The pupil suffers on an on-going basis from the condition known as

The pupil may, while attending school, require in emergency circumstances, the administration of medication, viz.

The Parents have agreed that the said medication may, in emergency circumstances, be administered by the pupils' classroom teacher and/or such other member of staff of the school as may be designated from time to time by the Board.

IT IS HEREBY AGREED by and between the parties hereto as follows:

- a) In consideration of the Board entering into the within Agreement, the parents, as the lawful father/mother/guardians respectively of the said pupil HEREBY AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the principal of the said school from and against all claims both present and future, arising from the administration or failure to administer the said medicines.

IN WITNESS whereof the parties hereto set their hands and affixed their seals the day and year first herein WRITTEN.

SIGNED AND SEALED by the parents in the presence of:

_____	_____
_____	_____
_____	_____

SIGNED AND SEALED by the principal in the presence of:

_____	_____
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APPENDIX 3 Authorisation Form

The Board of Management of Scoil an Linbh Iosa

authorise:

-
-
-
-
-
-
-

to administer medication to pupils in the school in accordance with, and following the procedures outlined in the school's Administration of Medication Policy.

Signed: _____

{Chairperson, B.O.M}

Date: _____

Appendix 4

Anaphylaxis Emergency Plan

Pupil's Name:

Class:

Family Contacts:

1. Parents _____
2. Relative _____
3. Other _____

Siblings in the school: _____

Allergic to: _____

Symptoms of mild to moderate allergic reaction <ul style="list-style-type: none">• Swelling of lips, face and eyes• Hives, welts, itchy skin, rash• Tingling mouth, abdominal pain, vomiting, nausea	Action Steps <ul style="list-style-type: none">• Stay with the pupil and call for help• Give antihistamine if available• Locate anapen• Contact family/carers• If condition worsen follow actions for severe reaction below
Symptoms of Severe Allergic <ul style="list-style-type: none">• Difficult/noisy breathing• Swelling of tongue• Swelling/tightness in throat• Difficulty talking and/or hoarse voice• Loss of consciousness/collapse• Pale and floppy• Wheeze or persistent cough• Condition steadily worsening	Action Steps <ul style="list-style-type: none">• Give Anapen as per instructions• Call ambulance(dial 112 or999)• If breathing is difficult, allow to sit but not stand• If conscious and able to swallow give _____ of antihistamine If wheezy administer inhaler if _____ puffs aerochamber (if available)• Contact family/carers• A second anapen may be given if no response after 5 minutes



Appendix 5 Asthma Emergency Plan

Pupil's Name: _____ Class: _____

Siblings in the school: _____ -

Contacts

- Parents: _____
- Other: _____

Signs	Action
	<ul style="list-style-type: none">• Keep calm and reassure child• Encourage pupil to sit up and slightly forward• Encourage pupil to breathe slowly and calmly• Make sure pupil takes reliever (blue) inhaler immediately• Two puffs if MDI/evo inhaler• One puff if turbo inhaler
Coughing,	
Shortness of breath	
wheezing	
Tightness in chest	
Unusually quiet	
Difficulty speaking in full sentences	
Requesting blue inhaler	
Opting out of exercise	
If there is no immediate improvement, continue with inhaler every 5/10 minutes	
Call an ambulance or doctor urgently if <ul style="list-style-type: none">• Pupil's symptoms do not improve in 5/10 mins• Pupil is too breathless or exhausted to talk• Pupil's lips are blue• If you are in any doubt	

Important points to remember in an asthma attack

- Never leave pupil alone
- Send another adult to get spare inhaler if pupil doesn't have their inhaler
- In an emergency, act like a prudent parent
- Reliever medication is very safe-do not worry about overdosing
- Send another pupil to get another adult if ambulance/doctor needs to be called

- Contact pupil's parent immediately after calling emergency services
- A member of staff should always accompany pupil to hospital until parent arrives
- Parents must always be told if their child has an asthma attack

APPENDIX 6. Diabetes Emergency Plan

Pupil's Name: _____

Date of Diagnosis: _____

Date enrolled in Scoil an Linbh Iosa: _____ Class: _____

Siblings in the school: _____

Condition	Symptoms	Action
Mild Hypoglycemia B.S.L <4	tired	<ul style="list-style-type: none"> • Check B.S.L • 10g fast acting carbohydrate 60mls lucozade/80mls coke or fruit juice/3-5 glucose sweets/3-4 jelly babies • Check after 15 mins,<4 sugary option • >4 slow proceed with Step 2 • Slow acting carbohydrate-roll, sandwich, cereal bar,2 plain biscuits or meal if due
	glassy eyes	
	Staggering	
	weakness	
	sleeping	
	anxiety	
	Staggering	
	mood change	
	Inability to concentrate	
	Pupil Specific Symptoms	
Moderate Hypoglycemia	Pupil is unable to co-operate but is able to swallow and is conscious	<ul style="list-style-type: none"> • Use glucogel • Twist top of tube and remove. Insert tip of the dispenser into the pupil's mouth between the gum and cheek • Squeeze in the gel • Massage outer cheek • Wait 5-10 mins and check BSL • Repeat gel if BSL <4 • If the pupil has improved i.e >4, give a carb snack (from list above)
Severe Hypoglycemia B.S.L<2	As above with Lower B.S.L Maybe unconscious, if so do not give them anything to eat	<ul style="list-style-type: none"> • Check B.S L • Put them in recovery position and ensure that they are breathing • Call ambulance
Hyperglycemia (High Blood Glucose) B.S.L.>	Increased urine output	<ul style="list-style-type: none"> • The pupil may feel confident to give extra insulin • If not call next of kin for instructions • Water or sugar free drinks • Call emergency services and the pupils parents
	Increased thirst/drinking	
	Tiredness, blurred vision	
	abdominal pain	
	Sweet smell from breath	
	If pupil's BSL remains high and untreated, the pupil can become very ill, over breathing,nausea and vomiting,breath smelling of nail varnish remover	

Note: It is the responsibility of the parents to ensure that he/she always has a bottle of lucozade within its sell by date in his/her lunch box in the case of emergency.

Appendix 7 Procedures to be followed in the event of making phone calls in the case of an Emergency

- Two calls will be made to parents/guardians .
- If contact cannot be made, the school will contact pupil's G.P _____
- If above cannot be contacted the school will contact the local G.P.
(Dr. Rosh Morar)
- If contact cannot be made with G.P than school will endeavour to contact the Pediatric Diabetes Nurse in AMNCH or the Paediatric Register on call or other professional in relevant hospital

If none of the above are contactable, the adult (teacher, SNA, Principal/Deputy Principal/First Aider) will wait for a maximum of 30 minutes before rechecking the pupil's B.S.L. If the B.S.L still indicates a problem, the adult will call an ambulance to take _____ to hospital and will:

- Call hospital
- Send record card with _____ (pupil's name)

Phone Numbers

Names	Phone Numbers
Parent/Guardians • (Mother) • (Father)	
Other • • (relationship to child)	
Diabetic Nurse •	
G.P (pupil's)	
Dr.Rosh Morar	

Hospital (AMNCH)	
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Appendix 8

Epilepsy Emergency Plan

Pupil's Name: _____ Class : _____

Siblings in the school: _____

Contacts:

Parents: _____

Other: _____

Type of Seizure: _____

Tonic Clonic Seizures	
Do	Don't
<ul style="list-style-type: none">• Note the time• Protect pupil from injury- remove harmful objects• Cushion the head• Wipe away excess saliva• Put pupil in recovery position• Stay until recovery is complete• Calmly reassure the pupil	<ul style="list-style-type: none">• Restrain the pupil• Put anything in their mouth• Move them unless they are in danger• Give anything to eat or drink until they are fully recovered
Seizures involving altered consciousness or behaviour	
Do	Don't
<ul style="list-style-type: none">• Guide the pupil away from danger• Stay until recovery is complete• Calmly reassure• Explain anything that they would have missed	<ul style="list-style-type: none">• Restrain the pupil• Panic• Assume the pupil is aware of what is happening or what has happened• Give the pupil anything to eat or drink until they are fully recovered

First Aid will depend on the individual pupil's epilepsy and the type of seizure they are having. Some pupils may be prescribed emergency medication-refer to their Health Care Plan

Call Ambulance First seizure, seizure continues for more than 5 mins, or longer than normal, one seizure follows another without pupil regaining awareness between seizures, the pupil is injured or you believe the pupil needs urgent medical attention or has been injured as a result of their medical condition.

APPENDIX 9

Record of Administration of medication

Child's Name: _____ **D. O.B:** _____

Class: _____

Medical Condition: _____

Medication: _____

Dosage: _____

Date administered: _____

Time administered: _____

Signature: _____

(Person who administered the medication)

