



Administration of Medication policy

An Administration of Medication policy has been in existence in the school since 1996. 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
- Safeguard school staff that are willing to administer medication
- 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 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 and any teacher willing to do so works under the controlled guidelines outlined below.

- Prescribed medicines will only be administered after parents of the pupil concerned have written to the BoM requesting the Board to authorise a member of the teaching staff to do so. Under no circumstance will non-prescribed 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, exercising the standard of care of a prudent parent. A small quantity of prescription drugs will 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. Rescue Seizure medication is stored in a locked press in the pupils classroom. Inhalers with pupils at all times.
- 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
- Circular 30/2014 clarifies the role of SNA staff in relation to the administration of medicine. SNA staff are to support children where a child requires adult assistance to administer medicine and where the extent of assistance required would overly disrupt normal teaching time
- 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 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, administration under parental supervision or administration by school staff.

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. A letter of indemnity must be signed by the parents in respect of any liability that may arise regarding the administration of medication.

Guidelines for the Administration of Medicines

1. The parents of the pupil with special medical needs must inform the Board of Management in writing of the condition, giving all the necessary details of the condition. The request must also contain written instruction of the procedure to be followed in administering the medication.
2. Parents must write requesting the Board of Management to authorise the administration of the medication in school
3. Where specific authorisation has been given by the Board of Management for the administration of medicine, the medicines must be brought to school by the parent/guardian/designated adult bus escort.
4. A written record of the date and time of administration must be kept by the person administering it
5. Parents/Guardians are responsible for ensuring that emergency medication is supplied to the school and replenished when necessary
6. Emergency medication must have exact details of how it is to be administered
7. The BoM must inform the school's insurers accordingly
8. Parents are further 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
9. All correspondence related to the above are kept in the school.
10. In the event that a pupil requires emergency medication on school transport the Bus Escort will ring an ambulance and contact parents.

Medicines

- Non-prescribed medicines will neither be stored nor administered to pupils in school
- Teachers/SNAs in the school will only 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.
- A teacher/SNA must not administer any medication without the specific authorisation of the Board of Management.
- The prescribed medicine must be self-administered if possible, under the supervision of an authorised Teacher/SNA if not the 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.
- Where possible, the parents should arrange for the administration of prescribed medicines outside of school hours.

Protocol: Rescue Medication for pupils with Epilepsy.



Buccal midazolam is given according to the individual seizure protocol and prescription set by the specialist. Responsibility for this method of treatment is taken by the prescribing doctor.

Staff will follow the individual's seizure action plan to administer rescue medication.

Pupil medication will remain under supervision of the Bus Escort on the journey to/from school in an individual red medication bag. Upon arrival in school the medication will be stored in the class medication press.

Key staff will assume responsibility for each pupil's rescue medication when outside of the class environment and for the transfer of medication to the charge of the bus escort at the end of the school day.

The following guidelines are in place with regard to pupils with a Nut Allergy

1. Staff dealing with the pupil do not eat nuts of any item with nut trace
2. Advise children not to offer or exchange foods, sweets, lunches etc.
3. If going off-site, medication must be carried.

In the event the pupil comes in contact with peanuts

1. Follow medication plan as prescribed by Doctor.
2. Contact further medical personnel if required.
3. Contact parents.

Indicators of shock include

Symptoms of shock can include, wheezing, severe difficulty breathing and gastrointestinal symptoms such as abdominal pain, cramps, vomiting and diarrhoea.

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.

Written details are required from the parents/guardians outlining the child's personal details, name of medication, prescribed dosage, whether the child is capable of self-administration and the circumstances under which the medication is to be given. 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.

First Aid Boxes:

A full medical kit is taken when children are engaged in out of school activities such as tours, football games and athletic activities. A first aid box is kept in the following locations-staffroom, therapy room, secretary's office, Home Economics room. The following staff are qualified to administer first aid in the workplace; Jennifer Boylan, Monika Haas, Claire Heffernan, Leanne Murphy and Eimear McCaffrey.

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. Parents and staff should refer to the Management of Infectious Diseases in School guidelines in relation to attendance and illnesses 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. The Assistant Principal is responsible for the maintenance and replenishment of First Aid Boxes is a post of responsibility within the In School Management structure in the school.

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 & Communication:

This policy was ratified by the Board of Management 23rd September 2021 and communicated to the school community thereafter.

Review Timetable:

This policy will be reviewed in 2 years' time and amended as necessary by means of a whole school collaborative process.



**Appendix 1
Medical Condition and Administration of Medicines**

Child's Name: _____ Date of Birth: _____

Address: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

Prescription Details:

Storage details: _____

Dosage required:

Is the child to be responsible for taking the prescription him/herself?

What Action is required

I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day 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

_____ Parent/Guardian

Date _____



**Appendix 2
Allergy Details**

Type of Allergy: _____

Reaction Level: _____

Medication: _____

Storage details: _____

Dosage required: _____

Administration Procedure (When, Why, How)

Signed: _____

Date: _____

**Appendix 3
Emergency Procedures**

In the event of _____ 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 and call emergency services.
Contact Parents***



**Appendix 4
Record of administration of Medicines**

Pupil's Name: _____

Date of Birth: _____

Medical Condition: _____

Medication: _____

Dosage Administered: _____

Administration Details (When, Why, How)

Signed: _____

Date: _____

Appendix 5 Treatment Protocol for the Administration of Midazolam Buccal/nasal liquid.

Name:	Address:
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**Treatment Protocol for the Administration of Midazolam buccal/nasal liquid.
For the treatment of Prolonged and Serial Epileptic Seizures – to be completed by the named nurse and signed by the Consultant or GP.**

Before giving always check when Midazolam was last administered.

When should Midazolam buccal liquid be administered?

How much should be given initially?

Method of Administration – Buccal (side of mouth)

1. Push down and twist lid off bottle. Insert syringe to top of bottle and turn upside down.
2. Pull back the plunger of syringe until prescribed amount reached.
3. Withdraw syringe from bottle and insert it gently into side of mouth, between teeth and cheek, tilt down and slowly push syringe plunger until empty.
4. Check time, place on side if possible and observe.

Nasal administration

1. Follow steps 1 & 2 as above.



2. Place the person on their back if possible, so that head tilts slightly back.
3. Place syringe at entrance of first nostril.
4. Slowly push in plunger, dripping Midazolam liquid into each nostril in turn.
5. Check time, place on side if possible and observe

After how long can a second dose of Midazolam be given? What is the second dose?

When should further action be taken and what action should be taken?

Do not give more than..... mg of Midazolam in hours, or mg in 24 hours unless directed by the doctor. This protocol is agreed by (prescribing GP):

Practice stamp:

Signed: _____

Dated: _____

Appendix 6 SEIZURE ACTION PLAN

Student Name: _____ D.O.B. _____

Address _____

Phone: _____

Next of kin _____ Relationship to pupil: _____

Phone _____

Hospital Attending: _____

Person to be contacted in the event of an emergency: _____

Details on all physical conditions/ and diagnosis: _____

Does the pupil suffer from any known allergies NO ____ YES ____ ?

If yes to above, please give details

Prescribed Medications

1. _____
GP: _____

2. _____ Address: _____

3. _____

4. _____ Phone: _____



St Vincent's Special National School



Is any rescue medication prescribed for seizure activity control? NO _____ YES _____

If yes, please detail the medication, dosage and when should it should be administered

When was rescue medication last administered? _____

How long was the recovery? _____

PARENTS MUST SUPPLY DOCUMENTATION FOR RESCUE MEDICATION PROTOCOL/ INSTRUCTIONS AS PRESCRIBED BY NEUROLOGIST/GP IN ADDITION TO APPLICATION FORMS TO THE BOARD OF MANAGEMENT OF ST VINCENT'S SCHOOL TO ADMINISTER SAME

I _____ GIVE MY CONSENT FOR RESCUE MEDICATION TO BE ADMINISTERED TO MY SON/DAUGHTER.



Please circle type of seizure experienced by student:

Seizure Type	What it may look like	What school staff will do:
Generalized Tonic Clonic or Grand Mal	A convulsion. Falling to the ground with bodily stiffness followed by massive jerking movements	Please refer to Seizure 1st Aid on back of form.
Absence or Petit Mal	A blank stare, lasting only a few seconds, often frequent. Often mistaken for daydreaming or inattention.	Observe child. Try to count episodes. Report to parents. Keep record of seizures? Yes No
Partial: Sensory Psychomotor	Sensory: Usually don't result in loss of consciousness. They may cause uncontrolled shaking of an arm, leg, or any other part of your body; altered emotions; change the way things look, smell, feel, taste, or sound; or cause speech disturbance. Psychomotor: Altered consciousness and usually cause memory loss (amnesia). Starts with blank stare followed by repeated movements that seem out of place and mechanical. Child unaware of surroundings and may seem dazed.	Speak calmly and reassuringly. Guide gently away from hazards. Stay close by and report to parents. Complete:

MEDICATION TO BE ADMINISTERED IN THE EVENT OF A SEIZURE: _____

How long do seizures usually last? _____

How often do seizures occur? _____

What triggers a seizure? _____

Signs of pre seizure activity _____

Describe what happens during and after a seizure

Action to be taken in the event of a seizure _____

Parent/Guardian Signature _____

Date:
