



Administration of Medication Policy

Updated August 2020 – COVID-19 items

Introductory Statement

This policy has been formulated by Citywest & Saggart CNS to comply with legislation, HSE guidelines, INTO guidelines, direction from Insurance Company and the Department of Education and Skills Guidelines. This administration of medication policy should be read in conjunction with other relevant policies- Safety Statement, critical incidents, child protection, equality of access and participation, teachers' professional conduct, etc. It provides a framework for when medication can be administered in the school setting and the process to follow.

Summary of this Policy

Administration of Medication	The administration of medication by a staff member for a student is undertaken on a voluntary basis. Staff will not take responsibility for the administration of any medication which, if administered incorrectly or for another reason, could have a damaging effect on the health of a child.
Acute illness	Storage and use of medication during school hours will be granted in exceptional circumstances. Permission must be sought from the principal. The following must be in place: <ul style="list-style-type: none"> • Completion of Administration of Medication for Acute Illness Form(Appendix 9) • Signed letter of indemnity at end of above form • Medication stored safely in classroom by teacher
Chronic Illness	Board of management must agree to the administration of emergency medication during school hours, ensuring the appropriate training of staff and storage of medication. The following must be in place: <ul style="list-style-type: none"> • Completed Healthcare Plan (appendix 1) • Signed letter of indemnity at end of above form • Personalised Emergency Plan (appendix 3-8) • Record of Administration of Medication form (appendix 2) • Three or more members of staff willing to administer medication • Training completed with a qualified professional if required
Other	Any medication found without above permissions will be confiscated and parents informed

Rationale

The Board of Management at Citywest & Saggart Community National School has a duty to protect the health and welfare of all its pupils during the school day and/or school related extra-curricular activities both on and off the school premises. The staff are acutely aware of their responsibility in ensuring each pupil's safety and welfare during these times. However this does not imply a duty upon staff to personally undertake the administration of medication.

Staff may, at their own discretion, agree to administer certain medicines or procedures. This will be arranged on a case by case basis. Administration of medication at school is not a given and should be kept to a minimum. When administration of medication is required to facilitate a fully inclusive environment, every effort will be made to accommodate children's needs in line with the provisions detailed in this policy.

Staff will not take responsibility for the administration of any medication which, if administered incorrectly or for another reason, could have a damaging effect on the health of a child.

Aims of this Policy:

The aims of the policy can be summarised as follows;

- Clarify areas of responsibility.
- Fulfil the duty of the BoM and school to comply with relevant legislation
- Provide a framework for:
 - cases where medication is required due to a chronic health condition
 - instances where the supervision of self-administration by a pupil has been agreed with parents/guardians
 - the administration of essential medications during the school day for acute illnesses
- To ensure compliance with relevant legislation.
- To protect staff by ensuring that any involvement in medication administration complies with best practice guidelines.

Unless a written request has been made to the Principal together with the relevant appendices, both non-prescribed and prescribed medicines will neither be stored nor administered to pupils in school. If found, such medications will be confiscated and parents/guardians will be made aware of this.

Teachers/SNAs in the school will only administer prescribed/non-prescribed medication when arrangements have been put in place as outlined in this policy.

Where possible, the parents should arrange for the administration of prescribed/non-prescribed medicines outside of school hours.

Occasions Requiring Medication

A medication is a substance or combination of substances used to treat or prevent disease. Medications include: prescribed medications; over-the-counter medications; alternative therapies; vitamins and mineral supplements.

Acute Illness

It is school policy that children who are acutely ill should not attend school until the illness has resolved. In the event of a child becoming acutely ill during the course of the school day, parents/guardians or emergency contacts will be notified to bring the child home to recuperate. We recommend that any child who shows signs of illness should be kept at home when recommended in the HPSC infographic below to minimise spread of infection and ensure the child's full recovery. 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.

When should my child return to school/childcare?

Illness	Return Time
Chicken Pox	When scabs are dry
Conjunctivitis	No need to stay out*
Diarrhoea or Vomiting	48 hours after the last episode
Flu	5 days after start of illness
Glandular Fever	No need to stay out*
Hand, foot & mouth	No need to stay out*
Head Lice	No need to stay out*
Impetigo	When scabs are dry or 24 hours after starting antibiotics
Measles	4 days after rash appears
Mumps	5 days after swelling appears
Scabies	After first treatment
Scarlet Fever	24 hours after starting antibiotics
Slapped Cheek	No need to stay out*
Threadworms	No need to stay out*
Whooping Cough	5 days after starting antibiotics or 21 days after start of illness

Logos: HE Building a Better Health Service, Seirbhís Sláinte Níos Fearr a Fhorbairt, hpsc

This information is based on the Management of Infectious Diseases in Schools guidance document.

*No need to stay out if child is well but school or childcare provider should be informed.

Where possible, the family doctor should be asked to prescribe treatments that can be taken outside school hours. Generally non-prescribed medicines will not be stored or administered in the school. In exceptional circumstances the school may agree to store and administer non-prescription medication. The Board of Management has given this right to approve administration for short term illnesses to the principal. If agreed to by the principal, a form must be completed and signed by the parent prior to the administration of medication.

Emergency Medication

In emergency situations, qualified medical help will be obtained. Staff at this school understand their duty of care to students in the event of an emergency. In an emergency situation, school staff are required under common law duty

of care to act like any reasonably prudent parent and look to implement the relevant Emergency Plan. Qualified First Aid Responders (FARs) on staff will attend to any child in this situation while further help is sought.

Chronic Health Conditions

The Board of Management requests parents to ensure that staff members are made aware in writing of any medical condition suffered by their child. This information should be provided at enrolment or at the development of any medical conditions at a later date. In respect of children with chronic medical conditions such as asthma, epilepsy, diabetes and anaphylaxis, proper and clearly understood arrangements should be set in place including the detailed completion of the Healthcare Plan and Emergency Plan. Parents should be encouraged to provide maximum support and assistance in helping the school accommodate the pupil's medical requirements. This would include measures such as self-administration of prescribed medication (where necessary and only after approval from a GP), or under adult supervision. The staff who work with students who have a chronic condition at this school follow the student's individual Emergency Plan. They will be given professional training when deemed necessary.

Life Threatening Condition

Where a child is suffering from a life threatening condition, 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. If emergency medication is necessary, arrangements must be made with the Principal.

A letter of indemnity must be signed by the parents in respect of any liability that may arise regarding the administration of any medication.
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Roles and Responsibilities for Administration of Medication

The Parent/Guardian

1. Parents/guardians must ensure that teachers are made aware in writing of any medical condition which their child is suffering from. This information is requested in the enrolment form.
2. Parents/Guardians are to inform the school immediately if a child develops a medical condition/allergy at any point during the school year which has not been previously disclosed to the school.
3. For situations involving acute illness and the temporary administration of medication, the principal has been given the right to approve this application by the Board of Management where deemed safe and necessary.
4. In relation to chronic illnesses, parents will be required to provide the following to the Board of Management for consideration:
 - a. A completed school Healthcare Plan to include written instructions of the procedure to be followed in the administration and storing of the medication. (see Appendix 1)
 - i. Where children are suffering from life threatening conditions, parents should outline clearly in writing, what should and what should not be done in a particular emergency situation, with particular reference to what may be a risk to the child.
 - ii. Where possible medication should be self-administered by the pupil under adult supervision.
 - iii. Depending on the severity of the illness, appropriate arrangements will be made. It is the responsibility of the parents/guardians to notify the school in writing and give the school all information regarding known triggers and the severity of the illness/allergy.
 - b. Signed consent to share healthcare plan with emergency services.
 - c. A letter to indemnify the board and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school.
 - d. Personalise the Emergency Procedures form with a staff member (Appendix 3-8)
5. Where specific authorisation has been given by the board, for the administration of medicine, the medication must be brought to school by the parent/guardian.
 - a. The medication must be clearly labelled with child's name and class.
 - b. If in a box, both the box and the container inside must contain clear external labelling.
 - c. The medicine should have been dispensed within the last three months.
6. If their child's medication dose changes or is discontinued, they should notify the school principal immediately in writing to update their child's Healthcare Plan. Verbal instructions will not be accepted. Dosage will only be changed on confirmation by the child's doctor. The school will confirm the changes are incorporated into the plan and request parent(s)/guardian(s) signature(s). IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO ENSURE THAT THE DOSAGE NOTED ON THE CONTAINER IN WHICH THEIR CHILD'S MEDICATION IS STORED IS ALSO AMENDED.
7. A change in medication will require a new application to the BoM as outlined in point 4.
8. Parents/Guardians are responsible for ensuring the **replenishing** of a medicine in the event of exhaustion and ensuring that the **expiry dates** on the medication has **not passed**.
9. In the event that medication passes its expiry date without being used, the child's parents/guardians will take responsibility for its safe disposal (usually by returning to the pharmacy).
10. The parent is responsible for informing and providing medication to all afterschool providers that the child may be involved with through afterschool clubs.
11. Where medication is administered, safeguards are in place to ensure that sufficient time has elapsed between doses. Records are kept of all doses administered and parents must inform the school if a dose has been administered at home in the past 24hrs.

The Board of Management

1. The Board reserves the right to refuse the request from the parents for the administration of medication
 - a. Refusal:
 - i. Medication should be the smallest dose possible to ensure recovery until a medical expert can take over. At no time should an emergency dose be such that it could harm the child if inappropriately administered. Confirmation of this should be obtained in writing from the medical practitioner responsible for the child before the school will agree to hold such lifesaving medication in its care.
 - ii. The school reserves the right to refuse to administer medicines that are considered too specialist or where the school is unable to provide a staff member.
2. The BoM reserves the right to request written confirmation of medical advice from the child's doctor, including confirmation of the medication dose and circumstances when it should be given.
3. If an application is approved, the board will inform the school's insurers accordingly.
4. Strategies to deal with allergies will be decided on a case by case basis depending on severity of allergy.
5. No teacher will be required to administer medicines or to supervise children taking medicines. If teachers are willing to do so, a signed agreement will be sought. Ideally a minimum of three staff members who are willing to administer this will be identified to ensure cover during sick leave, course days, etc.
6. When requested, parents/guardians will be informed of staff members who have agreed to administer the medication in question.
7. In the event that staff members willing to administer the particular medication cannot be identified, the Principal will discuss alternative options with the child's parents/guardians.
8. The board will ensure that the authorised person(s) is properly instructed in how to administer the medicine. Specialised training will be provided when required and undertaken as regularly as required.
 - a. The school will keep a register of staff that have completed the relevant training and record the date when retraining is necessary.
 - b. This school regularly holds training on common chronic conditions. A log of training is kept by the school and reviewed every 12 months to ensure sufficient numbers of staff members are trained and willing to administer a specific medication.
9. The board shall make arrangements for the safe storage of medication and procedures for the administration of medication in the event of the authorised staff member's absence.

The School

1. The responsible member of staff, usually the class teacher, follows up with the parents on any further details on a student's Healthcare Plan required, or if permission for administration of medication is unclear or incomplete.
2. An Emergency Plan template(Appendix 3-8) will be personalised and agreed with parents.
3. All students with a Healthcare Plan & Emergency Plan at this school have their plan routinely discussed and reviewed every August before school starts with the assigned class teacher, and more often if necessary.
4. Staff use opportunities such as parent-teacher meetings to check that information held by the school on a student's condition is accurate and up to date.
5. The individual student Emergency Plans for the administration of emergency medicines (Appendix 3-8) will be available in 3 locations - the child's classroom(in the allocated first aid box), in the school office and as part of the Yard First Aid book.
6. A staff member with an illness requiring emergency medication should inform the principal, complete a personal Healthcare Plan for their personnel file and an Emergency Plan to be stored with their office medication.
7. A staff member must not administer any medication without the specific authorisation of the board.

8. A written record of the date and time of administration will be filled out by the staff member administering such (appendix 2) and put in the child's medical file on the same day (with the exception regular use of an asthma inhalers). The child's parent/guardian will be informed on the same day that medication has been administered.
9. When medication is administered by staff to treat an emergency (allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents will be notified by telephone when the emergency occurs.
10. Reasons for any non-administration of regular medication are recorded and parents informed as soon as possible. A child should never be forced to accept a medicine.
11. Prescribed medication will only be administered to the child for whom it has been prescribed, in line with current legislation.
12. If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's disciplinary procedures.
13. Staff administering first aid should wear PPE when possible. The level of PPE may be individual to the situation but gloves and a mask should be worn at a minimum. Hands should be washed well afterwards. It is noted that in an emergency, time may not allow for PPE to be worn initially, but it should be worn at the earliest convenience.
14. If supervising the self-administration of medication, the staff member should maintain a 2m distance. When this is not possible, PPE should be worn.

Situations Requiring Further Consideration of Procedures

Problems can occur out of school and it is important to consider what action should be taken if an emergency situation arises.

School trips

Risk assessments are carried out by this school prior to any out-of-school visit and chronic conditions are considered during this process. Factors the school considers include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, any additional equipment required and where help can be obtained in an emergency. **Where there is no staff member attending the trip that has volunteered to administer the medication, the parent or nominated carer may be requested to be present.** Parents should inform staff in writing if their child requires a travel sickness remedy. This will follow the same process as outlined in Section 2.

Staff or other parents attending tours/off site activities are made aware of any students with chronic conditions on the visit. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If going off site/leaving the school grounds (e.g. school tour or nature walk) the teacher/SNA who has agreed to administer the medication will remain with the child's group. The child will carry the medication in their own bag if possible.

Clubs/Sports events, Visiting Teachers, Support Teachers

Often a different member of staff is involved in the education of a class/group to the usual staff member responsible for the supervision or administration of a child's medication. The class teacher will ensure that all staff members involved with the class during school hours are made aware of the need for medication, any triggers and what to do should a medical emergency occur.

The parent is responsible for informing all afterschool providers that the child may be involved with through afterschool clubs. The accessibility of medication, particularly for use in an emergency, may need to be reviewed.

Travel to and from School

If a child travels to and from school by school transport, the medication will be carried by the bus escort. In situations where the bus escort is not trained in or has not agreed to administer medication to a specified student, alternative arrangements will be discussed with the parent/guardian.

Absence of Class Teacher

Where a class is split the medication must travel with the child to the classroom where s/he will be supervised for the day. Children should be assigned to classes where the class teacher has agreed to administer medication, when possible.

In the event of a substitute teacher, their attention will be drawn to instructions in respect of the pupil requiring medication. A substitute teacher cannot be required to administer prescribed/non-prescribed medication. They will be informed of the two closest staff members to send for in the case of an emergency or administration of medication.

Evacuation of School Building

In the event of a school evacuation, the school secretary will take any prescribed/non-prescribed medications from the administration office out to the fire assembly points in the event that they are needed.

Self-administration

Under certain circumstances, it may be appropriate for an older child to retain medication in their own possession, and take responsibility for self-administration (e.g. an older child who would normally carry and use their own inhaler). Where a child is self-administering, a Healthcare Plan and Emergency Plan are still required and should state whether or not the self-administering needs to be supervised. If it is supervised then a record should be kept as above. If the child does not require supervision, the school will not maintain a record of medication use. Because there is no record of the administration of such medication and because it is in possession of the child, staff cannot be held responsible if it is lost or misused. Where a child carries their own emergency medication, extra medication still needs to be provided for storage in the office in case of emergency.

Invasive Procedures

Some children may require types of specialist or invasive treatments. Only staff that have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by qualified medical personnel e.g. Specialist Nurse. For the protection of both staff and young people a second member of staff must be present if more intimate procedures are required. The parent/guardian will be responsible for the supply, maintenance and the upkeep of the specialist equipment required for such procedures.

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 personnel should be contacted in emergencies at the earliest opportunity. FAs on staff will attend to children while awaiting assistance. In circumstances that warrant immediate medical attention, an ambulance may be called to take the child into Accident and Emergency. Parents/Guardians will be contacted simultaneously.

Used emergency medication such as Adrenalin auto injectors (Anapens) must be given to the parent or ambulance crew on arrival.

Storage of Medication

Storage of EMERGENCY Medication

It is the responsibility of the parent to supply two medications to the school. If a child self-administers their medication and carries this on their own person, then one medication will be required for school storage. Staff members should supply one.

1. It is the parent's responsibility to ensure in date medication comes into school in time for the first day of school. The assigned post holder is responsible for sending out a reminder to the school community to provide such medication in time for the school reopening.
2. If not carried by the child themselves, one medication is kept in the child's classroom in the unlocked sliding door cabinet closest to the classroom door. The medication should be kept in the designated first aid box on the top shelf
3. One medication for EVERY child/adult with a chronic illness is kept in the school office in a specified medication bag/box. Staff members' medication is also kept here.
4. A copy of the written Personal Emergency Procedures for each child is kept in the first aid box in the child's classroom, in the school office medication bags and in the first aid yard bags.
5. The class teacher ensures the correct storage of a student's medication at school.
6. The class teacher, along with the parents of students with chronic conditions, ensure that all emergency and non-emergency medication brought in to school is clearly labelled with the student's name & classroom. This includes all medication that students carry themselves.
7. Medication is stored in accordance with instructions, paying particular note to temperature.
8. Some medication for students at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container in the PE hall servery and is clearly labelled with the student's name. The school secretary will collect these in the case of an evacuation.
9. All medication is sent home with parents at the end of the each school year.

Storage of Medications for ACUTE Illnesses

1. Medicines should be provided in an original dispensed container specifically for school use with the following information on the label:
 - Name and strength of medicine;
 - Dose;
 - Time of administration e.g. lunch, between 12 noon -1 pm;
 - Length of treatment / stop date where appropriate;
 - Expiry date whenever possible;
2. Medication should be kept by the class teacher in their designated first aid box in their sliding cupboard.

Return of Medication

Medication should be returned to the child's parents whenever:

- The course of treatment is complete
- Labels become detached or unreadable
- Instructions are changed;
- The expiry date has been reached;
- End of school year.

If it is not possible to return a medicine to the parent then it should be taken to a community pharmacy for disposal.

Record Keeping

For each child requiring administration of medication, the following records are kept:

- a. Healthcare Plan: including written instructions of the procedure to be followed in the administration and storing of the medication and consent to share information. (see Appendix 1)
- b. Letter of indemnity
- c. Letter from board of management or principal if a request is denied
- d. Record of administration and any non-administration of medication

All original and updated versions of the above forms are stored in the Medication Folder in the administrative office. These records are stored in compliance with relevant data protection legislation.

- When a letter regarding a change in dosage or an updated appendix is received, this will be stapled to the FRONT of the existing form, to ensure that the updated information is not overlooked.
- Any handwritten notes made on an appendix form to update it in line with written information provided by parents/guardians will be initialled and dated.
- When an updated appendix is received, the original will be retained, but will have a line drawn through it, to indicate that it is now superseded.

Emergency Contact Details

The school maintains an up to date register of contact details for all parents/guardians including emergency numbers. Parents are reminded to update these details in August of each new school year and as and when necessary. It is the responsibility of the parent/guardian to ensure the school is notified of any change in contact details to ensure each person can be contacted in the case of an emergency.

Ongoing Communication & Implementation of Policy

The following methods will be used to ensure the thorough communication of the procedures and information contained in this policy.

The health & safety post holder coordinates the creation of a list at the start of a school year, of all medications stored in the school and their use by dates. Parents will be reminded of their obligation to supply in date medications to the school.

Item	How	Frequency	Organiser	Audience
Policy	Main points presented at Staff induction	Annually	Post holder	All staff
	Placed on website	Ongoing	Principal	Parents
	Copy provided to parents on request	Ongoing	Secretary	Parents
Volunteers for administering medication	Lists created for volunteers willing to administer specific medications required in the school. Names attached to students healthcare plans. Lists placed on office & staff noticeboard.	Annually before school reopens	Post holder	All staff
Instructions on how to administer specific medications, warning signs, etc.	Training in relevant medications provided to volunteer staff.	Annually in August and when need arises	Post holder	All volunteer staff
	Copies of Emergency Plans placed in yard bags, in school office with medications and in child's classroom.			
Names & details of students requiring specific medication	Reported to whole staff at the start of the school year during staff induction	Annually before school reopens	Post holder	All staff
	Individual class teachers provided with allocated Healthcare Plans and Emergency Plans to update with parents	Annually before school reopens or when new teacher starts	Post holder	Class teacher
	Class teacher will notify any partner teacher, support teachers, split teachers, SNAs, etc. who will be in regular contact with the child	Annually before school reopens or when new teacher starts	Class Teacher	Relevant staff
	Partner year group teacher will notify substitute teachers on arrival of procedure to follow	When required	Partner teacher	Substitutes

Implementation Date

This policy will begin implementation immediately.

Roles and Responsibilities:

The board of management 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 the post holder and all other staff members.

Ratification /Communication

This policy was ratified by the Board of Management in June 2021. All members of the school community were informed of the full contents of the revised policy through parent & staff email. They will have continued access through the staff google drive and access to the school website.

Timetable for Review

This policy will be reviewed and, if necessary, amended at the end of the academic year 2021/2022 or sooner if required.

This policy was ratified by the school's Board of Management	
Signed: _____ Chairperson	Signed: _____ Principal
Date:	Date:

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Appendix 1: Healthcare Plan

Citywest & Saggart Community National School

Fortunestown Lane,
Citywest
Dublin 24

Principal: Mike Byrne
Deputy Principal: Orla Doherty



Pobalscoil Náisiúnta Iarthar na Cathrach & Theach Sagard

Lána Bhaile Uí Fhoirtcheirn,
Iarthar Na Cathrach,
Baile Átha Cliath 24

Príomhoide: Maidhc O' Broin
Leas-phríomhoide: Orla Uí Dochartaigh

Date form completed: _____

Date for review: _____

Healthcare Plan for a Student with a Chronic Illness

The school will not give your child medicine unless you complete and sign this form, and the Board has agreed that a member of the school staff has of his/her own free will agreed to administer the medicine.

1. Student's Information

Name of Student: _____ Class: _____

Date of birth: _____ Age: _____

2. Contact Information

FAMILY CONTACT 1

Name: _____ Relationship to student: _____

Phone Mobile: _____ Work: _____

FAMILY CONTACT 2

Name: _____ Relationship to student: _____

Phone Mobile: _____ Work: _____

CONTACT 3

Name: _____ Relationship to student: _____

Phone Mobile: _____ Work: _____

GP

Name: _____ Phone: _____

CONSULTANT/CLINIC/HOSPITAL CONTACT

Name: _____ Phone: _____

Position: _____ Hospital: _____

HOSPITAL NURSE for the STUDENT

Name: _____ Phone: _____

Hospital: _____

3. Details of the student's condition(s)

Child's condition: _____

Date or age of diagnosis by a doctor: _____

Signs and symptoms of this student's condition or words you or your child use to explain how they are feeling: _____

Triggers or things that make this student's condition(s) worse:

4. Routine Healthcare Requirements: Please fill out full details including directions for use, dosage, timing and any special precautions

During school hours: _____

Outside school hours: _____

Self –Administration

Yes/No (delete as appropriate)

5. Emergency Medication-Please fill out full details including name/type of medication, directions for use, dosage, timing and any special precautions

Name & type of Medication: _____

Dosage: _____

Storage of Medication: room temperature or refrigerated? _____

Time to administer: _____

How to Administer: _____

Self –Administration Yes/No (delete as appropriate)

NB Dosage can only be changed on a Doctor's instructions

6. Are there any side effects that the school needs to know about?

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

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

Signed: _____

Date: _____

Print: _____

Signed Consent

Parental Consent for Sharing of Information

(Please circle the chosen reply & delete the other)

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: _____

Printed Name: _____
Parent/guardian Parent/guardian

Date: _____

Permission for Administration of Medication/Specialist Care

(Please circle the chosen reply & delete the other)

I agree/I do not agree with my child being administered prescribed medication/specialist care by a staff member as set out in the attached healthcare plan

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 healthcare plan and Emergency Procedure Form.

Signed: _____

Printed Name: _____
Parent/guardian Parent/guardian

Date: _____

Signed Indemnity

In consideration of the Board of Management entering into this agreement, I/we, the parent(s)/guardian(s), hereby agree to indemnify and keep indemnified the Board, its servants and agents including the pupils, class teacher and any other member of staff who may administer the said medication from and against all claims both present and future arising from the administration or failure to administer the said medication.

Signed: _____

Printed Name: _____
Parent/guardian Parent/guardian

Date: _____

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil. Include Emergency Plan as an appendix.

Appendix 2: Record of Administration and Any Non-administration of Medication

RECORD OF ADMINISTRATION OF MEDICATION						
Student Name: _____		Class: _____				
Date	Time	Reason /symptoms for administration	Medication	Dose Given	Reactions, Follow on	Staff Member(S) Name & Signature

Asthma Emergency Plan

Student's Name: _____

Class & Teacher: _____

Family Contact: _____

Siblings in the School: _____

Photo

here

Common signs of an asthma attack

➤ Coughing ➤ Shortness of breath ➤ Wheezing ➤
Feeling tight in the chest ➤ Sometimes younger
children express feeling tight in the chest as a tummy
ache ➤ Being unusually quiet ➤ Difficulty speaking in
full sentences ➤ Requesting use of the blue reliever
inhaler ➤ Opting out of exercise

EMERGENCY PROCEDURE THE FIVE MINUTE RULE

Do...

- Keep calm & reassure the student
- Encourage the student to sit up and slightly forward – do not hug them or lie them down
- Encourage the student to breathe slowly and calmly
- Ensure tight clothing is loosened
- Make sure the student takes their reliever inhaler (usually blue) immediately – preferably through a spacer: TWO puffs if MDI/evohaler, ONE puff if turbobaler

If there is no immediate improvement

- Continue to make sure the student takes the reliever inhaler every minute for five minutes or until the symptoms improve

Call an ambulance or a doctor urgently if:

- Symptoms do not improve in 5-10mins
- Student is too breathless or exhausted to talk
- Lips are blue
- If you are in any doubt

Ensure the student continues to take one puff of their reliever inhaler every minute until the ambulance or doctor arrives

Any Individual Notes:

Important things to remember in an asthma attack

- Never leave the student
- Send another person to get the inhaler
- Reliever medicine is very safe. During an attack do not worry about a student overdosing
- Contact the student's parent's immediately after calling the ambulance/doctor
- Inform the parents if a child has any sort of asthma attack during the day

Epilepsy Emergency Plan

Student's Name: _____

Type of Seizure: _____

Class & Teacher: _____

Family Contact: _____

Siblings in the School: _____

Photo

Here

TONIC-CLONIC SEIZURES

Do...

- Note the time
- Protect the student from injury (remove any harmful objects nearby)
- Cushion the head
- Wipe away excess saliva
- When seizure has ended, gently put the student into the recovery position
- Stay with them until recovery is complete
- Calmly reassure the student

Don't

- Restrain the student
- Put anything in their mouth
- Try to move them unless they are in danger
- Give the student anything to eat or drink until they are fully recovered

SEIZURES INVOLVING ALTERED CONSCIOUSNESS OR BEHAVIOUR

Do...

- Guide the student from danger
- Stay with the student until recovery is complete
- Calmly reassure
- Explain anything that they may have missed

Don't

- Restrain the student
- Panic
- Assume the student is aware of what is or has happened
- Give the student anything to eat or drink until they are fully recovered

Personal signs of an oncoming seizure:

When to call an ambulance

- If you know it's the student's first seizure
- The seizure continues for more than 5 minutes or longer than is normal for the individual
- One seizure follows another without the student regaining awareness between seizures
- The student is injured during the seizure
- You believe the student needs urgent medical attention

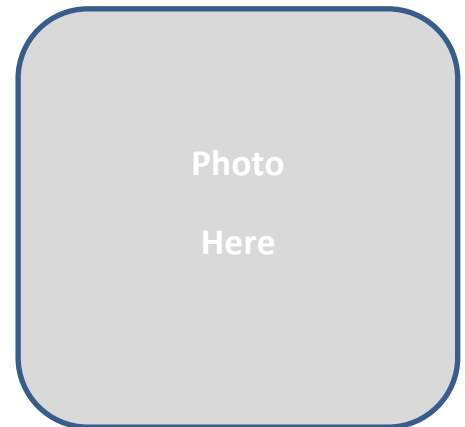
Anaphylaxis Emergency Plan - ANAPEN

Student's Name: _____

Class & Teacher: _____

Family Contact: _____

Siblings in the School: _____



Symptoms of mild to moderate allergic reaction

- Swelling of lips, face, eyes
- Hives, welts, itchy skin, rash
- Tingling mouth, abdominal pain, vomiting, nausea

Action for mild to moderate reaction

- Stay with student and call for help
- Give antihistamine if available
- Locate Anapen in case needed
- Contact family/carer
- If condition worsens follow actions for severe reaction

EMERGENCY PROCEDURE SEVERE ALLERGIC REACTION

Look for ONE of the following

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Loss of consciousness and/or collapse
- Pale and floppy
- Wheeze or persistent cough
- Condition steadily worsening

Action for severe reaction

- Give Anapen as per instructions immediately
- Call ambulance without delay
- Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand
- If conscious and able to swallow give _____ of antihistamine
- If wheezy, administer inhaler _____ puffs using aero chamber if available
- Contact family/carer
- A second Anapen may be given if no response after 5mins

IF IN DOUBT USE THE ANAPEN

Allergic to:

How to administer the ANAPEN



1 Remove the black needle cap



2 Remove the black safety cap from the red firing button



3 Hold Anapen against the outer thigh and press red firing button



4 Hold Anapen in position for 10 seconds

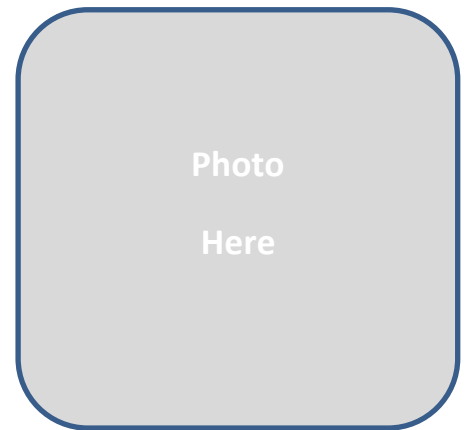
Anaphylaxis Emergency Plan – JEXT/EPIPEN

Student's Name: _____

Class & Teacher: _____

Family Contact: _____

Siblings in the School: _____



Symptoms of mild to moderate allergic reaction

- Swelling of lips, face, eyes
- Hives, welts, itchy skin, rash
- Tingling mouth, abdominal pain, vomiting, nausea

Action for mild to moderate reaction

- Stay with student and call for help
- Give antihistamine if available
- Locate JEXT/EPIPEN in case needed
- Contact family/carers
- If condition worsens follow actions for severe reaction

Allergic to:

EMERGENCY PROCEDURE

SEVERE ALLERGIC REACTION

Look for ONE of the following

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Loss of consciousness and/or collapse
- Pale and floppy
- Wheeze or persistent cough
- Condition steadily worsening

Action for severe reaction

- Give JEXT/EPIPEN as per instructions immediately
- Call ambulance without delay
- Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand
- If conscious and able to swallow give _____ of antihistamine
- If wheezy, administer inhaler _____ puffs using aero chamber if available
- Contact family/carers
- A 2ND JEXT/EPIPEN may be given if no response after 5-15mins

IF IN DOUBT USE THE JEXT/EPIPEN

How to administer the JEXT/EPIPEN



1 Grasp the Jext injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.



2 Pull off the yellow cap with your other hand.



3 Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh.



4 Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



5 Massage the injection area for 10 seconds. Seek immediate medical help.

Diabetes Emergency Plan

Student's Name: _____

Class & Teacher: _____

Family Contact: _____

Siblings in the School: _____

Photo

Here

HYPOGLYCAEMIA: blood sugar is below 4mmol

Symptoms of a mild hypo

➤ Sweating ➤ Paleness ➤ Weakness/dizziness ➤ headache ➤ Tummy pain ➤ Hunger ➤ Mood change, especially angry or aggressive behaviour ➤ Anxiety or irritability ➤ Inability to concentrate

SOME YOUNG PEOPLE MAY NOT FEEL WARNING SYMPTOMS OF A HYPO

NEVER LEAVE THE STUDENT WITHOUT ADULT SUPERVISION DURING A 'HYPO' EVENT

TREATMENT OF A MILD HYPO

STEP 1

- **IMMEDIATELY GIVE 15G FAST ACTING CARBOHYDRATE:** 100mls Lucozade, 150mls coke/non-diet drink, 150mls pure fruit juice, 3-5 glucose tablets, 3-4 sweets, e.g. jelly babies

STEP 2

- This must be followed by a slow acting carbohydrate snack: roll/sandwich, portion of fruit, cereal bar, 2 plain biscuits, or meal if it is due.

TEATMENT OF MODERATE HYPO

Student is unable to cooperate but is able to swallow and is conscious

- Use one tube of Glucogel
- Twist top of tube & remove. Insert tip of dispenser into students mouth between gum and cheek
- Slowly squeeze in one whole gel (children under 5, use half tube initially)
- Massage outer cheek gently
- Wait 5-10mins & then check the blood sugar
- Repeat gel if blood sugar is less than 4mmol after 5-10mins
- If student has improved & blood sugar level is above 4mmols, give a carbohydrate snack from step 2 above.

TREATMENT OF A SEVERE HYPO

- **If unconscious o not give them anything to eat or drink**
- Put into the recovery position & ensure they are breathing
- Call an ambulance, state they have diabetes
- Contact parents
- Have Glucagon available for administration

HYPERGLYCAEMIA: High Blood Glucose

Common symptoms:

- Excessive thirst
- Frequent urination
- Tiredness
- Nausea
- Blurred vision
- Weight loss

Can be caused by:

- Too little or no insulin
- Too much food
- Stress
- Less exercise than normal
- Infection or fever
- Excitement

ACTION:

- Student may feel confident to give extra insulin
- If not, call the parent who will give instructions
- If student feels well, they should drink some water or sugar free drink.

DIABETIC KETOACIDOSIS: blood glucose remains high & untreated

CALL EMERGENCY SERVICES & THE PARENTS IF THE FOLLOWING SYMPTOMS ARE PRESENT:

- Deep and rapid breathing (over breathing)
- Nausea & vomiting
- Drowsiness
- Breath smelling of acetone e.g. nail polish remover
- Abdominal pain.

Emergency Plan

Student's Name:

Condition:

Class & Teacher:

Family Contact:

Siblings in the School:

Photo

Here

Warning signs



EMERGENCY PROCEDURE

Any Individual Notes:

Appendix 9: Administration of Medication for Acute Illnesses

**Citywest & Saggart
Community National School**
Fortunestown Lane,
Citywest
Dublin 24



**Pobalscoil Náisiúnta
Iarthar na Cathrach & Theach Sagard**
Lána Bhaile Uí Fhoirtcheirn,
Iarthar Na Cathrach,
Baile Átha Cliath 24

Principal: Mike Byrne
Deputy Principal: Orla Doherty

Príomhoide: Maidhc O' Broin
Leas-phríomhoide: Orla Uí Dochartaigh

Administration of Medication for Acute Illness

Child's Name: _____

Class: _____

Date of Birth: _____

Teacher's Name: _____

Child's Doctor: _____

Phone: _____

Medical Condition:

Prescription Details:

Storage details

(no medication should be kept by the child. It will need to be stored in the class medical box out of reach of all children)

When does the medication need to be administered?

Dosage required:

Administration instructions:

Possible side effects:

Finish date for administration of medication:

I/we request the principal to authorise the taking of prescription/non-prescription medicine during the school day as it is absolutely necessary for the continued well-being of my/our child.

I/we understand that we must inform the school/teacher of any changes of medicine/dose in writing.

In consideration of the Board of Management entering into this agreement, I/we, the parent(s)/guardian(s), hereby agree to indemnify and keep indemnified the Board, the DDLETB, its servants and agents including the pupils, class teacher and any other member of staff who may administer the said medication from and against all claims both present and future arising from the administration or failure to administer the said medication.

Signed: _____

Printed Name: _____
Parent/guardian

Date: _____

Staff member(s) willing to administer medication:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Safety, Health & Welfare Training Record

Title of Training:	
Date of training and amount of time taken:	
Summary of content covered:	
Course Provider/Trainer Name:	
Date for refresher training:	

Name of Attendee	Signature of Attendee	Willing to Administer	Willing to Supervise Self-Administration

Class Teacher Glance Sheet

NEW Chronic Illness

If notified of a NEW chronic illness in your class, please notify the Health & Safety Coordinator.

KNOWN Chronic Illness

If you have a child with a chronic illness in your class according to Aladdin or your handover form please follow the steps below:

Before child begins in your class:
<ol style="list-style-type: none"> 1. Arrange a time to meet parents to review Healthcare Plan and Emergency Plan <ol style="list-style-type: none"> a. Cross out any out of date information, initial and date any changes b. Provide parents with a blank copy to fill in if changes are extensive. All old documents must be kept, crossed out and new forms stapled to front. c. Request medications: <ol style="list-style-type: none"> i. 1 for the office in case of emergency ii. 1 for classroom first aid box if child is not self-administering and carrying medication themselves.
2. Place updated Healthcare Plan in Red Medical folder in office
<ol style="list-style-type: none"> 3. Update Emergency Plan online if needed in Whole School/Health & Safety/Administration of Medications drive. Print 3 copies and laminate. Place them in: <ol style="list-style-type: none"> a. Class first aid box b. Office first aid box c. Relevant yard bag If no changes needed, just check old Emergency Plans are present.
<ol style="list-style-type: none"> 4. New medications should be dropped in every year before school begins. When medications are received: <ol style="list-style-type: none"> a. Label with name and class of child b. Place 1 in office medication box/bag according to class level c. If not carrying the medication themselves, place the 2nd in class first aid box. 5. Follow above procedure for any medications received during the year. 6. Remind parents to note the Use by Date on Medication if dated before the end of June so they know to replace it.
Throughout the year:
<ul style="list-style-type: none"> • Ensure all teachers, support and visiting are aware of the presence of a chronic illness in your class, the child's triggers and what to do in an emergency
<ul style="list-style-type: none"> • Inform your partner teacher so they can inform sub teachers who to call in your absence.
<ul style="list-style-type: none"> • Inform parents immediately if emergency medication needed to be administered in school time.
<ul style="list-style-type: none"> • Record the administration of medication on the record of administration form

Acute Illness

If you are approached by a child or parent requesting medication to be given during the school day for a temporary illness, e.g. cough medicine, pain relief meds, please refer them on to the principal for permission and if granted, the filling in of Appendix 9.

No medication should be stored in the school or in a child's possession without the school's permission. If any is found it should be confiscated immediately and parents informed of the protocol to follow.