



ABACAS Kilbarrack Special School

Administration of Medication Policy

Introduction

This policy is set out in accordance with the guidelines issued by

Rationale

This policy was put in place to;

- To clarify roles of responsibility in the administration of medication to pupils whilst in school
- To safeguard school staff that are willing to administer medication
- To protect against possible litigation
- To outline procedures to deal with a pupil with a nut allergy

Relationship to the School Mission Statement

The school promotes positive home-school communication, 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

The aims of this policy can be summarised as follows;

- To provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed with parent/guardian(s)
- To fulfil the duty of the Board of Management in relation to Health and Safety requirements
- To minimise health risks to children and staff on the school premises

In –School Procedures:

Parent/Guardian(s) are required to complete a Medication Form (Form 1) when enrolling their child/ren in the school. No teacher or member of staff 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 parent/guardian(s) of the pupil concerned have completed the appropriate forms to give consent for the authorisation for a member of the teaching staff to do so. The Board of management will seek indemnity from parent/guardian(s) in respect of any liability arising from the administration of medicines



- Written details are required from the parent/guardian(s) 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. Parent/guardian(s) should also outline clearly proper procedures for children who require medication for life threatening conditions. (Appendix 1,2,3)
- Parent/guardian(s) are responsible for the provision of medication and notification of change of dosage. Medication is stored in the school office
- The school maintains an up to date register of contact details of all parent/guardian(s) including emergency numbers. This is updated in September of each new school year
- The Board of Management requests parent/guardians to ensure that teachers be made aware in writing of any medical condition suffered by any child in their class
- There is no obligation on Teacher's/SNA's to undertake the administration of medicines
- The school generally advocates the self-administration (e.g. inhalers) of medicine under the supervision of a Teacher/SNA

Long Term Health Problems

Where there are children with long-term health problems in school, clear directions for the administration of medicines must be made in writing to the Board of Management. This is the responsibility of the parent/guardians. It would include measures such as self-administration, administration under parental/guardian supervision or administration by school staff.

Life Threatening Condition

Where children are suffering from life threatening conditions, parent/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 parent/guardian(s) in respect of any liability that may arise regarding the administration of medication.

Guidelines for the Administration of Medicines

1. The parent/guardian(s) 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 instructions of the procedure to be followed in administering the medication. (Appendix 1, 2 or 3)
2. A care plan for the specific care need of the student will be completed in conjunction with the parent/guardian(s) (Appendix 2)
3. Parent/guardian(s) must complete administration of medication form (Appendix 1) to authorise the administration of the medication in school
4. 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(s) and left in the school office
5. A written record of the date and time of administration must be kept by the person administering the medicine (Appendix 1)



6. Parent/guardian(s) are responsible for ensuring that emergency medication is supplied to the school and replenished when necessary.
7. Emergency medication must have exact details of how it is to be administered
8. Parent/guardian(s) 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

Medicines

- Non-prescribed medicines will neither be stored nor administered to pupils in school
- Teacher's/SNA's in the school will only administer prescribed medication when arrangements have been put in place as outlined above
- All medication is stored in the school office
- A Teacher/SNA must not administer any medication without the authorisation of the Principal/ Board of Management
- The prescribed medicine must be self-administered if possible, under the supervision of an authorised Teacher/SNA
- Teacher's/SNA's are not obliged to administer medication to a pupil
- In an emergency situation, qualified medical assistance will be secured at the earliest opportunity and the parent/guardian s contacted
- Where possible, the parent/guardian(s) should arrange for the administration of prescribed medicines outside of school hours.

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

1. Staff dealing with the pupil do not eat nuts or any item with a 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 nuts

1. Administer 5ml Zirtec/Sudafed or other antihistamine immediately. It is important that the pupil be kept calm to allow him to breathe calmly as he will experience discomfort and sensation of his/her throat swelling. If possible (s)he needs to drink as much water as possible. These steps should allow him/her to recover fully.
2. Only in the event of anaphylactic shock should the pen be administered. Pen is stored securely in the child's classroom. Before or immediately after the Pen has been administered, an ambulance must be called.

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. Parent/guardian(s) will be contacted immediately.

In addition, parent/guardian(s) must ensure that teachers are made aware in writing of any medical condition which their child is suffering from. For example, children who are epileptics, diabetics etc. may have a seizure at any time and teachers must be made aware of symptoms in order to ensure that treatment may be given by appropriate persons.

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 all staff members. The Deputy Principal is the Safety Officer and the maintenance and replenishment of First Aid Boxes is a post of responsibility within the middle 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
- Feedback from Teacher's/SNA's and parent/guardian(s)
- Ensuring the primary responsibility for administering remains with parent/guardian(s)

Ratification and Review

This policy was ratified by the Board of Management in January 2020. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than January 2022

Implementation

This policy has been implemented since January 2020.

Signed: _____ Date: _____
John Dennehy, Chairperson
Board of Management, ABACAS Kilbarrack Special School

Signed: _____ Date: _____
Laura Kelly, Principal
ABACAS Kilbarrack Special School



Appendix 1
Form 1 - Medical Condition and Administration of Medicines

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

Prescription Details:

Storage details: _____

Dosage required:

Additional Information (e.g. to be taken after meals):

Signed:



Medication Chart for: _____

Date	Drug/Dosage	Time	Signed staff 1	Signed staff 2

Signed:.....



Appendix 2

Epilepsy Care Plan

Name:	
Date of Birth:	
Telephone Number 1:	
Telephone Number 2:	
Class teacher	

Family Doctor:	
Hospital:	
Consultant:	
Epilepsy Nurse:	

What type of epilepsy has the student been diagnosed with?

What type of seizure could the student have?

Are there any known triggers?

What typically happens when the student has a seizure?

How does the seizure usually last?

What kind of first aid is required?

Does the student need to rest after a seizure and for how long?

How often does the student take medication each day?

Is it necessary to take it in school and at a specific time?

Who is responsible for administering the medication?

Does the medication have any side effects? What are they?

Does the student require emergency medication?



Has the Emergency medication protocol included been completed?

Does the student have any sensitivity to flashing lights or photosensitive triggers?

Does the student use any of the following aids or appliances, seizure alarm or smart watch, helmet, ventilated pillow other?

Any other special considerations?

I..... (Parent/guardian) agree/do not agree that the medical guidance and information in this Epilepsy Care Plan can be made available to the persons involved in the education and care of my child and to the emergency services when required.

Signed: _____

Date: _____

Consent for administration of emergency Medication

In a seizure related emergency I consent/ do not consent to having emergency medication administered to my child by a member of staff or having the appropriate first aid given as outlined in the Epilepsy Care Plan. And that in the event that the administration of the emergency medication an ambulance will be called.

Signed: _____

Date: _____



Emergency Medication record

Student	
Date	
Dose administered	
Time administered	
Response to emergency medication	
Notes	
Name of staff member	
Signed	

Protocol for the Administration of Buccal Midazolam

Student name:	
When to administer :	
How much :	
When to call an ambulance :	



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 Parent/guardians***



**Appendix 4
Allergy Details**

Type of Allergy:

Reaction Level:

Medication:

Storage details:

Dosage required:

Administration Procedure (When, Why, How)

Signed: _____

Date: _____