

## **Cavan No. 1 NS Administration of Medicines Policy**

### **Introduction:**

An Administration of Medication policy has been in existence in the school since 2008. The policy was recently redrafted through a collaborative school process and was ratified by the Board of Management (BoM) on **16<sup>th</sup> May 2018**

### **Rationale:**

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
- Fulfill 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. No medicines are stored on the school premises. 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

- 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
- 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.
- For children with asthma, self-administration of medicine under the supervision of a responsible adult is recommended. However, as it may arise that these children could need the administration of medicine (e.g. inhaler) in an emergency situation, an emergency procedures form must be filled out detailing when, why and how often to give inhaler if child having severe asthma attack and when to contact emergency services (See Appendix 3).

### **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. (see appendix 5)

### **The Board and teachers will only accept the responsibility for holding medicine where the following circumstances exist:**

- 1) Where medical opinion has clearly stated that the child's condition may demand immediate emergency action to prevent a serious and sudden deterioration in wellbeing, and it is unlikely that the child will be in a position to self-administer.*
- 2) Where the teacher(s) concerned have been trained by a medical practitioner in the administration of the medicine.*
- 3) Where the medicines are clearly labelled with the name of the child and the dosage and held in a secure place and*
- 4) Where a letter of indemnity in the form of the attached letter has been signed by the parent and a copy lodged with your insurance broker.*

## **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. The request must have a copy of written **medical opinion** stating the child's condition may demand immediate emergency action to prevent a sudden deterioration in wellbeing, and it is unlikely that the child will be in a position to self-administer. (Appendix 1, 2 or 3)
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. Training for staff willing to administer the emergency medication must be provided by a medical practitioner. Parents and Board of Management must take this responsibility together.
4. A written record of the date and time of administration must be kept by the person administering it (Appendix 4)
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.

### **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.

# Allergies

## What is food allergy?

A food allergy occurs when the immune system forms antibodies against food proteins similar to the way it does to fight bacteria and viruses. These food proteins are called allergens. This usually happens very early in life, as early as 3 to 6 months of age. Every time after that when the body is re-exposed to those food proteins an immune reaction is triggered.

## 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 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 allergic substance or food such as peanuts/milk/egg

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. (**Anaphylaxis** is the presence of severe symptoms and signs. It is essential that immediate action is taken if an allergic child has symptoms and signs of anaphylaxis)  
Pen is stored in an easily accessible place, up high, out of childrens' reach in the child's classroom. Before or immediately after Pen has been administered, an ambulance must be called.

## 3. How is anaphylaxis be treated? (from IFAN.ie/schools Irish food allergy network)

Adrenaline is the only effective first aid treatment for anaphylaxis. It is given as an injection using an adrenaline autoinjector "pen" into the outer mid-thigh muscle.

Adrenaline autoinjectors are designed so that anyone can use them in an emergency. They are most effective when they are used early in the reaction.

Adrenaline in an autoinjector pen device is NOT harmful.

**IF IN DOUBT ALWAYS GIVE ADRENALINE.** Don't waste time by calling parents to ask what to do – they have already provided a medically approved action plan.

### Indicators of shock include:

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

## Symptoms and signs:

can be mild, moderate, severe/life threatening known as anaphylaxis (pronounced anna-fill-axis).

**Mild symptoms** include an itchy tongue or roof of mouth. Small children will often report that their mouth feels “funny” or “fizzy”. Children may have mildly itchy eyes, nose or skin. They may describe abdominal pain or nausea.

**Mild signs** include small crops of hives or rash appearing on the skin, mild sneezing fits, localised swelling (e.g. slight eye lid swelling),

**Moderate signs** include swelling of one or the eyes, lips, itchy watery red eyes, large areas of rash/ hives.

**Severe symptoms** include fear-children appear panicked, distressed. They may have difficulty talking and /or swallowing. They may feel weak, confused.

**Severe signs:** difficult/noisy breathing, drooling, protruding tongue (sticking out of mouth) hoarse voice, wheeze or persistent cough persistent dizziness or collapse, pale and floppy (young children).

\*It is also important to consider, as very severe, a collection of moderate symptoms, all present together: such as swelling of numerous parts of the body, abdominal pain/vomiting, severe itch and large areas of hives/rash. This is also an indication to administer adrenaline.

## What determines how bad a reaction is going to be?

A few key principles:

- Food allergic reactions rarely occur unless a child is in direct contact with that food.
- Skin contact reactions are always milder than reactions after ingestion (eating). *For example:*
- *If a milk allergic child contacts with milk on their hand they are likely to develop rash (hives) at the point of contact.*
- *If that child rubs cow's milk on their face they may develop facial rash, swollen eyes, sneezing, swollen lips.*
- *If the same child accidentally ingests milk then they experience any number of symptoms including life threatening anaphylaxis.*
- Not all allergic children will have the same allergy threshold (i.e. they can react differently to the same amount of food).
- Most food allergic children will experience no symptoms or only develop mild symptoms if they contact with trace amounts of allergens. However there are some allergic children who develop severe reactions after exposure to tiny amounts of food.
- Some allergic reactions will depend on how the food is prepared. *Most children with egg allergy can tolerate egg baked in cakes, muffins, scones but will react if they eat whole egg (boiled, scrambled etc.) or egg that is hidden but only pasturised (mayonnaise, ice cream). Similarly most children with milk allergy can tolerate milk in a biscuit but will react if they ingest yogurt, chocolate or whole cow's milk.*

**Develop safety practices that include rather than exclude allergic children:**

1. Promote the concept of never sharing food “Sharing is caring but never share food”.
2. Ensure that all eating is supervised and orderly. Advise children to put away all books and pencils before eating. Children should sit at their desks while eating, rather than walk around, as this increases the risk of exposure.
3. Encourage all children to wash their hands after before and after eating. If this means trips to bathrooms then consider having children bringing soapy wipes to school.
4. Discourage all teachers from using food as a reward or treat (e.g. sweets, jellies, lollipops etc.) These top shelf food pyramid items do not promote a healthy eating message. Consider using non-food rewards and treats instead (e.g. pencils/erasers/stickers etc.).
5. Identify specific events that may increase the risk of allergic reaction. Consider how to manage these events without excluding the allergic child.
  - Children being moved to another classroom.
  - Birthday parties, cultural events and celebrations-involve the child’s parent, ensure there is alternative food available.
  - Bake sales are a very high-risk event for food allergic children. Some allergic children have created their own stalls with food prepared in their homes but must not be allowed shop at other stands.
  - Cooking activities: raw egg and whole milk are high-risk products for egg and milk allergic children. Tiny amounts will be distributed long distances if egg/milk are whisked. Baking that involves raw egg/whole milk should be discouraged in classes with egg and or milk allergic children.
  - For classes with nut allergic children, attention is needed if/when making bird feeders and nature tables both of which commonly contain nuts. Nut allergic children can still be involved as long as both activities are free from nut.
  - Arts and crafts – egg boxes may have raw egg on them. Children with food allergy often have atopic dermatitis and their skin is very sensitive to many products independent of their food allergy. They may not tolerate face paints etc.
  - Nature walks/trips to parks can present risks. Make sure to talk to parents of allergic children before planning these trips (even a simple walk to the local park). Children may need extra medication on the day of the trip. Children with severe pollen allergy may experience sudden eye and nose symptoms. Nut allergic children should not collect any nuts.

Parents/guardians of child presenting with an allergy or allergies should provide schools with:

- liquid anti histamine
- (if prescribed) **2** in date adrenaline autoinjectors
- an action plan for the student.(appendix 2)

All these items should be stored unlocked and easily accessible to all staff.

- **Both** adrenaline autoinjectors must be kept together, not 1 in classroom, 1 in office. **Both** should be taken on outings from school.
- Identify all school staff members that need to be aware of the child's allergies .
- Identify how all the gathered information will be communicated: written plan displayed in staff room etc.

**School Hospital: Cavan General**

**Contact Number: 049 4376000**

### **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. 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.

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/hurling games and athletic activities.

A first aid box is kept in each individual classroom containing anti-septic wipes, anti-septic bandages, sprays, steri-strips, cotton wool, scissors etc. [note: the classroom-based kit should be kept under lock and key for health & safety reasons]

**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.

**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 maintenance and replenishment of First Aid Boxes is carried out by Mrs Van der Spek SNA 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 and Review:**

This policy was ratified by the BoM in \_\_\_\_\_16/05/2018\_. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than\_\_\_\_\_

**Implementation:**

The policy has been implemented since \_\_\_\_\_.

**Signature Chairperson:** *Canon Mark Lidwill*

**Date:** 18/05/2018



**Appendix 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:  
\_\_\_\_\_

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 Action plan**

Type of Allergy:

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Reaction Level (please describe):

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Medication:

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Storage details:

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Dosage required:

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Administration Procedure: (When, Why, How)

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(Signed) both parents: \_\_\_\_\_

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. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**To include: Dial 999 and call emergency services.  
Contact Parents**



## Appendix 5: Administration of Medicines Indemnity Agreement

**THIS INDEMNITY** made the \_\_\_\_\_ Date: \_\_\_\_20\_\_ **BETWEEN** the (lawful father and mother/guardian) (hereinafter called the 'parents'/guardian') of \_\_\_\_\_ (insert name of child) (hereinafter called 'the minor') of the One Part **AND** \_\_\_\_\_ for and on behalf of the Board of Management of the School of the Other Part.

### WHEREAS:

1 The minor is a pupil enrolled in the School which is managed by the Board of Management.

2 The minor suffers on an ongoing basis from the condition known as \_\_\_\_\_ (insert name of condition – please only complete this particular section of the Agreement where the minor has been diagnosed as suffering from a condition requiring medication) and the (parents'/guardian) understand that they must inform the Board of Management in writing of the minor's condition, details of their medication and dosage and the contact details of the minor's medical team and the (parents'/guardian) acknowledge their ongoing responsibility to keep the Board of Management advised in writing of any changes to these details.

3 The minors (parents'/guardian) acknowledge that minors are not permitted to carry medication whilst engaging in School activities without the consent of the Board of Management and the (parents'/guardian) acknowledge that such medication will be confiscated and the minors (parents'/guardian) will be contacted.

4 The minors (parents'/guardian) direct that where possible, medication should be self-administered by the minor under adult supervision, however, the minors (parents'/guardian) advise that whilst engaging in School activities, the minor may require the administration of medication in emergency circumstances or in circumstances where the self-administration of medication is not possible by virtue of the minor's age and ability and the minors (parents'/guardian) have directed that the said medication must, in such circumstances, be administered by an authorised adult member of the said minor's School as it is absolutely necessary to ensure the wellbeing of the minor and the minors (parents'/guardian) will be notified of the emergency administration of the medication by telephone as soon as possible thereafter and the minors (parents'/guardian) will be notified in writing in terms and at intervals to be agreed between the Board of Management and the minors (parents'/guardian) of the administration of medication in circumstances where the self-administration of medication is not possible by virtue of the minor's age and ability. The minors (parents'/guardian) acknowledge that this facility is provided on a purely voluntary basis and without any obligation whatsoever on the Board of Management of the School and the authorized adult member of the School and the minors (parents'/guardian) understand that these parties are not medically trained and that responsibility for compliance with expiry dates related to medication and the compilation and retention of necessary records rests entirely with the minors (parents'/guardian)

**NOW IT IS HEREBY AGREED** by and between the parties hereto as follows: In consideration of the Board of Management of the School entering into the within Administration of Medicines Indemnity Agreement, the minors (parents'/guardian) **HEREBY INDEMNIFY AND KEEP INDEMNIFIED** the Board of Management of the School and the authorised adult member of the School in respect of all liabilities, losses, claims, demands, actions or proceedings howsoever arising out of or in the course of or caused directly or indirectly by the administration of the said medication by or to the minor or the failure to administer the said medication and by the presence of the medication on any premises within the control of the Board of Management of the School. **IN WITNESS** whereof the parties have hereunto set their hands & affixed their seals the day & year first herein **WRITTEN.**

**SIGNED & SEALED** by \_\_\_\_\_ (the minors father/guardian) & \_\_\_\_\_ (the minors mother/guardian) in the presence of \_\_\_\_\_ (witness)

and \_\_\_\_\_ (witness)

**SIGNED & SEALED** \_\_\_\_\_ (By the representative of the Board of Management of the School in the presence of: \_\_\_\_\_ (Witness)

