



ADMINISTRATION OF MEDICATION

The Board of Governors and staff of Saint John's Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school.

The Principal will accept responsibility, in principle, for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so. *(Please note that there is no legal duty that requires school staff to administer medication; this is a voluntary role.)*

Before requesting the school to administer medication parents/carers are asked to consider the following:

- Children should be kept at home if acutely unwell or infectious. *(Please refer to the PHA guidance poster: Do I need to keep my child off school?)*
- Wherever possible, can the dosage of medicine be arranged to be administered before or after school – not during school.

Where this is not possible, the school will follow the guidelines and procedures below to support individual pupils with medical needs. *(Guidance - DE: Supporting Pupils with Medication Needs – Feb 2008)*

- Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
Consent forms are available electronically on the school's website or can be requested from the school office.
- Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
- Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.
- Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:
 - A. *Pupil's Name.*
 - B. *Name of medication.*
 - C. *Dosage.*
 - D. *Frequency of administration.*
 - E. *Date of dispensing.*
 - F. *Storage requirements (if important).*
 - G. *Expiry date.*
 - H. *The school will not accept items of medication in unlabelled containers.*

Administration of Medication

- Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in the **principal's office**. The school will keep records, which they will have available for parents.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The school will not make changes to dosages on parental instructions.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

Emergency Procedures

Emergency Medication

- As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. All staff should be informed annually of pupils with a medical condition and/or Medication Plan.
- Any individual can take action to preserve life provided that the action is carried out with the best of intentions and is performed in good faith. Teachers and other staff are expected to use their best endeavours at all times in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- Emergencies are mainly related to four conditions:
 - A. Acute asthmatic attack requiring more inhalers/attention than usual routine doses.
 - B. Diabetic hypoglycaemic attack requiring Glucose (glucose tablets or hypostop).
 - C. Anaphylactic reaction requiring Adrenaline (e.g. EpiPen® or Anapen®).
 - D. Prolonged epileptic seizures requiring Rectal Diazepam.

- The potential for an emergency to arise will be reflected in the pupil's Medication Plan which will incorporate a plan of action to take should an emergency occur.
- Where a pupil experiences an emergency event with no relevant previous history, staff are expected to take all reasonable steps within their own competencies and experiences to assist the pupil and obtain the appropriate help.
- Where a pupil with a known medical condition and who has a Medication Plan experiences a medical emergency, staff will be expected to follow the advice given in that Medication Plan. Temporary staff, who may be in attendance and may not have the level of awareness and understanding of permanent staff, are expected to act within their own competencies and experience and obtain appropriate help.

Emergency Procedures

- All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- Parents must be immediately alerted.
- A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. Where possible, the member of staff should have details of any health care needs and medication of the pupil and or a copy of the Medication Plan. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Care or Medication Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.
- The incident should be fully recorded.
- In all emergency situations a teacher or other member of school staff will be expected to act as a responsible adult or parent in the best interests of the child in recognition of their duty of care. If in doubt phone for the emergency services.

Do I need to keep my child off school?



Chicken Pox At least 5 days from onset of rash and until all spots have crusted over	Conjunctivitis No need to stay off but school or nursery should be informed	Diarrhea & /or Vomiting 48 hours from last episode	Respiratory Illness (e.g colds & flu) Can return when no longer have a high temperature and well enough	Glandular Fever No need to stay off but school or nursery should be informed	
Hand, foot & mouth No need to stay off if well enough, but school or nursery should be informed	Impetigo Until lesions are crusted & healed or 48 hours after commencing antibiotics	Head Lice No need to stay off but school or nursery should be informed	Measles 4 days from onset of rash	Mumps 5 days from onset of swelling	German Measles (Rubella) 5 days from onset of rash
Scarlet Fever 24 hours after commencing antibiotics	Scabies Until after first treatment	Slapped Cheek No need to stay off but school or nursery should be informed	Threadworms No need to stay off but school or nursery should be informed	Tonsillitis Can return when no longer have a temperature and well enough, school or nursery should be informed	Whooping Cough 48 hours after commencing antibiotics

Use this guide to find out when they should stay off, and when they can go back if they are well enough to do so.