Swords Educate Together National School

Roll Number 20145 O

General Information

Name of School	Swords Educate Together N.S.
Address	Applewood, Swords, Co. Dublin, K67 H0F6
Telephone	01 890 3899
Email	info@swordseducatetogether.ie
Denominational Character	Equality Based
Patron	Educate Together

Administration of Medicines Policy

Introduction

The Board of Management requests parents/guardians to ensure that SETNS be made aware in writing of any medical condition of their children. This information should be clearly recorded on the Enrolment/Admissions Acceptance form **or** as soon as the condition develops.

Medication in this policy refers to prescribed medicines only, e.g. tablets and inhalers administered orally, as well as injections where necessary. Unprescribed medicines will neither be stored nor administered to pupils in the school.

Where possible, the family doctor and /or parents/guardians should arrange for the administration of prescribed medicines outside of school hours.

While the Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities, this does not imply a duty upon staff members to personally undertake the administration of medicines.

The Board also recognises that at times, medicines may be required to be administered during the school day. If the parent/guardian cannot attend to administer the medicine, a request is made in writing to the Principal for the medicine to be administered through the office.

Procedures for Management of Medication

1. At the start of each school year (or as often as necessary) parents/guardians will write to the Principal (Board) with an administration of medicine request. This application should contain the following information: Appendix 1
    - The child's full name, address and date of birth
    - The child's class
    - The name of the child's class teacher
    - The name of the medication, the dose and the route of administration
    - A doctor's note outlining that the medication is necessary
    - Signature of parent/guardian

2. The medication should be given to the office in a plastic bag, clearly labelled with child's name and expiry date of medication.

3. The medication will be kept in a safe place, usually the child's classroom or the school office, whichever is appropriate.

4. Some medications, such as inhalers or epipens, must be readily accessible at all times during the school day.

5. Inhalers for junior and senior infants will be kept in the office and administered with adult supervision. Children from 1st class may carry their inhalers about their person.

6. Epipens (two per child) for junior and senior infants will be kept in the child's classroom and will be administered by an adult. Children from 1st class may carry their epipen about their person (or with SNA) and a spare stored in the classroom.

7. Parents/guardians are responsible for requesting that their child self-administer and for teaching their children the correct way to store this medicine about their person.

8. Parents/guardians must provide on-site training in the use of epipen to relevant staff member each year prior to school starting.

9. In the event of a trip off site (school tour, sporting event etc), the prescribed medication (and / or second epipen) will be brought by the supervising teacher if the child does not carry the medicine about their person.

10. It is the responsibility of the parent/guardian to be aware of expiry dates for medication. It is also parent/guardian responsibility to replace and dispose of expired medication. However, SETNS will endeavour to audit supplies at the start of each term.

11. Any changes in medication, dosage or time of administration must be stated in writing from a doctor.

12. Parents/guardians are required to indemnify (Appendix 2) the Board of Management and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in the school.

13. Staff members should not administer medication (for non-emergencies) without the specific authorisation of the Principal (Board) and without specific training provided by parent/guardian or outside agency. No staff member will be obliged to administer medication. Appendix 3.

14. In administering medicines to pupils, staff members should exercise the standard of care expected from a reasonable and prudent parent/guardian.

15. A written record of the date and time of administration will be kept on file. Appendix 4.

Procedures for administering medicines in emergency situations.

16. SETNS first aider will be sought out if medical query or emergency arises. As agreed in the Admissions form, qualified medical assistance will be secured at the earliest opportunity.

17. Efforts will also be made to contact parents / guardians should queries or emergencies arise but as above, medical assistance will be sought in any case.

18. It may be appropriate that all children in the class are aware of a child's medical condition and the need to be vigilant to a potential emergency situation. Parents/guardians may wish to give permission to their child to discuss their medical condition with the class. We suggest that this may be appropriate from 1st class. This request should be in writing. Appendix 5.

Implementation and Review of the Policy

Staff, parents/guardians and medical professionals were consulted in updating this policy.
Information was also obtained from the Asthma Society of Ireland and the Irish Food Allergy Network.

This policy will be reviewed when it is deemed necessary.

This policy was ratified by the Board of Management:

Maireád Farquharson

Signed:…… Date: 25/06/2023
(Chairperson of the Board of Management)

Signed:…… Date: 25/06/2023
(Principal)

Appendix 1: Request for Administration of Medicine: information and consent

Appendix 2: Administration of Medicines: indemnity

Appendix 3: Administration of Medicine: Staff consent

Appendix 4: Administration of Medicine Record Sheet

Appendix 5: Consent for Disclosure of Medical Condition to child's class

Appendix 6: Symptoms of an Asthma Attack and the 5 Step Rule

Appendix 7: Managing an Allergic Reaction Including Anaphylaxis

Appendix 1

Request for Administration of Medicine – Information and Consent

Child's Name	Date of Birth	Class/ Teacher
Name of Medication	Dose to be administered	Route of administration

Condition for which medication is required	
Circumstances when medication should be administered	
Frequency of administration	
Other medication being taken (Information may be required for paramedics / medical professionals in the event of an emergency.)	
Doctor's letter attached (tick to confirm)	

My child CAN / CANNOT self-administer this medication (please circle)

GP Name: _____ Phone no: _____

1st Emergency Contact: _____ Mobile no: _____
Relationship to child: _____

2nd Emergency Contact: _____ Mobile no: _____
Relationship to child: _____

I give consent for staff members in SETNS to administer / supervise the administration of

_____, to my child _____ under the circumstances, and in the dose and routes, outlined above.

I understand that information about my child's medical condition and treatment will be shared with relevant school staff, and in the event of an emergency, with the GP or other medical personnel. I also consent to the disclosure of this information to the school's insurers, if required.

Signed (Parent/Guardian): _____ Date:_____
Print Name: _____

Appendix 2

Administration of Medicine in School – Indemnity

THIS INDEMNITY made the ___ day of ___ month in the year 20____ BETWEEN (name 1) _____ and (name 2 if applicable)_____, the lawful guardian(s) of _____(child's name), (hereinafter called 'the parents' of the One Part AND for and on behalf of the Board of Management of Swords Educate Together National School situated at Applewood, Swords in the County of Dublin (hereinafter called 'the Board') of the Other Part.

WHEREAS:

1. The parents are respectively the lawful guardian(s) of _____, a pupil of the above school.

2. The pupil has _____

3. The pupil may, while attending the said school, require the administration of this medication in certain circumstances: _____
(Name of medication)

4. The parents have agreed that the said medication may be administered by the said pupil's classroom teacher and/or such other member of staff of the said school as may be designated from time to time by the Board.
NOW IT IS HEREBY AGREED by and between the parents hereto as follows:
In consideration of the Board entering into the within Agreement, the parents, as the lawful guardian(s) of the said pupil HEREBY AGREE to indemnify and keep indemnified the board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the Principal of said school from and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

Signed by Parent/Guardian 1_____ Date:_____

Parent / Guardian Print Name 1: _____

Signed by Parent/Guardian 2_____ Date:_____

Parent / Guardian Print Name 2: _____

Signed by Chairperson of the Board_____ Date:_____

Chairperson of the Board Print Name: _____

Appendix 3

Administration of Medicine – Staff Consent

Dear_____,

Following an application to the school to request administration of medication / supervision of the administration of medication for this school year, I am writing to ask if you are willing to administer / supervise the administration of medication to _____, a pupil in the school, as outlined on the school's administration of medicines policy.

Please reply in writing (below) to express your willingness, or not, in administering medication/supervising the administration of medication to the pupils as detailed on the school's administration of medicines policy.

Yours sincerely,

_____ _____

Principal (for the Board of Management) Date

……..

I, _____ (staff name),

am willing to administer medication/supervise the administration of medication to above pupil as outlined in the school's administration of medicines policy for this school year. ☐

am not willing to administer medication/supervise the administration of medication to above pupil as outlined in the school's administration of medicines policy for this school year. ☐

Signed: _____ Date:_____

Appendix 4

Administration of Medicine Record Sheet

Child's Name_____ Date of Birth: _____

Medicine to be Administered: _____ Expiry Date: _____

Dosage to be Administered: _____

Date of Administration	Time of Administration	Administered by

Please note, in the case of an emergency, an **Incident Report** will be compiled with more specific details: Where was the child, inside, outside? Did it come into contact with anything, food, plants, other child, animals etc

Appendix 5

Consent for Disclosure of Medical Condition to Whole Class

Child's Name:_____ Date of birth: _____

Name of medication: _____

Condition for which medication is required: _____

Circumstances when medication should be administered: _____

_____

I consent for my child to address their class and explain their medical condition and the need to administer medication in school if necessary and the need to be vigilant to a potential emergency situation. ☐

I consent for my child's class teacher or other designated school staff to address my child's class and explain the medical condition and the need to administer medication in school if necessary and the need to be vigilant to a potential emergency situation. ☐

Signed: _____ Date:_____
Parent / Guardian

Print Name: _____

Appendix 6

Administration of Medicine Policy: Asthma Attack Information

Symptoms of an asthma attack:

If someone is having an asthma attack they will have <u>one or a combination</u> of any of the symptoms below:

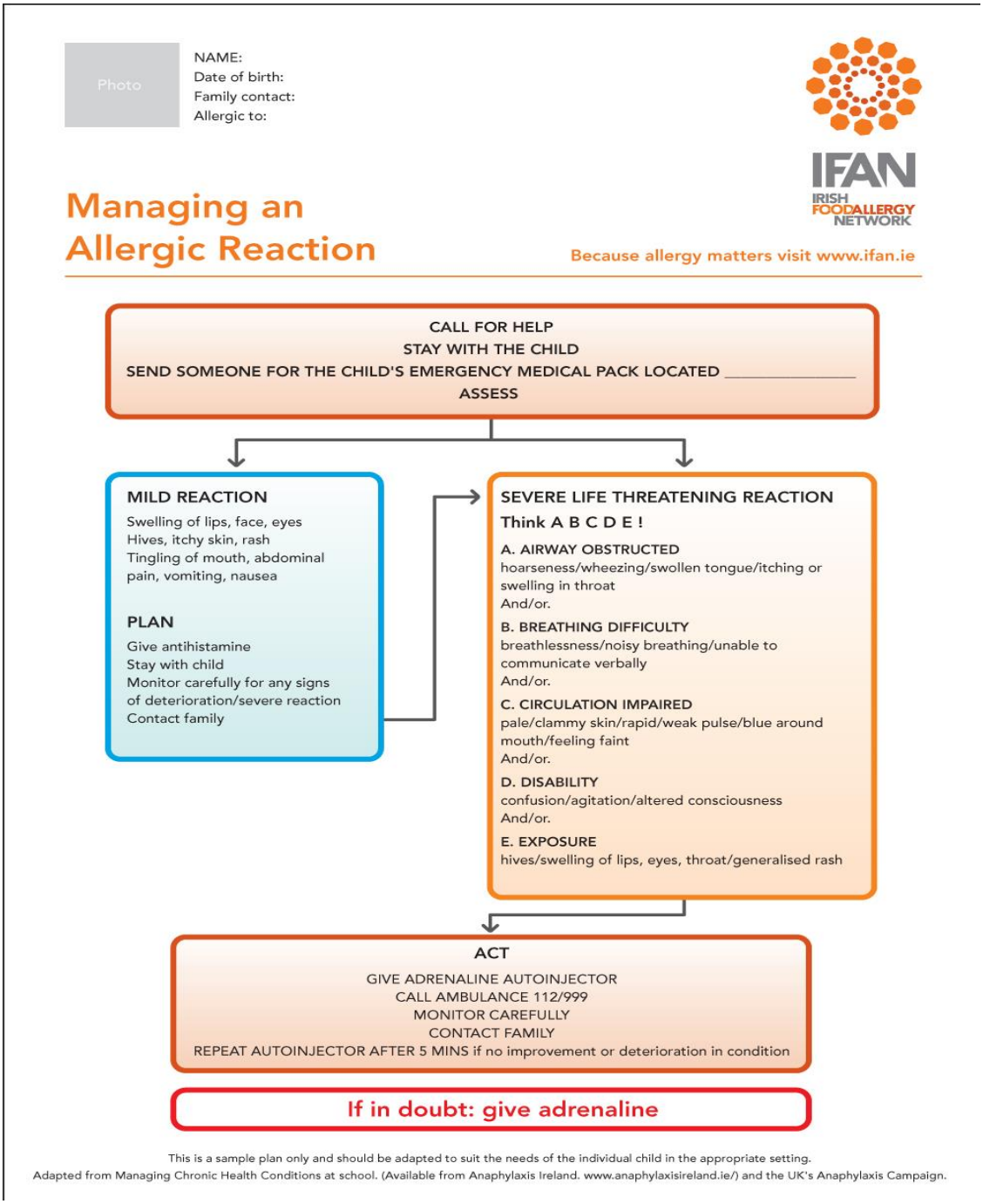
- Cough
- Wheeze
- Shortness of breath
- Chest tightness
- Too breathless to finish a sentence
- Too breathless to walk, sleep or eat
- Lips turning blue.

THIS IS AN EMERGENCY

Reference: Asthma Society of Ireland

Appendix 7

Administration of Medicine Policy:
Managing an Allergic Reaction Including Anaphylaxis



Photo

NAME:
Date of birth:
Family contact:
Allergic to:

IFAN
IRISH FOODALLERGY NETWORK

Managing an Allergic Reaction

Because allergy matters visit www.ifan.ie

CALL FOR HELP
STAY WITH THE CHILD
SEND SOMEONE FOR THE CHILD'S EMERGENCY MEDICAL PACK LOCATED _____
ASSESS

MILD REACTION

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

PLAN

Give antihistamine
Stay with child
Monitor carefully for any signs of deterioration/severe reaction
Contact family

SEVERE LIFE THREATENING REACTION

Think A B C D E !

A. AIRWAY OBSTRUCTED
hoarseness/wheezing/swollen tongue/itching or swelling in throat
And/or.

B. BREATHING DIFFICULTY
breathlessness/noisy breathing/unable to communicate verbally
And/or.

C. CIRCULATION IMPAIRED
pale/clammy skin/rapid/weak pulse/blue around mouth/feeling faint
And/or.

D. DISABILITY
confusion/agitation/altered consciousness
And/or.

E. EXPOSURE
hives/swelling of lips, eyes, throat/generalised rash

ACT

GIVE ADRENALINE AUTOINJECTOR
CALL AMBULANCE 112/999
MONITOR CAREFULLY
CONTACT FAMILY
REPEAT AUTOINJECTOR AFTER 5 MINS if no improvement or deterioration in condition

If in doubt: give adrenaline

This is a sample plan only and should be adapted to suit the needs of the individual child in the appropriate setting.
Adapted from Managing Chronic Health Conditions at school. (Available from Anaphylaxis Ireland. www.anaphylaxisireland.ie/) and the UK's Anaphylaxis Campaign.

Reference: Irish Food Allergy Network www.ifan.ie