

**St. Canice Primary School  
and  
Nursery Unit  
Dungiven**



**Administration of Medicine  
and First Aid Policy**

Reviewed November 2019

Due for review June 2021

Signed by Chair of BOG Mr T Nelis

Date

November 2019

## **Rationale**

In most schools there are pupils who may need to take medication during school hours for long or short term medical needs, or in emergency situations.

The most common ailments suffered by pupils are asthma, epilepsy and diabetes.

Anaphylaxis and extreme allergic reactions to certain foods, such as nuts, fish and dairy products, is on the increase.

Staff are therefore being increasingly called to administer medication to pupils. Although staffs' conditions of employment do not include giving medication or supervising a pupil taking it, staff at St. Canice Primary School and Nursery Unit may volunteer to do this.

## **Who is responsible for administering medication**

The prime responsibility for a pupil's health rests with the parent/guardian, however, to enable pupils requiring medication to participate as fully as possible in school activities the school may agree to assist a child with medical needs.

The Board of Governors for St. Canice Primary School and Nursery Unit will ensure that all staff acting within the scope of the Pupil's Health Care Plan as well as within their terms and conditions of employment will be indemnified for all actions taken that are associated with the administration of medicines.

The responsibility of the Board of Governors is to make sure that safety measures, which cover the needs of the pupil and staff, are outlined in the School's Health and Safety Policy.

This may mean special arrangements for particular pupils in managing and administering medication.

The policy should cover the school's approach to taking medication.

## **Short term medication**

There are times when pupils request painkillers at school including aspirin and paracetemol. School staff will not give non prescribed medication without prior written approval from the parent/guardian as staff may not be aware of any previous dose taken or whether the medication will react with other medication. (Form 2)

A member of staff will supervise the taking of the medication (Form 3) and will record the medication taken. (Form 6)

If a pupil suffers from acute pain regularly, e.g. migraine, the parents should authorise and supply the appropriate painkillers.

No pupil under 16 should be given medicine without the parent/guardian's written consent.

## **Prescribed medication - long term medical needs**

Some pupils may have medical conditions which will require regular administration of medication in order to maintain their access to education. These pupils are regarded as having medical needs.

Most children with medical needs are able to attend school regularly and with support from the school can take part in most normal school activities.

In some cases, pupils with medical needs may be more at risk than their classmates. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few cases individual procedures may be needed, i.e. (Form 1 Pupil's Health Care Plan).

## **Pupil's health care plan**

When a parent requests medication to be administered to a pupil at school, the school will discuss the pupil's condition with the parent and implications of the pupil's medical condition with the appropriate staff and where necessary draw up a Health Care Plan, i.e.:

- A written request together with a statement of the pupil's condition and requirements must be made available to the school (Form 2 Request by Parent for School to Administer Medication);
- The school will decide on the way in which the school will meet the pupil's requirements (Form 3 School's Agreement to Administer Medication);
- The school will ensure appropriate training is available from medically qualified persons, i.e. Pupil's GP, Specialised Nurse, School Clinical Medical Officer;
- The school will ensure that a sufficient number of staff are trained in order to cover Absences (Form 4 Staff Training Record);
- Two members of staff will always be present when administering medication which could expose staff to allegations of assault or sexual abuse, e.g. administering rectal Diazepam;
- Staff will be trained on how to call emergency services.

## **Emergency procedures**

- All staff will know how to call the emergency services.
- All staff will also know who is responsible for carrying out emergency procedures in the event of need.
- All staff will be issued with Guidance on calling an ambulance (Form 5 Emergency Planning).

## **Storage of medication**

Some medicines may be harmful to anyone for whom they are not prescribed. Where the school agrees to administer this type of medicine, the Board of Governors has a duty to ensure that the risks to the health of others are properly controlled.

The school will ensure that:

- The medicine container is labelled with the name of the pupil, dose and frequency of administration and any expiry date;
- Where a pupil requires two or more medicines, these will be kept in their original container and never transferred to another container;
- Medicines are kept in a secure cupboard;
- The trained staff and the pupil know where the medicines are stored and who holds the key;
- A record is kept of all medication administered (Form 6);
- A regular check is made to ensure that a medicine is not out of date, e.g. epi-pen.

## **First -Aid**

The school has a number of designated First-Aiders. Short emergency First-Aid training courses will also be made available for all staff, from time to time. These courses will cover topics such as:

- How to respond in an Emergency
- Cardiopulmonary Resuscitation (CPR)
- First-Aid for the unconscious casualty
- First-Aid for the wounded or bleeding
- Procedures for dealing with someone in difficulty as a result of misusing drugs.

There are two 'First-Aid Stations in the school.

The Stations are suitably stocked with a supply of appropriate resources.  
(Form 7 Location of First -Aid Stations)

### **School trips**

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration.

Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil.

A fully- equipped, portable First-Aid Kit will also be available for such visits.

### **School transport**

Staff will make sure that pupils are safe during home to school transport journeys. Most pupils with medical needs do not require supervision on school transport, but the school will provide appropriately trained supervisors if they consider them necessary.

### **Monitoring and Review**

The Principal and the Board of Governors, will monitor this policy, regularly.

The review of this policy document, in consultation with staff and the Board of Governors will remain ongoing, in light of guidance and advice from appropriate sources; accordingly, it will be updated as required.

You may copy this form for record purposes

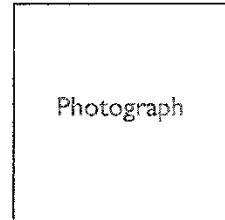
## Form I

### **Healthcare Plan for a Pupil with Medical Needs**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition \_\_\_\_\_  
\_\_\_\_\_



Photograph

Class/Form \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Review date \_\_\_\_\_

Name of School \_\_\_\_\_  
\_\_\_\_\_

### **Contact Information**

#### **Family contact 1**

Name \_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship \_\_\_\_\_

#### **Family contact 2**

Name \_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship \_\_\_\_\_

**Clinic/Hospital contact**

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

G.P. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:  
\_\_\_\_\_  
\_\_\_\_\_Daily care requirements, (e.g. before sport/at lunchtime):  
\_\_\_\_\_  
\_\_\_\_\_Describe what constitutes an emergency for the pupil, and the action to take if this occurs:  
\_\_\_\_\_  
\_\_\_\_\_Follow up care:  
\_\_\_\_\_  
\_\_\_\_\_Who is responsible in an emergency: (State if different on off-site activities)  
\_\_\_\_\_  
\_\_\_\_\_

Form copied to: \_\_\_\_\_

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## **Form 2**

### **Request by Parent for school to administer medication**

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Example form for parents to complete if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

#### **Details of Pupil**

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Surname: \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M/F: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class/Form: \_\_\_\_\_

Condition or illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Medication**

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Name/Type of medication (as described on the container)

For how long will your child take this medication:

Date dispensed: \_\_\_\_\_

Full directions for use:

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Dosage and method:

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Timing: \_\_\_\_\_

Special precautions:

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Side effects:

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Self administration: \_\_\_\_\_

Procedures to take in an Emergency:

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### **Contact Details**

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Name: \_\_\_\_\_

Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

**You may copy this form for record purposes**

## **Form 3**

### **School's agreement to administer medication**

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Example form for schools to complete and send to parent if they agree to administer medication to a named child

I agree that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered eg. lunchtime or afternoon break]. [Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff]. This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (The Principal/Named Member of Staff)

**You may copy this form for record purposes**

## **Form 4**

### **Staff training record – administration of medical treatment**

#### **Example of form for recording medical training for staff**

Name: \_\_\_\_\_

Type of training received: \_\_\_\_\_  
\_\_\_\_\_

Date training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above and is  
competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

**You may copy this form for record purposes**

## **Form 5**

### **Emergency Planning**

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#### **Request for an Ambulance to:**

Dial 999, ask for ambulance and be ready with the following information.

**1. School telephone number**

**2. School name, address and postcode**

**3. Give exact location in the school (insert brief description)**

**4. Give your name**

**5. Give brief description of pupil's symptoms**

**6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to**

## Record of medication administered

**Form 7****Location Of First-Aid Stations**

**'Main First-Aid Stations'** are equipped with a supply of dressings, plasters, sterile eye pads, cotton wool, sterile water, sterile wipes, bandages, safety pins, wound dressings, disposable gloves and a guidance card; they are located in:

***Room 1***

***Disabled Toilet (Ground Floor)***

If an accident takes place within the school grounds, the teacher/supervising adult is required to report the accident to the Principal, and complete an 'Accident Report Form' as soon as is practicable to do so.

A fully equipped portable First-Aid kit will also be available for outside visits.