

GAELSCOIL & NAÍScoil NEACHTAIN



POLASAÍ don RIARACHÁN CÓGAIS

POLICY for ADMINISTRATION of MEDICINE

Draft Policy for the Administration of Medicine

The Board of Governors and staff of Gaelscoil Neachtain wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal, on behalf of the Board of Governors of Gaelscoil Neachtain, 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.** **Medication to be administered will be checked by two members of staff.**

Please note that parents should keep their children at home if acutely unwell or infectious.

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.

Only reasonable quantities of medication should be supplied to the school. 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:

- Pupil's Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date

The school will not accept items of medication in unlabelled containers.

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 a locked cabinet. If any member of staff needs to bring personal medication to work, it must be safely secured at all times.

The school will keep records, which they will have available for parents.

If a child refuses 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.

Date expired medicines, or those no longer required for treatment, will be returned immediately to the parent 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.

USE OF *EPI-PEN* IN ANAPHYLAXIS

Gaelscoil Neachtain will adhere to guidelines for management of anaphylaxis as advised by Department of Health, Social Services and Public Safety. Named staff will be trained in administration of *Epi-pen*. Training will be renewed annually. In consultation with school nurse and parents, an individual Care Plan will be agreed and reviewed annually, or as necessary.

Appendix 1

REQUEST FOR A 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 medicine.

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth ____ / ____ / ____ M F

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

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

Date dispensed _____

Expiry Date _____

Full Directions for use

Dosage and method

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions

Are there any side effects that the School needs to know about?

Procedures to take in an Emergency

Contact Details

Name _____

Phone No (home/mobile) _____
(work) _____

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. I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____

Agreement of Principal

I agree that _____ (*name of child*) will receive
_____ (*quantity and name of medicine*) every day at
_____ (*time(s) medicine to be administered e.g. lunchtime or afternoon break*).

This child will be given/supervised whilst he/she takes their medication by

_____ (*name of staff member*).

This arrangement will continue until _____ (*either end date of course of medicine or until instructed by parents*).

Signed _____ Date _____
(*The Principal/authorised member of staff*)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

Appendix 2

**TAIFEAD COGAIS do PHÁISTE AONAIR / MEDICATION RECORD for
INDIVIDUAL CHILD.**

Ainm an pháiste / Child's Name _____

Rang / Class ____ Dáta Breithe / Date of Birth _____

Cogas / Medicine _____

Dáta Éaga / Date of Expiry _____

Treoracha / Directions _____

Ag toiseacht / Beginning _____ go dtí / until

Dáta / Date					
Am / Time					
Inisealacha*/ Initials					
Nótaí / Notes					

***NÍ MÓR DO BHEIRT COGAS A SHEICEÁIL – AINM, AM, MÉID, - SULA
SCRÍOBHTAR NA hINISEALACHA.**

***TWO PEOPLE MUST CHECK MEDICINE – NAME, TIME, AMOUNT – BEFORE
INITIALS ARE WRITTEN.**

Dáta / Date					
Am / Time					
Inisealacha*/ Initials					
Nótaí / Notes					

***NÍ MÓR DO BHEIRT COGAS A SHEICEÁIL – AINM, AM, MÉID, - SULA
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INITIALS ARE WRITTEN.**