

# ***Organisational Policy re Administration of Medication to Pupils***

## ***Scoil an Linbh Íosa, Ballycane.***

Teachers generally should not be involved in the administration of medication to pupils. In exceptional circumstances e.g., if a child requires on-going medication during the school day and in life threatening situations teachers may agree to become involved in the administration of medication to pupils.

Before authorisation to administer medication is given to specific teachers the following Action Plan/action Plans must be strictly adhered to. For the purpose of differentiation between medications they are listed here in three categories and will be known as Level I Drugs, Level II Drugs and Level III Drugs.

Level I Drugs: This level includes

- (1) Anaphylactic Shock Injection Pen
- (2) All other injections for life threatening/severe allergies
- (3) Epilepsy Control Drugs plus any other drugs/medication which may need to be administered in life threatening situations.

Level II Drugs: This level includes

- (1) Inhalers
- (2) Drugs used to treat A.D.H.D.
- (3) Long term medication for such conditions as Cystic Fibrosis, Heart Problems, etc.

Level III Drugs: This level includes

Antibiotics, pain killers, Calpol, Cough Mixtures, Eye Drops, Ointments, Antiseptic Creams and all non-prescription drugs.

## Action Plan for administration of Level I Drugs

Before any Level I Drug may be administered to a pupil the following steps must be taken: -

- (a) Parent/Guardian is obliged to write to the B.O.M. outlining nature of child's illness/problem/allergy- He/she must give details of the type of medication to be administered to the child in the event of this procedure becoming a necessity.
- (b) Parent(s) / Guardian of the child must also in the letter to the B.O.M. request it to authorize a teacher/Teachers to administer the medication.
- (c) The request must also contain written instructions of the procedure to be followed in administering the medication.
- (d) The Principal, Deputy Principal and 3 Assistant Principals are the persons normally nominated by the Board to administer medication.
- (e) Any and all of the above mentioned when administering medication to pupils must exercise the standard of care of a reasonable and prudent parent.
- (f) The Board of Management must seek an indemnity from the Parents/Guardians in respect of any liability that may arise regarding the administration of the medication – B.O.M. rep will also sign this form.
- (g) B.O.M. will inform the schools insurers accordingly.
- (h) The B.O.M. will undertake the provision of safe storage place for Level I Medication.
- (i) Any one of the 5 designated team above, may reserve the right to opt out of being required to administer Level I Medication if they so wish –
- (j) A list of the designated Team for Level I Drug administration and details of those children requiring treatment (including contact numbers etc.) will be made available to all teaching staff members.

## Action Plan for Level 2 Drugs

- Parents once again will be requested to write to the BOM
- Letter must outline (a) nature of the child's disability/illness and (b) the type of medication which must be administered during school hours in the event of the child requiring same.
- Parents/guardians of the child must, in the letter to the BOM request it to authorise teacher / teachers to administer the medication.
- The request must contain written instructions for the procedure to be followed in administering the medication.
- Class teacher will be obliged to keep medication in a locked drawer/press/box.
- He/she will only administer medication having been given clear instructions for same by BOM/ Parent.
- When administering medication to any child, the teacher must exercise the standard of care of a reasonable and prudent parent.
- The BOM must seek an indemnity from the parents/guardians in respect of any liability that may arise regarding the administration of the medication. A BOM representative will be obliged to sign this form.
- The BOM will inform the schools insurers accordingly.
- A copy of the names of children, numbers of classrooms and drugs to be administered will be displayed on Notice Board in both Principals and Secretary's office and a copy of same will be given to "First Aider"

## Action Plan for level 3 Drugs

Drugs or any type of medication listed in this category will never be administered by a teacher to a pupil.

In the case of Action Plan 1 and Action 2, teachers or designated team cannot administer any medication until fully authorised to do so by the BOM.

In the case of a child with a serious medical ailment which may necessitate medical intervention during school hours, parents/guardians are obliged to write details of the ailment in a letter to the BOM. Enclosing any useful information which may be available from Specialist / GP. They must outline the necessary steps to be taken for the required medical intervention and they must give contact numbers of minder / GP. / Specialist etc. They must also sign an indemnity form in respect of any liability that may arise regarding failure to make contact with the above-mentioned personnel.

In the event of a serious accident, or of a child losing consciousness an ambulance will be immediately sent for and the child will be brought to the local hospital.

# *Scoil an Linbh Íosa, Ballycane, Naas*

## **Administration of Level I Drugs**

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Teacher's Name & Classroom No. \_\_\_\_\_

### 1. Details of child's Condition:

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### 2. Details of Medication and Method of Administration:

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<b>Parent's Name:</b>	<b>Minder/Carer:</b>	<b>Name of G.P.</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Phone Nos.</b>	<b>Contact Nos.</b>	<b>Contact No.</b>
<b>Home Contact No.</b>		
<b>Work No.</b>		

Permission from Parent for Administration of Medication by teacher:

\_\_\_\_\_

Agreement from Teacher to administer Drug:

\_\_\_\_\_

**SCOIL AN LINBH ÍOSA BALLYCANE and BOM will not accept any liability that may arise regarding the administration of this Medication.**

Parents Signature: \_\_\_\_\_

B.O.M. Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***Scoil an Linbh Íosa, Ballycane, Naas***

## **Administration of Level II Drugs**

**School Year:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Teacher's Name & Classroom No.** \_\_\_\_\_

**1. Details of child's Condition:**

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**2. Details of Medication and Method of Administration:**

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<b>Parent's Name:</b>	<b>Minder/Carer:</b>	<b>Name of G.P.:</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Phone Nos.:</b>	<b>Contact Nos.</b>	<b>Contact No.:</b>
<b>Home Contact No.:</b>		
<b>Work No.:</b>		

**Permission from Parent for Administration of Medication by teacher:**

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**Agreement from Teacher to Administer Drug:**

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**Scoil an Linbh Íosa, Ballycane and BOM will not accept any liability that may arise regarding the administration of this Medication.**

**Parents Signature:** \_\_\_\_\_

**B.O.M. Signature:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# *Scoil an Linbh Íosa Ballycane, Naas*

## Administration of Level III Drugs

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Teacher's Name & Classroom No. \_\_\_\_\_

### 1. Details of child's Condition:

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### 2. Medical intervention required:

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<b>Parent's Name</b>	<b>Minder/Carer:</b>	<b>Name of G.P./Specialist</b>
<b>Address</b>	<b>Address:</b>	<b>Address</b>
<b>Phone Nos.</b>	<b>Phone Nos.</b>	<b>Phone No.</b>
<b>Home Contact No.</b>	<b>Home</b>	
<b>Work No.</b>	<b>Mobile</b>	

SCOIL AN LINBH ÍOSA, BALLYCANE and BOM will not accept any liability that may arise regarding failure to make contact with the above Personnel.

Parents / Guardians Signature: \_\_\_\_\_

B.O.M. Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

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

# Scoil an Linbh Íosa, Ballycane, Naas

## **ACCIDENT & INJURY FORM**

Name of Child: \_\_\_\_\_

Classroom No. \_\_\_\_\_

Please put a tick in the appropriate sections

Your child fell in the school yard to-day

Your child fell in the classroom to-day

Your child fell in the P.E. Hall to-day

Your child fell on the way into school to-day.

He/she sustained an injury to head  hand leg ear mouth

He/she received a wasp sting

He/she sustained a nosebleed

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He/she was treated as follows: -

Cut/Graze was cleaned

An Ice Pack was applied to the bump

A plaster was applied to the graze / cut

A spray was applied to sting

An effort was made to make telephone contact with you but there was not any reply

Any other useful information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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