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Administration of Medicine and

Illness Policy

May 2022

August 2023

# Introduction

This policy was drafted in line with best practice in relation to the administration of medication in our school. This policy was discussed with relevant personnel from our school community to include alternative perspectives on the administration of medication in the best interests of our pupils. As our school is a special school, we endeavour to support pupils with medical needs in so far as is practical. The support of parents in accommodating same is essential in relation to the administration of medication and care of a child who is unwell.

# Rationale

The policy as outlined was put in place to:

* Clarify areas of responsibility.
* To give clear procedures to follow when a child becomes ill at school or at home.
* To give clear guidance about situations where it is not appropriate to administer medicines.
* To indicate the limitations to any requirements which may be notified to teachers and school staff.

# Relationship to School Ethos

The school promotes positive home-school contacts, not only in relation to the welfare of children, but in relation to all aspects of school life. This policy is in keeping with the school ethos through the provision of a safe, secure and caring school environment and the furthering of positive home-school links.

# Aims of this Policy

The aims and objectives of the policy can be summarised as follows:

* Minimise health risks to children and staff on the school premises.
* Set out procedures to be followed when children become unwell.
* To ensure that they are well cared for and that, where the cause is of an infectious nature others are not exposed needlessly.
* Provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed with parents/guardians.

# In–School Procedures

Parents are required to complete a number of consent and medical forms in our application form for admission to our school (please see the appendix in our Admissions and Participation Policy available on our website). No member of staff is obliged to administer medicine or drugs to a pupil and any staff willing to do so works under the controlled guidelines outlined below:

* Prescribed medicines will only be administered after parents of the pupil concerned have asked their doctor to complete the relevant prescription / record sheet form (see attached). This form requires that full details of the medication prescribed for their child are provided. It is also necessary to complete this form which seeks permission from parents/guardians to administer the medication in school. The prescription record sheet should include emergency, routine and medications such as analgesia i.e. Calpol, Nurofen and Pareactemol.
* Under no circumstance will non-prescribed medicines be either stored or administered in the school.
* The Board will seek indemnity from parents in respect of any liability arising from the administration of medicines.
* In general, medicines will be administered by the parents/guardians outside of school hours.
* Each class has a medication storage unit which are locked at all times
* Pupils with a diagnosis of Epilepsy or Diabetes requiring use of an epi pen will have a pouch containing their prescribed medication and instructions to be followed in an emergency situation. Each pupil’s pouch will be stored in the locked medication cupboard and the classroom assistant or teacher allocated to that class will ensure that this pouch accompanies the pupil at all times.
* In relation to pupils with heart difficulties, if medical equipment is utilised, the equipment will be stored either on the child’s person (in a pouch) or in the teachers filing cabinet (whichever has been agreed on the Intimate Care Plan which is completed by the parents and staff during the IEP/PPP Meeting). Clear instructions which have been agreed should accompany the equipment.
* Teachers have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere.
* The Board of Management requests parents to ensure that teachers be made aware of any medical condition suffered by any child in their class.

# Long Term Health Difficulties

Where there are children with long-term health difficulties in school, proper and clearly understood arrangements for the administration of medicines must be made with the relevant staff in school. This is the responsibility of the parents/guardians. It would include measures such as self-administration, administration under parental supervision or administration by school staff. Parents are requested to participate in the development of a care plan for their child at the Individual Education Plan meeting annually and more frequently if necessary. It is a matter for parents to bring the necessity of such a plan to the attention of the class teacher and the nurse in the school. If changes to the plan are required, it is the responsibility of the parent to bring this to the immediate attention of the class teacher and nurse.

# Life Threatening Condition

Where children are suffering from life threatening conditions, parents/guardians must clearly outline what should be done in a particular emergency situation, with particular reference to what may be a risk to the child. If emergency medication is necessary, arrangements must be made with the Board of Management. An indemnity form and prescription record sheet to be completed (see appendix of the Admission and Participation Policy) must be signed by the parents in respect of any liability that may arise regarding the administration of medication.

# Illness or Infection at School When children should be kept at home

Parents/guardians are asked not to send their child/ren to school if any of the following apply:

1. The child has symptoms of an infectious illness that is mentioned in the list of ‘Common Ailments requiring Pupils to Stay at Home’ at the back of this policy (**Appendix 1)**, or the HSE Publication: ‘Management of Infectious Diseases in School – 2014’, Chapter 9. [http://www.hpsc.ie/a-](http://www.hpsc.ie/a-z/lifestages/schoolhealth/File%2C14304%2Cen.pdf) [z/lifestages/schoolhealth/File,14304,en.pdf](http://www.hpsc.ie/a-z/lifestages/schoolhealth/File%2C14304%2Cen.pdf)

or in Appendix 2 HSE document – ‘When should my child return to school/ childcare?’

1. The child does not feel well enough to participate in the normal programme of curriculum activities.
2. The child requires more care than the classroom team is able to provide without affecting the health, safety and schoolwork of the other pupils.
3. If antibiotics are prescribed for a contagious illness or infection, the child should not attend school until 24 hours after treatment has begun and must be showing signs of improvement.
4. If head lice or ringworm is noticed, the child may not come to school until treatment has begun. See the end of **Appendix 1** at the back of this policy.
5. If a child has been sent to school and is clearly unwell, as described above, a parent or guardian will be asked to collect him/ her from school as soon as possible.

# Pupil Absence

**Informing the Bus Escort**

If a pupil becomes ill overnight or at the weekend and is unable to attend on the next school day, the parent/ guardian should contact the bus escort so the school bus need not come unnecessarily to the house. The evening before a pupil returns to school, the parent/guardian should phone the bus escort to ensure their son/daughter is collected in the morning.

# Informing the school

As well as contacting the bus escort, the parent/guardian must also contact the school/teacher, stating the reason for the child’s absence. This will be recorded on Aladdin.

# Returning to School

A pupil who has an infectious ailment, e.g. diarrhoea, vomiting, heavy cold, should remain at home until they are no longer infectious and generally 48 hours symptom free. The length of time before return will depend on the ailment and on the treatment. Guidelines in **Appendix 1** at the back of this policy, or in ‘Management of Infectious Diseases in School’ (Chapter 9), should be followed.

# Collecting Child when ill

If a teacher/management contacts a parent/guardian to say that their child has been observed and is not well enough to be at school, or travel home on school transport the parent/guardian must arrange to collect the child as soon as possible. This is primarily for the well-being of the child who is unwell. In the case of infectious diseases, it is also very important for the well-being of the other pupils and the school staff. Classroom staff will aim to keep the child as comfortable as possible while waiting for a parent/guardian to arrive. In the event that a parent or guardian does not answer the phone, the principal may decide to bring the child home, to the parent’s workplace or the hospital if necessary.

# Responsibility of the School

If a child feels unwell or appears unwell, on arrival at school or during the school day, the following procedures will be followed for the well-being of the child who is sick and of all members of the school community.

* If a class teacher is concerned that a child is unwell, she/he will inform Management.
* The teacher will contact the parents/guardians of the child by phone.
* In the case of a child who is unwell and is awaiting collection, staff will ensure that the child is supervised, reassured and made as comfortable as possible.
* If the child has a suspected infectious condition further contact with other children will be limited by moving the child to a separate space in the classroom or by removing him/ her from the classroom.
* All other necessary precautions will be taken to limit the spread of infection, i.e. careful handwashing and use of suitable sanitising cleaning products as required.

On an ongoing basis, St Francis Special School aims to promote good hygiene practices that will help prevent transmission of infection. These practices will be taught as part of the SPHE curriculum and will be consolidated throughout the school day. They will include:

* Teaching and implementing effective handwashing throughout the school, with staff leading by example.
* Teaching and implementing respiratory hygiene and cough etiquette, e.g. to turn away when coughing or sneezing, etc.
* Provision of gloves, aprons, suitable sanitising cleaning products and cleaning equipment for staff who are in contact with bodily fluids when caring for a child. Gloves, aprons, and sanitising and cleaning equipment are stored in the cleaning cupboard.

# Guidelines for the Administration of Medicines

1. The parents of the pupil with special medical needs must inform the school of the condition, giving all the necessary details of the condition. Parents must also provide instructions of the procedure to be followed in administering the medication.
2. Parents must complete the necessary forms when enrolling their child requesting the school to authorise the administration of the medication in school.
3. Where specific authorisation has been given by the school for the administration of medicine, the medicines must be brought to school by the parent/guardian/designated adult.
4. A written record of the date and time of administration must be kept by the person administering it.
5. Parents/Guardians are responsible for ensuring that emergency medication is supplied to the school and replenished when necessary.
6. Emergency medication must have exact details of how it is to be administered.
7. The school will inform the school’s insurers accordingly of medication for life threatening conditions.
8. Parents are further required to indemnify the Board of Management and members of the staff in respect of any liability that may arise regarding the administration of prescribed medicines in school and during school related activities.
9. All correspondence related to the above are kept in the school.

# Medicines

* Where possible, the parents should arrange for the administration of prescribed medicines outside of school hours.
* Non-prescribed medicines will neither be stored nor administered to pupils in school.
* Teachers / classroom assistants / nurses in the school will only administer prescribed medication when arrangements have been put in place as outlined above.
* Arrangements for the storage of certain emergency medicines, which must be readily accessible at all times, must be made with the class teacher and the Principal / nurse.
* A teacher/classroom assistant must not administer any medication without the specific authorisation of the Board of Management.
* No teacher/classroom assistant can be required to administer medicine or drugs to a pupil.
* In an emergency situation, qualified medical assistance will be secured at the earliest opportunity and the parents contacted.
* It is not recommended that children keep medication in bags, coats, etc.
* When the medicine or snacks for low blood sugar have been used by the student it is the parent's responsibility to replace these snacks the next day the student comes to school.

# Emergencies

In the event of an emergency, teachers should do no more than is necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

Where no qualified medical treatment is available, and circumstances warrant immediate medical attention, designated staff members may take a child into Accident and Emergency without delay. Parents will be contacted simultaneously.

In addition, parents must ensure that teachers are made aware of any medical condition which their child is suffering from. For example, children who have epilepsy, diabetes etc.

may have a seizure at any time, and teachers must be made aware of symptoms in order to ensure that treatment may be given by appropriate persons.

Details are required from the parents/guardians and family doctor/pharmacist outlining the child’s personal details, name of medication, prescribed dosage, whether the child is capable of self-administration and the circumstances under which the medication is to be given. Parents should also outline clearly proper procedures for children who require medication for life threatening conditions.

The school maintains an up-to-date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year. It is a prerequisite for parents to inform the school if there is any change in their contact details.

# First Aid Boxes

A full medical kit is taken when children are engaged in out of school activities such as school tours, swimming, soccer/ basketball games and athletic activities. There are First Aid kits stored in the Kitchen and nurse’s room. The materials are restocked on a regular basis by relevant staff. Staff have been trained in First Aid.

# General Recommendations

We recommend that any child who shows signs of illness should be kept at home; requests from parents to keep their children in at lunch break are not encouraged. A child too sick to play with peers should not be in school.

# Roles and Responsibilities

The BoM has overall responsibility for the development and monitoring of the school policy on Administration of Medication. The Principal is the day-to-day manager of routines contained in the policy with the assistance of all staff members.

# Success Criteria

The effectiveness of the school policy in its present form is measured by the following criteria:

* Compliance with health and safety legislation
* Maintaining a safe and caring environment for children
* Positive feedback from parents/teachers
* Ensuring the primary responsibility for administering remains with parents/guardians.

# Review and Ratification

This policy was ratified by the Board of Management of St. Francis Special School on\_\_\_\_\_\_\_\_\_\_\_\_\_

The policy will be reviewed regularly in the light of experience. It will be reviewed by the full staff and Board of Management every two years. Next review of this policy will occur during the school year of 2023/2024.

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



Chairperson:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Appendix 1

Common Ailments requiring Children to Stay at Home or to Visit GP

CHICKEN POX: The child should not attend school until all scabs are dry and crusted. This is usually 5-7 days after appearance of rash.

DIARRHOEA: When your child has had diarrhoea due to infection, he/she should only return to school once 48 hours have passed following the last loose bowel movement.

VOMITING: As in the case of diarrhoea, the child should remain at home until 48 hours have passed since last episode of vomiting due to infection.

FEVER: The normal body temperature is 36.5 to 37.2 C. If the child develops a temperature, she/he should remain at home until 24 hours after the fever has passed.

HEAVY COLD SYMPTOMS OR FLU LIKE SYMPTOMS: e.g., large amount of yellow-green nasal discharge, sleepiness, ear pain and/or fever. The child should be kept at home until these have subsided and the he/ she is able to participate in the normal school curriculum.

MILD COLD SYMPTOMS: If a child’s mild cold symptoms would prevent him/ her from participating in normal school curriculum, e.g. significant weariness at onset, streaming watery discharge from nose, persistent cough, he/ she should be kept at home.

CONJUNCTIVITIS: inflammation of the lining of the eye and eyelid, causing sore or red eyes; can be highly contagious if bacterial or viral. Children with red eye/s and a watery or sticky discharge must be evaluated by a doctor, who will advise about return to school – at least 24 hours after start of treatment, perhaps until fully recovered.

IMPETIGO: The fluid inside the blisters is very infectious. The child should be taken to the doctor who will advise about return to school, usually when blisters have dried and healed or a minimum of 24 hrs after commencing antibiotics,

# Common Conditions Requiring Immediate Treatment

HEAD LICE: It is important to avoid contact between an affected child and others. If parents/guardians notice head lice, or are advised that they have been noticed in the child’s hair at school, treatment must begin before the child returns to school. So long as the treatment begins before bed-time, the child may attend school the next day.

RINGWORM: A child with suspected ringworm should be taken to their GP and, if ringworm is confirmed, treatment should begin as soon as possible. Once parents/guardians attend to this, the child may return to school.

**Appendix 2**

