

# St Louis Community School, Kiltimagh, Co Mayo

## POLICY FOR THE ADMINISTRATION OF EMERGENCY MEDICATION

### RATIONALE AND BACKGROUND

St Louis Community School has a duty to safeguard the health and safety of children while engaged in school and school activities but its servants and agents are not obliged to personally undertake the administration of medications. However, Garda Vetted school representatives may, upon authorisation by parents/guardians of the child and at their own discretion and on the basis that it is accepted by authorising parents/guardians that they will not be held liable for any accidental act or omission arising in the course of authorised administration, agree to administer certain medicines or procedures. This will be arranged formally in writing on a case-by-case basis and documented in writing and retained on the child's file.

It is the school's policy that children who are acutely ill should not attend classes until the illness has resolved.

### SCOPE

The scope of this policy is the administration of emergency medication in relation to four conditions:

- Acute asthmatic attack
- Diabetic hypoglycaemic attack
- Anaphylactic reaction
- Prolonged epileptic seizures

In the event of a child becoming acutely ill in the course of a school day, parents/guardians or emergency contacts will be notified to bring them home to recuperate.

In emergency situations, qualified medical help will be obtained or the child will be brought to the local emergency department at the earliest opportunity, and provision for administration of medication for acute illness in school is not deemed appropriate to this. In line with the school ethos, children with chronic illnesses are encouraged to engage fully in school activities.

Where possible, the family doctor should be asked to prescribe treatments that can be taken outside school hours in order that administration of medication at school is kept to a minimum. When administration of medication is required to facilitate a fully inclusive environment, every effort will be made to accommodate children's needs subject to the school's discretion.

### PROCEDURES

Prescription emergency medication can only be carried & self-administered/stored & administered by appropriately trained members of staff following approval of a written request by the parents/guardians to the Principal.

#### Self-Administration

Wherever possible pupils should retain their emergency medication in their own possession and take responsibility with the consent of their parent/guardian for self-administration. Approval from the Principal is required for the pupil to carry his/her medication. Form M2 'A request for pupil to carry his/her medication' must be completed (see Appendix 2). The school will not maintain a record of medication use in circumstances where it is in the control and possession of the child as school. When consensual self-administration is routine (e.g. bronchodilator pre-PE in a child with exercise induced asthma) and witnessed by school representatives, it will be recorded in the child's school journal.

#### Administration by members of staff

Approval from the Principal is required for a request for the school to administer emergency medication. Form M1 'A request for the school to administer medication' must be completed, see Appendix 3 This will authorise appropriately trained members of staff to administer the emergency medication and include written confirmation from a medical practitioner that the medication is such that a non-medical person may administer/supervise administration, together with confirmation of the medical dose and circumstances when it should be given

Consent for information concerning the need for emergency medication administration to be shared with school representatives, relevant insurers and medical practitioners is also required from the parent(s)/guardian(s) as disclosure of this information may be of relevance if medical assistance is required for the child.

Parents/Guardians will also be asked to provide a signed indemnity form, see Appendix 4.

Parents/Guardians will be informed of school representatives who are authorised to administer emergency medication and alternative options will be discussed with the child's Parents/Guardians in circumstances of unavailability. If it is authorised and accepted that the emergency medication can be stored and administered in school, it will be stored in a secure location, in a locked cupboard in the school staffroom next to the office, where access can only be obtained by a responsible adult e.g. teacher, SNA, etc.. Medication will be securely stored in a sealed, transparent, unbreakable container labelled with the child's name, expiry date, dosage, circumstances under which it should be administered and consent of the parent/guardian. It is the responsibility of the Parents/Guardians to ensure that an adequate supply of medication is provided and it has not passed its expiry date. If medication passes its expiry date without being used, the child's Parents/Guardians will take responsibility for its safe disposal (usually by returning to the pharmacy). It may be necessary to store medication in a controlled temperature environment of 4°C in a refrigerator; if this is the case a dedicated refrigerator will be provided in the school office.

A change in medication and/or dosage will require immediate submission of a new updated "Request for Administration of Medication – Information and Consent" form. IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO ENSURE THAT THE DOSAGE NOTED ON THE CONTAINER IN WHICH THEIR CHILD'S MEDICATION IS STORED IS ALSO AMENDED.

A written record of all emergency medication administered in the school will be maintained in the school. When medication is administered by school representatives to treat an emergency (allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/guardians will be notified by telephone and thereafter in writing.

Prescribed emergency medication will only be administered to the child for whom it has been prescribed, in line with current legislation. Arrangements for administration of emergency



medication to each student will be reviewed, at least annually and the school reserves the right to vary the arrangements at its discretion with immediate notification of any such variation in arrangements to the parents/guardians.

School representatives cannot be required to administer medication, however they will be requested to volunteer. As volunteers, staff members will be authorised to administer the emergency medication and provided with training as required. Records of such training will be maintained by the school.

#### RELATIONSHIP TO OTHER SCHOOL POLICIES AND PROCEDURES

The Administration of Emergency Medication Policy should be read in conjunction with other relevant policies e.g. Health and Safety Policy, Child Protection Policy, Special Educational Needs Policy.

#### IMPLEMENTATION

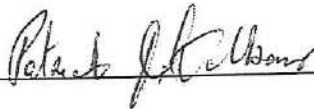
Detailed information for school representatives to facilitate the safe and effective implementation of this policy is included as Appendix 1.

Parents/Guardians are invited to contact the Principal immediately if they have any concerns about the implementation of this policy in relation to their child's medication and they should engage at all times with the Principal and administrators with regard to any issues identified, failing which they cannot expect the authority granted to be of any effect.

Mr. Patrick J. Kilbane

Chairperson, Board of Management

Signed



Date 6<sup>th</sup> = 10 = 2020

## Appendix 1

### Administration of Emergency Medications – Detailed Information for school representatives

#### General record keeping

All forms and letters concerning administration of medication will be stored in the Principal's office, in each student's confidential file. These records are stored in compliance with relevant data protection legislation.

When an updated "Request for Administration of Medication – Information and Consent" form is received, this will be stapled to the FRONT of the existing form, to ensure that the updated information is not overlooked and it will be necessary for the dosage container to be updated in accordance with the contents of this communication.

Any handwritten notes made on a "Request for Administration of Medication – Information and Consent" form to update it in line with written information provided by Parents/Guardians will be initialled and dated and otherwise inadmissible as insufficiently reliable.

When an updated "Request for Administration of Medication – Information and Consent" form is received, the original will be retained, but will have a line drawn through it, to indicate that it is now superseded and it will have the new one affixed over it.

The information contained in a request for the school to administer emergency medication including the contact details for parent(s)/guardian(s) will be transcribed into a suitable format and stored with the emergency medication. A copy of the child's timetable and photograph will also be stored with the emergency medication.

A Medication book will be maintained and stored in the cupboard with the emergency medication. When emergency medication is administered an entry will be made (one entry per page) detailing the date and time, name of child, medication and dose administered, reason for administration and the signature of the staff member who administered. A copy of this record will be sent home.

Appendix 2

St Louis Community School, Kiltimagh, Co Mayo

Request for pupil to carry his/her medication – FORM M1

- This form must be completed by parents/guardians
- If staff have any concerns, they will discuss this request with healthcare professionals

Details of Pupil

Last Name \_\_\_\_\_ First name (s) \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Class \_\_\_\_\_

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

Medication

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

Name of medicine

\_\_\_\_\_

Procedures to be taken in an emergency

\_\_\_\_\_

\_\_\_\_\_

Contact Details

Name \_\_\_\_\_

Phone number Mobile \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

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

I would like my child to keep his/her medication on him/her for use as necessary. I understand that information about my child's medical condition and treatment will be shared with school representatives and medical personnel as necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

Agreement of Principal

I agree that \_\_\_\_\_ (name of child) will be allowed to carry and self administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (end date of school year)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Appendix 3

St Louis Community School, Kiltimagh, Co Mayo - Request for the school to administer emergency medication FORM M2

The school will not give your child emergency medication unless you complete and sign this form AND the Principal has agreed that appropriately trained school staff can administer the medication.

Details of Pupil

Last Name \_\_\_\_\_ First name (s) \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Class \_\_\_\_\_

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

Emergency Medication - Parents must ensure that in date, properly labelled medication is supplied

Name and Type of emergency medication (as described on the container)

\_\_\_\_\_

Date dispensed \_\_\_\_\_ Expiry date \_\_\_\_\_

Full directions for use - Dosage and method (letter from GP/Consultant required)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Procedures to be taken in an emergency

\_\_\_\_\_  
\_\_\_\_\_

Contact Details

Name \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

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

I understand that I must deliver the medication personally to \_\_\_\_\_ and accept that this is a service the school is not obliged to undertake. I understand that I must notify the school of any changes in writing. I understand that information about my child's medical condition and treatment will be shared with school representatives and medical personnel as necessary. I also consent to the disclosure of this information to appropriate medical practitioner/s and relevant insurers as required.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

Agreement of Principal

I agree that \_\_\_\_\_ (name of child) will receive the stated emergency medication should the need arise. This medication will be administered if required by an appropriately trained member of staff who will be acting in a voluntary capacity.

Signed \_\_\_\_\_ Date \_\_\_\_\_



Appendix 4

ADMINISTRATION OF EMERGENCY MEDICATION IN ST LOUIS COMMUNITY SCHOOL- INDEMNITY

THIS INDEMNITY made the \_\_\_\_\_ day \_\_\_\_\_ month of 20\_\_\_\_\_

BETWEEN \_\_\_\_\_ (lawful father and mother

/guardian/s) of \_\_\_\_\_ (hereinafter called 'the

Parents/Guardians' of) the One Part AND for and on behalf of St Louis Community School, Kiltimagh, Co Mayo of the Other Part.

WHEREAS:

1. The Parents/Guardians are respectively the lawful father and mother or guardians of \_\_\_\_\_ a student at St Louis Community School, Kiltimagh

2. The student presents, on an ongoing basis, with the condition known as: \_\_\_\_\_

3. The student may, while attending St Louis Community School, Kiltimagh require in emergency circumstances, the administration of emergency medication.

4. The Parents/Guardians have authorised administration of the said emergency medication, in emergency circumstances, by the said school representatives as may from time to time be available.

NOW IT IS HEREBY AGREED by and between the Parents/Guardians hereto as follows the lawful Parents/Guardians of the said student HEREBY ACKNOWLEDGE that St Louis Community School, its servants and agents can only endeavour to act in accordance with the extent to which they are informed and AGREE to indemnify and keep indemnified St Louis Community School its servants and agents including without prejudice to the generality the said Principal, staff, and students of the St Louis Community School from and against all claims, both present and future, arising from any accidental act or omission arising in the course of the administration or failure to administer the said emergency medication.