



FIRST AID AND ADMINISTRATION OF MEDICATION IN SCHOOL POLICY

Date of Review:	September 2024
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This policy has been written following a consultation process, ratified by the Board of Governors and communicated to the school community as required. It will be monitored and reviewed as part of the school's policy review schedule.

FIRST AID AND ADMINISTRATION OF MEDICATION IN SCHOOL POLICY

Article 3 (best interests of the child) The best interests of the child must be the top priority in all actions concerning children.

Context

The Board of Governors and staff of Ballymagee Primary School wish to ensure that children with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving, or supervising children taking, prescribed medication during the school day.

There is no legal duty that requires school staff to administer medication; this is a voluntary role and this policy does not intend to alter in any way the right of staff not to volunteer. The administration of medication to children remains the responsibility of the parent or those with parental responsibility.

Medication should only be taken in school when absolutely essential and with the prior agreement of the Principal or Vice Principal. Parents should request, where possible, that the medication be prescribed in dose frequencies which enable it to be taken outside school hours e.g. medicines that need to be taken three times a day could be taken morning, after school and bedtime.

Short Term Medication Needs

Children who are acutely unwell or infectious should not be brought into school.

Parents are responsible for providing sufficient information regarding the child's condition and medication requirement, to enable the Principal to make a decision as to whether it is necessary to administer prescribed medication during the school day. This may include a letter from the GP or consultant.

Prescribed medication will not be accepted in school without written and signed instructions from the parent. (Appendix 1)

Staff will not give non-prescribed medicine to children. A parent or named adult is welcome to come into school during the day to administer a dose of medication if they feel it is necessary.

Only reasonable quantities of medication should be supplied to the school - a maximum of two weeks supply at any one time.

Each item of medication must be clearly labelled with the following information:

- Child'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.

Long Term or Complex Medication Needs

This category includes children who because of an existing medical condition might have an emergency episode which could put their life at risk and so would demand immediate attention. The main groups here would be those with severe epilepsy, diabetes and anaphylaxis due to allergies.

For each child with long term or complex medication needs, the Principal, will ensure that a Medication Plan is drawn up, in conjunction with the appropriate health professionals.

Where applicable an Allergy/Epilepsy Action Plan will be provided to the school instead of the use of a Medication Plan.

It is the responsibility of parents to notify the school in writing if the child'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.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

Other General Points

Once agreement has been reached to administer medication, each item must be delivered to the School Office, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.**

The school will not make changes to dosages based on parental instructions only.

Medication will be kept in a safe place, out of the reach of children.

The school will keep records of medicines administered, which they will have available for parents. (Appendix 3 or 4 – as applicable)

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

If children refuse 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.

The school will make every effort to continue the administration of medication to a child whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a child on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

APPENDIX 1**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION – SHORT TERM**

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



SECTION 1: Details of Pupil				
Surname:			Forename:	
D.O.B:		Gender:		Class:
Home Address:				Postcode:
Details of Condition or Illness:				

SECTION 2: Medication			
PARENTS MUST ENSURE THAT IN DATE, PROPERLY LABELLED MEDICATION IS SUPPLIED.			
Name / Type of Medication <i>(as described on the box/container):</i>			
Date Dispensed:		Expiry Date:	
FULL DIRECTIONS FOR USE			
Dosage and Method: <i>N.B Dosage can only be changed on a doctor's instruction</i>			
Timings:		Self-Administration:	Yes / No
Special Precautions:			
Are there any side effects school need to know about?			

SECTION 3: Procedures to take in an Emergency

SECTION 4: Contact Details			
Name:		Relationship to Pupil:	
Address:		Contact No.:	
I understand that I must deliver the medicine personally to the school office 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.			
Signed:		Date:	

SECTION 5: Agreement of the Principal			
I agree that the above named child can receive the recorded medication at the time stated and at the dosage stated.			
Supervision / assistance for taking the medication will be provided by:			
This arrangement will continue until: <i>(either end date of course of medication or until instruction by parent).</i>			
Principal Signature		Date:	

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

MEDICATION PLAN - *If Anaphylaxis or Epilepsy Plan not supplied*

Date:		Review Date:	
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SECTION 1: Details of Pupil							
Surname:				Forename:			
D.O.B:		Gender:		Health & SC No.		Class:	
Home Address:						Postcode:	
Medical Diagnosis:							

SECTION 2: Contact Information			
FAMILY CONTACT 1			
Name:			Relationship to Pupil:
Contact Number:			
FAMILY CONTACT 2			
Name:			Relationship to Pupil:
Contact Number:			
G.P			
Name:			Contact No.:
HOSPITAL / CLINIC CONTACT			
Name:			Contact No.:
Plan Prepared By:		Date:	Designation:

SECTION 3: Plan Details	
Describe condition and give details of pupil's individual symptoms:	
Daily care requirements: (e.g. before sport, dietary, therapy, nursing needs)	
Members of staff trained to administer medication for this child: (state if different for offsite activities)	
Describe what constitutes an emergency for the child, and the action to take if this occurs:	
Follow up care:	

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of my child, name above.			
Signed:		Date:	

DISTRUBUTION			
School Doctor:		School Nurse:	
Parent:		Other:	

APPENDIX 3

RECORD OF MEDICINES ADMINISTERED TO CHILDREN WITH SHORT TERM MEDICATION NEEDS

[illegible]

APPENDIX 4

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

SECTION 1: Details of Pupil					
Surname:			Forename:		
D.O.B:		Gender:		Class:	
Condition / Illness:					
Date Medicine Provided by Parent:		Name & Strength of Medicine:			
Quantity Received:		Expiry Date:		Quantity Returned:	
Dose & Frequency of Medicine:					

Checked By:			
Staff Signature:		Parent Signature:	

SECTION 2: Record of Medication Administered

Date:	___/___/___	___/___/___	___/___/___
Time Given:			
Dose Given:			
Any Reactions:			
Name of Member of Staff:			
Staff Initials:			

Date:	___/___/___	___/___/___	___/___/___
Time Given:			
Dose Given:			
Any Reactions:			
Name of Member of Staff:			
Staff Initials:			

Date:	___/___/___	___/___/___	___/___/___
Time Given:			
Dose Given:			
Any Reactions:			
Name of Member of Staff:			
Staff Initials:			

Date:	___/___/___	___/___/___	___/___/___
Time Given:			
Dose Given:			
Any Reactions:			
Name of Member of Staff:			
Staff Initials:			

Date:	___/___/___	___/___/___	___/___/___
Time Given:			
Dose Given:			
Any Reactions:			
Name of Member of Staff:			
Staff Initials:			

Date:	___/___/___	___/___/___	___/___/___
Time Given:			
Dose Given:			
Any Reactions:			
Name of Member of Staff:			
Staff Initials:			

Date:	___/___/___	___/___/___	___/___/___
Time Given:			
Dose Given:			
Any Reactions:			
Name of Member of Staff:			
Staff Initials:			