



*St. Marnock's N.S.,
Strand Road, Portmarnock,
Co. Dublin
Tel: (01) 8462060*



Email: stmarnocksns@gmail.com

Website: www.stmarnocksns.ie

Administration of Medicine Policy:

Aims of this Policy:

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

- To minimise health risks to children and staff on the school premises.
- To fulfil the duty of the BoM in relation to Health and Safety requirements.
- To 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.
- To outline procedures for the administration of medication.
- To provide guidelines for pupils with a severe allergy.

Gathering Relevant Information:

At the beginning of each school year, parents/ guardians of all pupils currently enrolled in St. Marnock's N.S. will receive a form requesting details of their child's allergies and/ or medical conditions. This information is compiled and shared with relevant school personnel only. This information is also kept on the child's individual file in the event of an emergency.

As well as requesting details of allergies and/ or medical conditions, parents are also asked:

1. if their child requires medication to be administered during school hours, and
2. if their child requires emergency medication to be stored in school.

Should parents/ guardians answer YES to Question 1 and/ or Question 2, a Care Plan (see Appendix 2 – Appendix 7) is then sent to parents/ guardians to gather additional relevant information, including 3 contact numbers for the school to contact in the event of any emergency. This form also looks for any information the school should know about any medical condition of the child. Specific Care Plan templates are available for allergies, asthma, anaphylaxis, diabetes and epilepsy. A general Care Plan is available for pupils with a more specific or unique illness/ condition.

Parents/ guardians are also provided with an Indemnity Form (see Appendix 1) which they must complete, sign and return to the school for submission to the Board of Management.

In the case of new pupils enrolling in the school, a section on the enrolment form requests details of medical conditions/ allergies of the pupil.

Procedure:

- The parents of the pupil with special medical needs must inform the Board of Management in writing of the condition, giving all the necessary details of the condition (this document will henceforth be referred to as the ‘Care Plan’). The request must also contain written instructions of the procedure to be followed in administering the medication.
- Parents must request the Board of Management by means of an Indemnity Form to authorise the administration of the medication in school. They must 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.
- The Board of Management will accept the Care Plan and Indemnity Form as signed by the parents or guardians for the administration of medicine. The medicines must be brought to school by the parent/guardian/designated adult, with clear directions as to whether the child keeps his/ her own medication or if it is cared for by the Class Teacher.
- In administering medication to pupils, members of staff should exercise the standard of care of a reasonable and prudent adult.
- A written record of the date and time of administration must be kept by the person administering it. This record will be kept in the school Incident Book. If a staff member is administering medication regularly to a pupil (e.g. every day) they may keep a written

record and insert it into the school Incident Book on a regular basis (weekly, fortnightly, etc).

- Parents/Guardians are responsible for ensuring that emergency medication is supplied to the school and replenished when necessary.
- It is the responsibility of parents to inform the new class teacher every year of their child's process of medication administration. It is also the responsibility of parents to inform the school of changes in dosages and other changes to the child's medical condition.
- Regular medication and emergency medication must have exact details of how it is to be administered and a copy of the current prescription is required.
- The Board of Management must inform the school's insurers accordingly.
- All correspondence related to the above are kept in the school.
- Non-prescription medicines will not be stored and will never be administered in school. Children should not have these medicines in their possession.
- Medication will be stored safely in the classroom First Aid box where it is accessible by staff in an emergency situation.
- In the case of school tours, parents are responsible for ensuring their child has all relevant medication with them prior to departure.
- Children with a severe illness/ medical condition who may require emergency medication to be administered will be made known to all school staff. With the permission of their parents/ guardians, the child's photograph will be taken and their name, class, teacher's name, photograph, the name of the medical condition and all relevant details will be shared with school staff to ensure that all staff members know who they are and are familiar with them in the event of an emergency situation arising.

Guidelines Regarding Pupils with a Nut Allergy:

- Staff dealing with the pupil do not eat nuts or any item with nut trace.
- Children do not exchange lunches.
- If going off-site, medication must be carried.
- In the case of a pupil suffering from a severe nut allergy, and only if requested by the parents of this child, an information letter may be sent to the parents of pupils in the same class as this pupil. This information letter may include a list of foods that parents are urged to avoid sending in to school in their child's lunch. This list will only be included

in the information letter if the school receives written instruction from the child's doctor/consultant that the food(s) are likely to trigger an airborne allergic reaction.

- Epi-Pens and written instructions on how to treat the child in the event of an anaphylactic shock must be readily available in the child's classroom.
- All staff have access to a trainer Epi-Pen to practice the correct procedure for administering an Epi-Pen in the event of an emergency.

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. If a child is recovering from an injury but otherwise in good health, parents must request in writing for alternative arrangements to be made for yard time.

Emergencies:

In the event of an emergency, teachers should do only what is necessary and appropriate to relieve extreme distress. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

Ratified by St. Marnock's N.S. Board of Management on: 21st November 2019

Signed by Chairperson : Ciarán McCormack

Review: November 2020

Appendix 1:

Administration of Medication in St. Marnock's N.S.

Indemnity Form

To: The Chairperson, Board of Management, St. Marnock's N.S.

Re: _____ **D.O. B** _____

Medical condition _____

I agree ☐ I do not agree ☐ that the medical information contained in this health care plan for my child _____ may be shared with individuals involved with my child's care and education (this includes emergency services).

Prescription Medication

I agree that _____'s medication will be kept in:

1. his/ her bag ☐ , **OR**
2. in the class teacher's possession ☐

Emergency Medication

I agree that emergency medication for _____ will be kept by the class teacher.

I understand that I must notify the school in writing of any changes to my child's medical condition. This includes any changes to medication that my child needs to take in school and a copy of any new prescription.

I understand that it is my responsibility to ensure that all medications supplied to the school are in-date and replenished when necessary.

I understand that school personnel do not have any medical training and I indemnify the Board of Management and school personnel from any liability that may arise from the administration of the medication.

I hereby give permission to school personnel to administer medication to my child.

Parent / Guardian: _____ **Date:** _____

Care Plans & Indemnity Forms do not cover After School Activities, even those held in St. Marnock's N.S., **with the exceptions of Gaelic Football, Hurling, Camogie, Athletics and Homework Club**, as these come under the auspices of the Board of Management of St. Marnock's N.S.

Care/Medical Information should be discussed with other after school service providers.

Appendix 2:

St. Marnock's N.S.

Allergy Care Plan and Administration of Medication

Please note that food intolerance is not an allergy and it is the responsibility of parents to provide lunch in school. Children are instructed in school not to swap/share food with others.

Name: _____

DOB: _____

Type of Allergy: _____

Triggers: _____

Reaction: _____

Medication: _____

Storage details: Kept in child's bag () Teacher ()

Dosage required: _____

A copy of the current prescription must be attached.

Please remember that if your child only needs an antihistamine, such as any of the non-prescription variety, you must give this at home. St. Marnock's N.S. staff will not administer any non-prescription medication.

Medication:

Does your child take medication on a regular basis?

Yes ☐ No ☐

If yes please give details:

Does your child need to take medication in school on a regular basis?

Yes ☐ No ☐

If yes please give details:

Do we need to keep medication in school for emergency situations?

Yes ☐ No ☐

If yes please give details:

Please give a detailed account of how such medication needs to be administered in an emergency situation: (Please attach another page if necessary.)

Self-administered ()

Self-administered under the supervision of a designated member of staff ()

To be administered by a designated member of staff ()

Signed: _____ Parent/Guardian

Date: _____

A copy of your child's current prescription must be attached

The Indemnity form for the Board of Management must be completed

Appendix 3:

St. Marnock's N.S.

Anaphylaxis Health Care Plan and Administration of Medication

Name:	Class:
Age:	DOB:
Contact Details:	
Name	Number Relationship
_____	_____
_____	_____
_____	_____
Doctor's Details:	
Name _____	Number _____
Does your child have allergies, medical or dietary conditions?	
Yes () No ()	
Please describe your child's allergy, and what triggers his/ her allergic reaction:	
How? Ingestion or eating only () Touch only () Ingestion and Touch ()	
Inhalation () Other:	
What symptoms does your child usually have during an allergic reaction?	

Medication: Does your child take medication on a regular basis?

Yes No

If yes please give details:

Does your child need to take medication in school on a regular basis?

Yes No

If yes please give details:

Do your child need to have medication stored in school for emergency situations?

Yes No

If yes please give details:

Please give a detailed account of how such medication needs to be administered in an emergency situation: (please attach another page if necessary.)

Dietary modifications:

What arrangements (if any) need to be made in relation to your child's diet in school?

Please note: lunch is the responsibility of parents. Children are instructed not to swap or share food in school.

Environmental and activity modifications:

What modifications/arrangements (if any) need to be made in relation to:

In class Strategies (e.g. do certain foods banned altogether for the class as a whole)

If there are treats in school:

PE and Sports Day:

Tours and outings:

Other:

Any other relevant details/information:

Signed: _____ **Parent/Guardian**

Date: _____

A copy of your child's current prescription must be attached

The Indemnity form for the Board of Management must be completed

Appendix 4:**St. Marnock's N.S.
Asthma Health Care Plan**

Name:	Class:	
Age:	DOB:	
Contact Details:		
Name	Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
Doctor's Details: Name _____ Number _____		
Does your child have any allergies, medical or dietary conditions?		
How would you describe your child's asthma:		
Intermittent <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
Please describe the nature of your child's asthma:		
What triggers your child's asthma?		
What symptoms does your child usually have during an asthma attack?		

A copy of any current prescriptions must be attached and updated as required.

Medications:

Does your child take medication on a regular basis?

Yes ☐ No ☐

If yes please give details:

Does your child need to take medication in school on a regular basis?

Yes ☐ No ☐

If yes please give details:

Do we need to keep medication in school for emergency situations?

Yes ☐ No ☐

If yes please give details:

Please note that if your child's asthma is of an allergic nature and for example, hayfever or grass pollen are some of the triggers, it is your responsibility to administer an antihistamine at home in the morning, as many of these are now without prescription. Alternatively, you can supply a copy of the prescription for the antihistamine along with copies of other current prescriptions.

Please give a detailed account of how such medication needs to be administered in an emergency situation: (Please attach another page if necessary.)

Does your child need to keep a spare inhaler in school?

Yes

☐

No

☐

Does your child bring their inhaler to school every day?

Yes

☐

No

☐

Does your child need help/supervision when using their inhaler?

Yes

☐

No

☐

Does your child use a spacer?

Yes

☐

No

☐

Dietary modifications:

What arrangements (if any) need to be made in relation to your child's diet in school:

Environmental and activity modifications:

What modifications/arrangements (if any) need to be made in relation to:

In class Strategies (e.g. do certain foods banned altogether for the class as a whole)

If there are treats in school:

PE and Sports Day:

Tours and outings:

Other:

Any other relevant details/information:

A copy of your child's current prescription must be attached

The Indemnity form for the Board of Management must be completed

Appendix 5:

St. Marnock's N.S.
Diabetes Health Care Plan and Administration of Medication

**Please note that most children with Diabetes will have Access to
an SNA and another Specific Medical Care Plan will be in place
with the Principal**

Name:	Class:	
Age:	DOB:	
Contact Details:		
Name	Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
Doctor's Details:		
Name _____ Number _____		
Does your child have any other allergies, medical or dietary conditions?		
Please describe the nature of your child's diabetes:		
Type 1 Insulin dependent and diet control ()		
Type 2 Diet Controlled ()		
Type 2 Diet , Diet controlled and medication ()		
What symptoms does your child usually have during a diabetic episode?		

Symptoms we should be watching for at all times?

Monitoring blood sugar levels:

Please give information in relation to your child's routine in relation to monitoring your child's blood sugar as it pertains to the core school hours:

Testing/ Monitoring:

Rescue Food:

Medication:

Contact parent with readings or for advice:

Medication:

Does your child take medication on a regular basis?

Yes ☐ No ☐

If yes please give details:

Does your child need to take medication in school on a regular basis?

Yes ☐ No ☐

If yes please give details:

Do we need to keep medication and/ or rescue food in school for emergency situations?

Yes ☐ No ☐

If yes please give details:

Medication:

Rescue Food:

Is this medication/ rescue food:

Kept by child himself/ herself: ()

Kept by Teacher ()

Please give a detailed account of how such medication needs to be administered in an emergency situation: (Please attach another page if necessary.)

A copy of all current prescriptions must be supplied

An indemnity form for the Board of Management must be completed

Signed: _____ Parent/Guardian

Date: _____

Appendix 6:

St. Marnock's N.S.

Epilepsy Health Care Plan and Administration of Medication

Name:	Class:	
Age:	DOB:	
Contact Details:		
Name	Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
Doctor's Details:		
Name _____	Number _____	
Does your child have any other allergies, medical or dietary conditions?		
Please describe the nature of your child's epilepsy: <i>(even if it is only nocturnal to date)</i>		
What triggers your child's epileptic seizures?		

What symptoms does your child usually have before an epileptic seizure?

What type of epileptic seizures does your child experience?

Medication:

Does your child take medication on a regular basis?

Yes ☐ No ☐

If yes please give details:

Does your child need to take medication in school on a regular basis?

Yes ☐ No ☐

If yes please give details:

Do we need to keep medication in school for emergency situations?

Yes ☐ No ☐

If yes please give details:

Please give a detailed account of how such medication needs to be administered in an emergency situation: (Please attach another page if necessary.)

Any other details/information:

Dietary modifications:

What arrangements (if any) need to be made in relation to your child's diet in school:

Environmental and activity modifications:

What modifications/arrangements (if any) need to be made in relation to:

In class strategies:

PE and Sports Day:

Tours and outings:

Other:

A copy of all current prescriptions must be supplied

An indemnity form for the Board of Management must be completed

Signed: _____ **Parent/Guardian**

Date: _____

Appendix 7:

St. Marnock's N.S.

Health Care Plan and Administration of Medication

Name:		Class:
Age:		DOB:
Contact Details:		
Name	Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
Doctor's Details:		
Name	Number	
_____	_____	
Does your child have allergies, medical or dietary conditions?		
Please give a brief description of your child's medical condition:		
What symptoms do school staff need to watch out for?		

Medication: Does your child take medication on a regular basis?

Yes No

If yes please give details:

Does your child need to take medication in school on a regular basis?

Yes No

If yes please give details:

Do your child need to have medication stored in school for emergency situations?

Yes No

If yes please give details:

Please give a detailed account of how such medication needs to be administered in an emergency situation (or how staff can best deal with your child's medical condition):
(please attach another page if necessary.)

Dietary modifications:

What arrangements (if any) need to be made in relation to your child's diet in school?

Please note: lunch is the responsibility of parents. Children are instructed not to swap or share food in school.

Environmental and activity modifications:

What modifications/arrangements (if any) need to be made in relation to:

In class Strategies (e.g. do certain foods banned altogether for the class as a whole)

If there are treats in school:

PE and Sports Day:

Tours and outings:

Other:

Any other relevant details/information:

Signed: _____ Parent/Guardian

Date: _____

A copy of your child's current prescription must be attached

The Indemnity form for the Board of Management must be completed