

**Scoil Náisiúnta Naomh Fheargus,
An Gleann,
Co. Luimnigh.**

**St.Fergus' National School,
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Administration of Medicines Policy - St. Fergus N.S. **September 2024**

Introduction:

An Administration of Medication policy has been in existence in St. Fergus' National School since 2006. The policy was redrafted through a collaborative school process and was ratified by the Board of Management (BoM) on the 19th April 2018 and again in 2020. The current review is taking place in collaboration between Principal, Staff, Board of Management and Parents in September 2024. This review is taking place in light of the many pupils presenting in our care with severe allergies to nuts and the prevalence of epi-pens on site. It is also taking in account Whole Staff Training in October 2024 in Epi-Pen Awareness and CPR.

Rationale:

The policy as outlined was put in place to;

- Clarify areas of responsibility
- 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
- To outline procedures to deal with a pupil with a nut allergy or asthma in our school
- Safeguard school staff that are willing to administer medication
- Protect against possible litigation.

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.

This policy should be read in conjunction with the following St. Fergus National School Policies:

- Child Safety Statement
- Health & Safety Statement

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
- Fulfil the duty of the BoM in relation to Health and Safety requirements

- Provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed and indemnified with parents/guardians

In –School Procedures:

Parents are required to complete a Health/Medication form when enrolling their child/ren in the school. No teacher is obliged to administer medicine or drugs to a pupil and any teacher willing to do so works under the controlled guidelines outlined below.

- Prescribed medicines will only be administered after parents of the pupil concerned have written to the BoM requesting the Board to authorise a member of the teaching staff to do so. 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. It is the responsibility of the parents/guardians to inform the Board of Management of any changes to the administration of these medicines.
- The school generally advocates the self-administration (e.g. inhalers) of medicine under the supervision of a responsible adult, exercising the standard of care of a prudent parent. Parents are responsible for the provision of medication and notification of change of dosage.
- 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 in writing of any medical condition suffered by any child in their class upon enrolment or as soon as a diagnosis is made.
- This does not imply a duty upon teachers personally to undertake the administration of medicines or drugs.

Long Term Health Problems

Where there are children with long-term health problems in school, proper and clearly understood specific arrangements for the administration of medicines must be made with the Board of Management in writing. This is the responsibility of the parents/guardians. It will include measures such as self-administration, administration under parental supervision or administration by school staff. It will also include times, methods and dosage of administration of the specific named medication. Any changes to the above must be conveyed to the Board of Management in writing.

Life Threatening Condition

Where children are suffering from life threatening conditions, parents/guardians must supply the school with a clearly outlined action plan which has been signed by the parents and a medical professional.

The care/action plan must include:

- Name, photo and date of birth of child.
- Name of the long term health problem/allergy/medical condition
- Emergency contact details of parents/guardians.
- Signed parental consent to administer the medication listed on the plan.
- Signs and symptoms to watch out for.
- What to do should these signs and symptoms arise.
- Specific name and dosage of medication to be administered.
- Instructions on how to administer the medication
- Additional instructions where necessary.
- Signature, name and contact details of the medical professional involved in the child's care.

It is the responsibility of parents/guardians to ensure that this care/action plan is maintained up to date. In keeping with GDPR this plan will be made discretely visible in the following areas:

- Staff Room
- School Office
- Principal's Office
- Child's Classroom

A letter of indemnity must be signed by the parents/guardians in respect of any liability that may arise regarding the administration of medicines.

Guidelines for the Administration of Medicines

1. The parents/guardians 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. The request must also contain written instruction of the procedure to be followed in administering the medication and a care plan as outlined above.
2. Parents must write requesting the Board of Management to authorise the administration of the medication in school
3. Where specific authorisation has been given by the Board of Management for the administration of medicine, the medicines must be brought to school by the parent/guardian.
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 medication is supplied to the school and replenished when necessary and also that action/care plan is up to date.
6. Medication must have exact details of how it is to be administered
7. The BoM must inform the school's insurers accordingly
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
9. All correspondence related to the above are kept in the school office.
10. **If a member of staff is allocated and willing to administer prescription medicine it is the responsibility of the parents/guardians to ensure that the staff member is in school on the day and if not, it is their responsibility to make alternative arrangements.**

Medicines

- Non-prescribed medicines will neither be stored nor administered to pupils in school
- Teachers/SNAs 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 Principal and the Class Teacher.
- A teacher/SNA must not administer any medication without the specific authorisation of the Board of Management
- The prescribed medicine must be self-administered if possible, under the supervision of an authorised Teacher/SNA.
- No teacher/SNA can be required against their will 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.
- Where possible, the parents should arrange for the administration of prescribed medicines outside of school hours.

The following guidelines are in place with regard to pupils with a Nut/Shellfish/Seafood Allergy

1. Classrooms where children who may need epi-pens are, have now been fitted with secure medicine cabinets. Following consultation with parents, labelled epi-pens, belonging to each child, are safely kept under lock and key within the child's room. Parents are consulted as to whether they wish for both pens to be kept together (one/both here) or one separately in the medicine press in the Staff Room (also secured with a lock and key). We will follow parental advice on a case by case basis.
2. Each child who has allergies/uses an epi-pen is now "visually flagged" on our Aladdin System so that Staff Members are aware of them. This is a single red/black asterix beside the child's name for teachers to see. A note is kept in the Child's Aladdin Profile regarding the type of allergy the student has and that they have epi-pens.

3. Staff are now being made aware of the pupils (that we know of) within our School who have allergies and epi-pens. To assist with this, all parents of children with allergies/epipens, must provide the school with an Allergy Action Plan, which they must fill up with the help of their G.P. and to provide a photo of their son/daughter on it. A copy of these Allergy Action Plans will be kept on a specific noticeboard in the Staff Room and within the child's classroom (in case of substitute teachers being in). This will be done in a place where it can be seen by Staff but where the child's privacy and GDPR regulations will be observed. Parents must sign the Form of Indemnity to allow us to administer these epi-pens.
4. Staff training on allergies, anaphylaxis and the administration of epi-pens was conducted by Staff at a Staff Meeting on 3rd of October 2024.
5. Due to the serious nature of any allergy and especially those of children who use epi-pens, all dealings regarding allergies and handing in/giving back of epi-pens will now be done ONLY through the Office. Epi-pens/Allergy Action Plans etc will only be handed to the Secretary, Principal or Deputy Principal and distributed from here.
6. When children are going on trips/tours (even within the village) epi-pens must always be brought by the class teacher/SNA for the class.
7. We are a "Nut Free School" - nut products are not allowed on the premises by either students or Staff. Children encouraged not to offer or exchange foods, sweets, lunches etc. in the interest of health and safety.
8. It is parental responsibility to ensure that epi-pens are provided to the School and that they are in date. The School takes no responsibility for the monitoring of this.
9. In the event of an emergency, a red card system for assistance is in place throughout the school, covering all classrooms and the school yard. This system is designed to quickly secure a responsible adult to assist the teacher or SNA on the scene. Both staff and students have been made aware of this system during the October 2024 staff meeting, and pupils were informed at October school assembly.
10. In the event of a severe anaphylactic shock occurring which necessitates the administration of an epi-pen the following will occur
 - Pupil/Adult in shock will be put lying on the ground and ties, shirts etc loosened.
 - Epi-pens will be retrieved as quickly as possible by a responsible adult (or child if only one present) appointed by the teacher on scene.
 - An adult at the scene will be requested to ring 999/112 immediately to request an ambulance. Eircode for the School is V94 PT68 and can be found inside all School doors.
 - AED will also be sent for; GAA field- SM responsible Corby Estate - JC responsible
- If the child is able to administer the epi-pen themselves, the teacher will assist them in doing so correctly. For children/adults who are unable to administer it themselves, for whatever reason, the adult on the scene will administer the adrenaline. Following staff training on 3rd Oct 2024 the following steps will be followed;
 - *Removal of the blue cap at the top of the pen
 - * Orange to the thigh, blue to the sky (colours of epi-pen) to remember how to hold the pen correctly against the body.
 - *Epi-pen is slammed hard into the upper outside quadrant of the victims thigh.
 - *If there is no visible improvement after 5 minutes the second epi-pen is administered.
 - * Victim is then put into the recovery position.
 - *Parents/Emergency contact for the victim will be contacted then.

Inhalers

- Parents may provide Inhalers to the School, which will be retained in their son/daughters class, in a locked medicine cabinet. For Health and Safety Reasons we ask that Inhalers not be kept in School Bags.
- Parents are asked to ensure that all inhalers are in the correct box, labelled with their child's name and directions clearly visible on the outside. It is the responsibility of parents to ensure that inhalers are in date and that children bring their inhalers on School Trips/School Tours themselves.
- Parents are asked to let the School know if their child is unable to administer the inhaler themselves and contact the Office to advise us on steps in this case. A Form of Indemnity must be signed by parents if assistance is needed from an adult in the School.

Emergencies:

In the event of a medical 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, the Principal/Deputy Principal may take a child into Accident and Emergency without delay. The Principal/Deputy Principal will be accompanied by another member of staff in keeping with Child Protection Guidelines. Parents will be contacted simultaneously by the school secretary or another member of staff should the school secretary be unavailable.

In addition, parents must ensure that teachers are made aware in writing of any medical condition which their child is suffering from. For example children who are epileptics, diabetics 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.

Written details are required from the parents/guardians 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 in an action/care plan as detailed earlier.

The school maintains an up to date register of contact details of all parents/guardians including emergency numbers on the Aladdin for Schools. It is updated in September of each new school year. It is the responsibility of parents/guardians to ensure that the school secretary is informed of any changes to contact details and phone/emergency numbers. Parents are also asked to authorise staff permission to seek medical assistance for their child in the event of the school being unable to contact a parent/guardian. This authorisation is sought upon enrolment and is in place for the duration of a pupil's time in St. Fergus National School.

First Aid Boxes:

A basic first aid kit is taken when children are engaged in out of school activities such as tours, football/gaelic games and athletic activities. This kit will contain anti-septic wipes, plasters, bandages, single use ice pack, and antihistamine cream

A first aid box is kept in the Staffroom containing anti-septic wipes, anti-septic bandages, cotton wool, scissors etc. Only staff members are allowed access to this Box. Ice packs are stored in the staff room fridge.

General Recommendations:

We recommend that any child who shows signs of illness should be kept at home. For health and safety and supervision reasons children are not allowed to remain indoors at lunch break due to illness.

Parents will be contacted if child hits/bangs head as per Accidents Policy of St. Fergus National School.

Roles and Responsibilities:

The BoM has overall responsibility for the implementation 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. Mrs. Healy for the maintenance and replenishment of First Aid Boxes which is monitored by the Special Needs Assistants.

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

Ratification and Review:

This policy was ratified by the BoM in April 2018. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than 2020.

The current review has been undertaken in February 2020. It is being reviewed now in September 2024.

Implementation:

The policy will be implemented from September 2024.

Signed

Fr. Tim Curtin
Chairperson

Date: _____

**Appendix 1: Parental Request to the Board of Management re
Medical Condition and Administration of Medicines**

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

Prescription Details:

Storage details: _____

Dosage required:

Is the child to be responsible for taking the prescription him/herself?

Is Care Plan/Action Plan attached?

I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well being of my/our child. I/We understand that it is my/our responsibility to furnish the prescribed amounts of medicines as necessary. I/We understand that in our case medication will be brought in _____. I/We understand that I/we must inform the Board of Management, Principal/Class Teacher of any changes of medicine/dose in writing and that we must inform the Board of Management each year of the prescription/medical condition. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed _____ Parent/Guardian

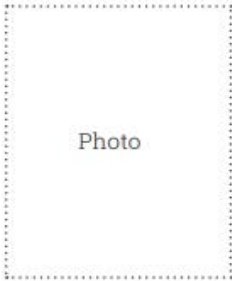
_____ Parent/Guardian

Date

This child has the following allergies:

Name:

DOB:



Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: . . . mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepenschools.uk

How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

MY ASTHMA MEDICINE

My daily controller medication

My controller inhaler is	Colour
My other controller medication is	Colour
My nasal treatment is	
My allergy treatment is	

Why do I need controller medication?

My controller medication benefits my lungs by reducing inflammation, swelling and mucus.

I need to take my controller every day even when I am well.

My reliever medications

My reliever inhaler is	Colour
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Why do I need reliever medication?

- My reliever works quickly to make breathing easier by opening up my airway.
- I will always carry my reliever inhaler with me.

My personal best peak flow (if over 6 years of age) is

My asthma triggers are:

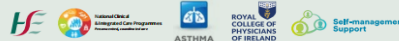
MAKE YOUR ASTHMA ACTION PLAN WORK FOR YOU

- Put your Asthma Action Plan where you and your family can easily find it.
- Save a photo of your Asthma Action Plan on your phone or keep a copy in your bag or car.
- Share a copy of your Asthma Action Plan with family members, friends and care-givers.
- Check your Asthma Action Plan regularly.
- Always bring your Asthma Action Plan with you to healthcare appointments and Emergency Department visits.

Remember to attend for an asthma review at least once a year and have your inhaler technique checked.

YOU CAN HELP YOUR ASTHMA BY:

- Staying active and taking exercise for at least 20 minutes each day
- Maintaining a healthy weight
- Quitting smoking and avoiding smoky environments. For help to quit smoking call the QUITline on 1800 201 203 or visit www.quit.ie



hse.ie/eng/health/hl/living/asthma

Asthma Adviceline **1800 44 54 64**

Call Monday – Friday 9am – 5pm to arrange an appointment to speak to an Asthma Nurse Specialist

Email reception@asthma.ie

asthma.ie

MY ASTHMA ACTION PLAN

Date

Name

Next of kin

Next of kin's contact number

Emergency contact number

(for example GP or out-of-hours Doctor)

An Asthma Action Plan is your personal guide to manage your asthma when it gets out of control.

It will help you to recognise asthma symptoms:

COUGH WHEEZE CHEST TIGHTNESS SHORTNESS OF BREATH

And provide you with information on what action to take.

This Asthma Action Plan is yours, so use it, don't lose it!

asthma.ie

GREEN ZONE

Everyday asthma care

ASSESSMENT

My asthma is controlled:

- I have no cough, wheeze, shortness of breath or chest tightness
- I can exercise without asthma symptoms
- My asthma symptoms do not wake me at night
- I do not need to take days off school, college or work
- I use my reliever inhaler twice a week or less (over the age of 6 years)
- I use my reliever inhaler once a week or less (under the age 6 years)

My peak flow is between and (80 – 100%) of my personal best

ACTION

Controller inhaler

When my asthma is controlled I take my controller medication everyday.

Name	Colour
------	--------

Number of puffs in the morning	Number of puffs at night
--------------------------------	--------------------------

I always rinse my mouth after I take my controller inhaler.

Reliever inhaler

I take my reliever inhaler if I wheeze, cough, have chest tightness or I am finding it difficult to breathe.

Name	Colour
------	--------

Number of puffs

- I should always carry my reliever inhaler.
- I take two puffs of my reliever inhaler before exercise if needed.

When I am well, I also take my other medication.

I always use a spacer with my inhaler if I have one

ORANGE ZONE

When I am feeling unwell

ASSESSMENT

- My asthma symptoms include one or all of the following: cough, wheeze, shortness of breath or chest tightness
- I have symptoms with exercise
- My asthma symptoms wake me at night
- I need to take days off school, college or work due to asthma symptoms
- I am taking my reliever inhaler more than twice a week (over the age of 6 years)
- I am taking my reliever inhaler more than once a week (under the age of 6 years)
- My peak flow is dropping
- I feel like I have a cold or flu

ACTION

Controller inhaler

When I am feeling unwell I take my medication like this.

Name	Colour
------	--------

Number of puffs in the morning	Number of puffs at night
--------------------------------	--------------------------

Reliever inhaler

Name	Colour
------	--------

Number of puffs

- If I am not improving and I have been prescribed Prednisolone tablets (steroid tablets) to keep at home, I should start taking them. **Yes / No**
- If I continue to feel unwell and I am not improving, or I am concerned, I contact the GP/ Nurse/ out-of-hours Doctor/Emergency Department.

I always use a spacer with my inhaler if I have one

RED ZONE

When I am having an asthma attack

ASSESSMENT

- My asthma symptoms are getting worse and I have increased: cough, wheeze, shortness of breath or chest tightness
- My reliever inhaler gives little or no relief
- I find it difficult to talk or walk
- I find it difficult to breathe
- I have blue lips or fingernails
- My peak flow is dropping further
- The attack came on suddenly
- I am breathing fast and using my tummy and neck muscles

ACTION

THIS IS AN EMERGENCY – ACT NOW
Follow the 5 steps below. If you are worried or not improving at any stage, CALL 999/112

- Stay calm. Sit up straight – do not lie down.
- Take slow steady breaths.
- Take one puff of your reliever inhaler (blue) every minute. Use a spacer if available.
 - People over 6 years can take up to 10 puffs in 10 minutes
 - Children under 6 years can take up to 6 puffs in 10 minutes
- Call 112 or 999 if your symptoms do not improve after 10 minutes
- Repeat step 3 if an ambulance has not arrived in 10 minutes

It is safe to take additional puffs of your blue inhaler during an acute asthma attack.

I always use a spacer with my inhaler if I have one