

First Aid & Administering Medicine

Signed: _____
(Principal)

Signed: _____
(Chair of Board of Governors)

Date: _____

Rationale

In most schools there are pupils who may need to take medication during school hours for long or short term medical needs, or in emergency situations.

The most common ailments suffered by pupils are asthma, epilepsy and diabetes. Anaphylaxis and extreme allergic reactions to certain foods, such as nuts, fish and dairy products are on the increase. Staff are therefore being increasingly called to administer medication to pupils. We are aware that staffs' conditions of employment do not include giving medication or supervising a pupil taking it, however staff may volunteer to do this.

Who is responsible for administering medication?

The prime responsibility for a pupil's health rests with the parent/guardian; however, to enable pupils requiring medication to participate as fully as possible in school activities the school may assist the child with medical needs.

All staff acting within the scope of the Pupil's Health Care Plan as well as within their terms and conditions of employment will be indemnified for all actions taken that are associated with the administration of medicines.

The safety measures, which cover the needs of the pupil and staff, are outlined in the School's Health and Safety Policy.

This may mean special arrangements for particular pupils in managing and administering medication. The policy should cover the school's approach to taking medication.

Short Term Medication

There are times when pupils request painkillers at school including aspirin and paracetamol. School staff **should not** give non-prescribed medication without **prior written approval** from the parent/guardian as staff may not be aware of any previous dose taken or whether the medication will react with other medication.

A member of staff should supervise the taking of the medication and notify the parent in writing on the day the painkillers are taken.

If a pupil suffers from acute pain regularly, e.g. migraine, the parents should authorise and supply the appropriate painkillers

No pupil in our school will be given medicine without the parent/guardian's written consent.

Prescribed Medication- long term medical needs.

Some pupils may have medical conditions, which will require regular administration of medication in order to maintain their access to education. These pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with support from the school can take part in most normal school activities.

In some cases pupils with medical needs may be more at risk than their classmates. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few cases individual medical procedures may be needed. A Healthcare plan for pupil with medical needs form should be completed for each pupil.

Pupils Health Care Plan

If a parent requests medication to be administered to a pupil at school, we will discuss the pupil's condition with the parent and implications of the pupil's medical condition with the appropriate staff and where necessary draw upon a Health Care Plan, i.e:

- A written request together with a statement of the pupil's condition and requirements must be made available to the school. The **Request by Parent for School to Administer Medication form** should be completed and forwarded to the school.
- The school must decide on the way in which the school will meet the pupil's requirements. If the class teacher / classroom assistant agree to administer then the **School's Agreement to Administer Medication** form should be completed and a copy forwarded to parents.
- Appropriate training will be provided from medically qualified persons, i.e. Pupil's GP, Specialised Nurse, School Clinical Medical Officer;
- We will ensure that all staff – teaching and non-teaching are trained in order to cover staff absences. Each staff member should retain a copy of the **Staff Training Record** and provide a copy for school administration.
- Due to child protection matters two members of staff will always be present when administering medication
- Staff will be trained on how to call emergency services.

Emergency Procedures

- All staff know how to call the emergency services.
- All staff know who is responsible for carrying out emergency procedures in the event of need.
- All staff are aware of the guidance on calling an ambulance – a copy of the **Emergency Planning** form is on display in each classroom.

Storage of Medication

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine, the Employer has a duty to ensure that the risks to the health of others are properly controlled.

Schools must ensure that:

- Parents have labelled the medicine container with the name of the pupil, dose and frequency of administration and any expiry date;
- If a pupil requires two or more medicines, these should be kept in their original container and never transferred to another container;
- Medicines are kept in a secure cupboard;
- The trained staff and the pupil know where the medicines are stored and who holds the key;
- The **Record of Medication Administered** form is completed each time a pupil receives their medication.
- A regular check is made to ensure that a medicine is not out of date, e.g. epi-pen.

School Trips

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration.

Staff supervising excursions are aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent may be asked to accompany a particular pupil so as to ensure the health and safety of all involved. (See Guidance Booklet- Educational Visits- Policy Practice and Procedures).

Healthcare Plan for a Pupil with Medical Needs

Name: _____

Date of Birth: _____

Condition: _____

Class/Form: _____

Date: _____

Review date: _____



Contact Information

Family contact 1

Name: _____

Phone No. _____ (work)
_____ (home)

Relationship: _____

Family contact 2

Name: _____

Phone No. _____ (work)
_____ (home)

Relationship: _____

Clinic/Hospital contact

Name: _____

G.P. _____

Phone No. _____

Phone No. _____

Description of condition and symptoms:

Daily care requirements, (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

Follow up care: _____

Who is responsible in an emergency: (State if different on off-site activities)

Form copied to: _____

Plean Sláinte do dhalta le riachtanais leighis

Ainm: _____

Dáta Breithe: _____

Riocht: _____

Rang: _____

Dáta: _____

Dáta Athbhreithnithe: _____



Eolas Teagmhála

Teagmháil 1

Ainm: _____

Guthán. _____ (obair)
_____ (baile)

Gaol: _____

Teagmhail 2

Ainm: _____

Guthán. _____ (obair)
_____ (baile)

Gaol: _____

Teagmháil Otharlainne

Ainm: _____

Guthán. _____

Dochtúir _____

Guthán. _____

Cur síos ar an riocht agus airíonna:

Riachtanais Chúram Laethúil (ag am lóin/ i rith spóirt):

Déan cur síos ar eigeandáil don pháiste seo. Cad é a ba chóir a dhéanamh sa chás seo?

Cúram Breise:

Cé atá freagrach i gcás eigeandála?

Cóip den fhoirm curtha chuig: _____

Request by Parent for school to administer medication

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

Details of Pupil

Surname: _____ M/F: _____

Forename(s) _____

Address: _____

Date of Birth: _____

Class/Form: _____

Condition or illness: _____

Medication

Name/Type of medication (as described on the container): _____

For how long will your child take this medication: _____

Date dispensed: _____

Full directions for use: _____

Dosage and method: _____

Timing:

Special precautions: _____

Side effects: _____

Procedures to take in an Emergency: _____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Pupil: _____

Address: _____

I understand that I must deliver the medicine personally to my child's teacher _____ and accept that this is a service which the school is not obliged to undertake.

Date: _____

Signature: _____

Relationship to pupil: _____

Principal's signature: _____

Date: _____

**Iarratas ó thuismitheoir ar scoil
leigheas a thabhairt.**

Ní thabharfaidh an scoil leigheas do do pháisté go dtí go líontar agus go sínítear an fhoirm seo, go gcuirtear ar ais chun na scoile í agus go n-aontaíonn an Príomhoide go bhfuil cead ag ball foime leigheas a thabhairt.

Sonraithe dalta

Sloinne: _____ F/B: _____

Ainm baiste: _____

Seoladh: _____

Dáta breithe: _____

Rang: _____

Riocht nó tinneas: _____

Leigheas

Ainm / Cinéal leighis: _____

Cé chomh fada is a ghlacfaidh dó pháiste an leigheas seo: _____

Dáta tugtha: _____

Treoracha úsáidte : _____

Dáileogacht agus dóigh le tabhairt: _____

Am: _____

Réamhchúram speisialta: _____

Fo-iarsmaí: _____

Cad é le déanamh i gcás eigeandála: _____

Sonraithe teagmhála

Ainm: _____

Uimhir ghutháin i rith an lae: _____

Gaol leis an dalta: _____

Seoladh: _____

Tuigim go gcaithfidh mise an leigheas seo a thabhairt don mhúinteoir ranga (_____) agus tuigim nach bhfuil sé diallach ar an scoil leigheas a thabhairt do mo pháiste.

Dáta: _____

Sínithe: _____

Gaol leis an dalta: _____

Dáta: _____

Síniú an phríomhoide: _____

Aontú scoile leigheas a thabhairt

Ainm an pháiste: _____

Aontaím go bhfaighfidh sé / sí _____ gach lá ag _____. Tabharfaidh _____ an leigheas dó / di. Leanfaidh seo ar aghaidh go dtí _____.

Dáta: _____

Síniú an mhúinteora: _____

Síniú an phríomhoide: _____

School's agreement to administer medication

Name of child: _____

I agree that _____ will receive _____ every day at _____.

_____ will administer the medication. This arrangement will continue until

_____.

Date: _____

Teacher's Signature: _____

Principal's Signature: _____

Traenáil foirne – ag tabhairt leighis

Ainm: _____

Cineál traenála faighte: _____

Traenáil críochnaithe ar: _____

Traenáil tugtha ag: _____

Dearbhaím go bhfuair _____ an traenáil thuas agus go mbeidh sé / sí in ann an leigheas a thabhairt mar ba cheart.

Siniú an traenálaí: _____

Dáta: _____

Dearbhaím go bhfuair mé an traenáil thuas

Siniú bhall foirne: _____

Dáta: _____

Dáta molta athbhreithnithe: _____

Staff training record- Administration of medical treatment

Name: _____

Type of training received: _____

Date training completed: _____

Training provided by: _____

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Pleanáil éigeandála

Ag iarraidh otharchairr chuig Gaelscoil Éadain Mhóir

Cuir scairt ar 999, iarr otharcharr agus bí réidh an t-eolas seo thíos a thabhairt.

1. Uimhir ghutháin na scoile **(028 71 268020)**
2. Ainm **Gaelscoil Éadain Mhóir**
Seoladh **128 Lecky Road, Derry**
Postcód na scoile **BT48 6NP**
3. Tabhair eolas cruinn faoi shuíomh na scoile
4. Tabhair d'ainm
5. Tabhair cur síos cuimsithe ar riochtaí an pháiste
6. Inis daofa an bealach is fusa isteach chun na scoile agus abair leo go mbuailfar leo agus go nglacfar iad chuig an othar.

Emergency Planning

Request for an Ambulance to Gaelscoil Éadain Mhóir:

Dial 999, ask for ambulance and be ready with the following information.

1. School telephone number **(028 71 268020)**
2. School name **Gaelscoil Éadain Mhóir**
Address **128 Lecky Road, Derry**
Postcode **BT48 6NP**
3. Give exact location of the school
4. Give your name
5. Give brief description of pupil's symptoms
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the patient

