

Medicines Policy

Sapientia et Virtute With Wisdom and Courage

Medicines Policy

This Policy/Statement of Strategy was ratified by the Board of Directors	Date
This Policy will be reviewed in:	
This policy was reviewed by:	

Medicines Policy

1. Introduction

Most pupils will need medication at some stage of their school life. Although this will mainly be for short periods, there are a few pupils with chronic conditions who may require medication throughout their school life.

Regina Mundi College have identified 3 categories of pupils that may require medication while at school:

1. Those who have suffered an acute medical condition but are regarded by a doctor or nurse as fit to return to school provided prescribed medication is taken.
2. Those who suffer certain chronic or life-threatening conditions (e.g. anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given regular doses of medication, or medication is available in an emergency.
3. Those pupils who suffer occasional discomfort such as tooth ache or period pain who may require analgesics.

Currently within Regina Mundi College there is provision for the storage and administration of prescribed medication. The purpose of this document is to formalise arrangements for the administration of medicines in these circumstances and for the administration of paracetamol within the school for emergency cases only.

2. Overall Consideration

There will be many cases where the administration of medicines is routine and straightforward and where the child could be involved in self-administration. The school must be informed if a child brings any medication on to the premises. There may be instances where either the parent requests the school to exercise a degree of supervision over the child or the administration is more complicated. In such cases, the Principal will consult staff where they are considering taking responsibility for administration of medicines. The practical and organisational implications will be addressed before any decision is taken bearing in mind that:

- The job descriptions of certain categories of support staff provide for the administration of medicines to be undertaken.
- Teachers cannot be required to administer medicines.
- No member of staff should administer any medication unless he or she has received proper training. If the administration of medication requires specialist training this will be arranged in conjunction with the health authority or health professionals. The member of staff may need specific

training in administering a particular type of medication, in recognising possible side effects of the medication and in dealing with such side effects.

3. General Principles

The administration of medicine is the responsibility of parents and carers. There is no requirement on teachers to administer medicines but where they volunteer to do so these guidelines will be helpful. Staff who are concerned about their position on this matter should be advised to contact their professional association or trade union.

Pupils suffering from short-term ailments who are clearly unwell should not be in school and the Principal may ask parents to keep them at home. Should a child fall ill whilst at school and a decision is made to send a child home, checks must be made to ensure the child is not being sent back to an empty residence.

To help children with chronic illness or disability to lead as normal and happy a life at school as possible, it may be necessary for them to take medication during school hours.

There may be instances where adult support will be needed. Although responsibility for the medical care of children rests with parents and the medical profession, it may not be feasible for parents to come to schools to administer medicines. Also, such attendance could slow down the personal development of the child.

The teaching profession has a general duty of care towards children in schools. Whilst in law this duty cannot require teachers to administer medicines, it does expect them to react promptly and reasonably if a child is suddenly taken ill. In these cases, clear procedures must be followed, particularly in potentially life-threatening situations. (See Conditions requiring emergency action, on the following pages.)

4. Managing Medicines in School

Storage

All prescribed medicines should be handed to a school staff member, preferably the pupil's Year Head. These should then be locked away in the medicines cabinet and the key stored in the administration office and another stored in a place known to staff but so that any staff can have access to the cabinet should the administration office be closed.

Any medications requiring refrigeration should be stored in a fridge, however it must be ensured that these medicines are stored within an airtight container and that they are clearly labelled.

Adrenaline pens need to be easily accessed in an emergency. To this end they will be stored in a separate, clearly labelled box, in the administration office which will not be locked.

It is imperative that all pupils handling in their medications know where they can access their medication when required.

If possible, the pharmacist should supply 2 bottles/packages (1 for school, 1 for home). If this is not possible then the pupil/parent should deliver the medication to the school at the start of the school day and should collect it at the end of the school day.

Safety Management

All medicines are harmful to anyone for whom they are not appropriate. Therefore, the school will operate under the guidance of the Control of Substances Hazardous to Health Regulations (2002) and ensure that the correct procedures are maintained.

All staff will work within Universal Safety Precautions while administering these medications, for the protection of themselves and the pupil.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. If parents do not collect all medicines, then school personnel should take stocks to the local pharmacy to be safely disposed of when necessary.

All sharps should be disposed of in a regulation sharps box.

Information

No medicines should be given without prior consent from the pupil's parents/carers. The Medication consent form (which forms part of a full medical questionnaire) should be fully completed and signed. These will be stored in the medicines cabinet in the administration office. Additionally, if short-term administration is required (e.g. for antibiotics) a letter from the parent/guardian is required, detailing the type of medication and the length of the course.

All medicines should clearly display:

- The pupil's name
- The pupil's date of birth
- The prescribed dose
- The drug's expiry date

This information should be entered by the pharmacist and appear on a printed label.

If **any** of this information is missing, then the medication must **not** be administered. No medicines will be stored or dispensed unless they are in a correct package/bottle. It is not acceptable for medicines to be kept in plastic bags, envelopes or unlabelled bottles. Likewise, all bottles/boxes must be the original.

Personnel

Permission from the Principal or Deputy Principal must be sought before the administration of any medication where consent has been given over the phone in the case of for example administering paracetamol or anti histamine.

5.Documentation

Accurate record keeping for the administration of medicines is vital. All prescription medicines given out must be documented, which is recorded in the medicines book held in the administration office. and also, a note is written in the journal if medicine is administered and contact made home.

5a. Medi-Alerts

Some children wear bracelets or necklaces which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. In appropriate circumstances they should be covered by sweatbands or removed temporarily, clearly labelled and made readily available.

5b. Impaired Mobility

Providing the approval of the GP or consultant has been given, there is no reason why children wearing plaster casts or using crutches should not attend school. However, the following arrangements should be discussed with the child's parents:

- Risk of further injury
- The child's ability to go to the toilet by herself
- The child's ability to feed herself

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

5c. Sporting Activities

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

5d. Employee's Medicines

Employees may need to bring their own medicine to school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

6. Self Management

It is good practice to support and encourage children, who are able, to manage their own medications and to take them responsibly. The age at which children are ready to care for and be responsible for, their own medicines varies. As the students grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility for same.

If students wish to take their own medicines, school must be made aware and a record kept of self-administration.

Asthmatics

Pupils suffering from asthma are encouraged to keep their inhalers with them at all times.

Educational Visits

It is good practice for the school to encourage children with medical need to participate in safely managed visits. While on any visit outside school, the child's medication needs to be handed over to the person responsible for the student on the trip.

Students with on-going Problems

If a student with an ongoing problem is participating on a trip, then it is imperative that a school First Aider is aware of the condition and is able to administer the required emergency medicine in the correct manner. For example, with regard to the use of adrenaline pens, it is essential that the First Aider has attended a teaching session on their use and is able to administer the injection if required.

7. Staff Protection

Staff should have access to protective disposable gloves and take care when dealing with the spillage of blood or other bodily fluids and disposing of dressings or equipment. Practical and common-sense hygiene precautions will minimise the risk of infection where contact with blood or other bodily fluid is unavoidable.

Emergency Procedures

In the event that an ambulance is called, a staff member should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until her parents/guardians arrive.

Staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child be taken directly to hospital without delay and parents cannot be contacted, then checks must be made to ensure car insurance for business is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best course of action is to call an ambulance.

8. Conditions requiring emergency action

As a matter of routine, all schools must have clear procedure for summoning an ambulance in an emergency. However, some life-threatening conditions may require immediate treatment. Medicines for these purposes should only be held after seeking advice from medical professionals i.e. HSE. Indemnity will be sought from parents with children with these conditions e.g.

- Acute allergy to bee stings and nuts, etc (Anaphylaxis)
- Addison's Disease

An Ambulance must be called in all emergency situations when emergency action is taken

Some school staff are understandably reluctant to volunteer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents and Principals must respect such concerns and should not put pressure on staff to assist in treatment unless they are entirely willing.

The Principal or Board of Directors should arrange appropriate training for staff who are willing to give medical assistance. Where possible two staff members should be present for the administration of intimate or invasive treatment, this minimises the potential of accusations of abuse etc. Staff should protect the dignity of the pupil as far as possible, even in emergencies.