

Appendix H
Guidelines for the ADMINISTRATION OF MEDICATION from Allianz Insurance
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What about the administration of medicines to pupils?

As a general rule, staff should not be involved in the administration of medication to children. However, many schools will have pupils who at some time need to take medication during school hours. Often this will merely entail a pupil who is finishing a short course of treatment, however some pupils may have a need for a different type of medication. This would include pupils with conditions such as asthma, epilepsy, diabetes or pupils who have an anaphylactic reaction to food or other natural antigens.

In these situations, some medication will be preventative whereas some will be more in the form of emergency treatment. The pupil may require an injection or, in the case of epilepsy, rectal diazepam. Some pupils, particularly those with special needs, may require regular medication.

Boards should have a clear policy on medicines, backed up by procedures for managing medication. These should be shared with and agreed by staff and parents.

The policy should confirm that any member of staff who agrees to take responsibility for medicines is adequately instructed and trained and that no member of staff takes on a responsibility that he / she is not competent to carry out. A second staff member should also be trained as back-up in case the original staff member is out sick or unavailable.

There should be a regular review and monitoring of the policy and procedures, including how they are working in practice.

Have you any recommendations?

General Principles

The following general principles should be noted and observed.

(a) A pupil who is sick and clearly unwell should not be in school. In such circumstances the Principal is within his / her rights to ask the parents to keep the pupil at home.

(b) The overriding concern must always be the pupils' health and welfare.

(c) As professional educators, teachers implement and maintain professional standards of care for their pupils, but teachers and SNAs are not medics. A teacher or SNA has no contractual duty to administer medication and cannot be required to do so. Administering medication is a voluntary act by teachers and SNAs.

(d) Where a teacher or SNA agrees to be responsible for medication, he / she must be given whatever information and training is needed. This is not just a matter of good practice. It is a matter of necessity. No teacher or SNA should be given tasks which he / she cannot carry out safely because of a lack of information or a lack of appropriate training.

(e) A teacher may have a pupil in class with epilepsy or diabetes or with an allergy which could be potentially fatal. In all such cases, irrespective of whether the teacher or SNA has been trained in the administration of medication, he / she should be advised exactly what to do or how to get help and from whom. Furthermore the teacher or SNA should, as a minimum, receive the following information in writing:

(i) the nature of the pupil's condition;

(ii) the symptoms;

(iii) what medication is required, the prescribed dose, at what times or under what circumstances;

(iv) where the medication is kept and how to get access;

(v) whether the medication is self administered or has to be administered;

(vi) where the record card is kept of the dates and times of administration;

(vii) what action, if any, apart from administering medication, may be needed, and if so, at what times or in what circumstances.

Managing Medicines in Schools

The Principal should be responsible for carrying out the policy on medicines in schools.

Where there is no feasible alternative to the School administering the medicine, the Principal should be satisfied that:

(a) appropriate training has been provided for the teacher or SNA;

(b) full instructions are available to the School for administering the medicine. This is best done either by the parent producing a doctor's note confirming that it is necessary for the child to have medicine during school hours, and giving clear instructions on how and when it is given and what the dosage is, or by way of a standard letter of instruction from the parents. In either case, a reliable record keeping system should be implemented in this regard.

(c) the medicine will be delivered personally to the Principal or a nominated person by the parent, not by the child;

(d) the medicines are clearly labelled with the child's name, date, contents, dosage and instructions regarding storage. The original container supplied by the GP or pharmacist must be delivered to the School;

(e) the medicines are either kept in a locked cupboard, preferably in the staff room or the Principal's office or kept in a sealed container which is clearly marked. They must not be kept in the First Aid Box. When they are needed, the medicines shall be reasonably accessible.

Security and accessibility are equally important when medicines are taken on school trips. Some medicines, such as insulin, may need to be kept in a refrigerator;

(f) a written record is kept of the dates and times of administration and a note of any side effects. Any guidelines as outlined and agreed with the Schools Management Association or Staff Union should be followed.