Scoil Mhuire agus Íde

Bóthar Buí,
Newcastlewest,
Co. Limerick.

069-62443

info@smincw.ie

Administration of Medicines & First Aid Policy

1. RATIONALE AND LEGAL FRAMEWORK

This policy outlines procedures for administering medicines and providing first aid at Scoil Mhuire agus Íde. It ensures compliance with the Safety, Health and Welfare at Work Act 2005, Education (Welfare) Act 2000, Children First Act 2015, and GDPR 2018. The policy supports our duty of care whilst recognising that parents/guardians retain primary responsibility for their child's health and medical needs.

The Board of Management is committed to supporting pupils with medical conditions to participate fully in school life. This policy promotes safe, consistent practices that protect pupils' wellbeing whilst clarifying roles and responsibilities for all stakeholders.

2. ROLES AND RESPONSIBILITIES

Board of Management:

- Ensures adequate first aid provision and trained personnel
- Approves policy and reviews biennially
- Maintains appropriate insurance cover

Principal:

- Oversees policy implementation and staff training
- Maintains confidential medical records in secure storage
- Liaises with parents/guardians regarding Individual Healthcare Plans (IHPs)

Designated Staff:

- Administer prescribed medication following written parental consent where applicable
- Maintain accurate medical and medication records
- Monitor secure storage of all medications

Year Heads:

- Liaise with parents/guardians and healthcare regarding Individual Healthcare Plans (IHPs)

- Ensure accurate medical information available on VSWare

All Staff:

- Familiarise themselves with pupils' medical needs and emergency procedures
- Be aware of Code Blue response to medical emergencies
- Maintain confidentiality regarding pupils' medical information

Parents/Guardians:

- Provide complete, accurate information about their child's medical needs
- Supply prescribed medication in original packaging with pharmacy labels and replenish any medication which is due to expire
- Complete required consent forms and update information promptly when circumstances change
- Develop IHPs in partnership with school and healthcare professionals for chronic conditions

Pupils:

- Cooperate with medication administration and first aid treatment
- Inform staff immediately if feeling unwell
- Where appropriate (older pupils with capacity), take age-appropriate responsibility for self-management under supervision

3. MEDICATION ADMINISTRATION PROCEDURES

Routine Prescribed Medication:

Parents/guardians must complete the Medication Administration Request Form (Appendix A) providing:

- Pupil's name and class
- Medication name, dosage, and administration time
- Duration of treatment
- Potential side effects
- Emergency contact information
- Written consent for staff to administer

Medication must be:

- In the original container with a pharmacy label showing pupil's name, dosage, and expiry date. It is the responsibility of the Parent/Guardian to replenish medication before its expiry date.
- Handed directly to a staff member (not sent via pupil)
- Stored securely in locked cabinet in office

Short-term medication (under 5 days) should ideally be administered at home before/after school where possible. Where this is not feasible, the above procedures apply.

Emergency Medication:

For pupils with conditions requiring emergency medication (asthma, allergies, diabetes, epilepsy), an Individual Healthcare Plan (IHP) must be completed collaboratively with parents/guardians and healthcare professionals (template: Appendix B).

Emergency medications (inhalers, adrenaline auto-injectors, glucose supplies) are:

- Stored accessibly (not locked) in main office
- Clearly labelled with pupil's name

Anaphylaxis Protocol:

Staff will administer adrenaline auto-injector immediately if anaphylaxis is suspected. Emergency services (999/112) are called simultaneously. Pupil positioning, timing, and injector details are recorded. Parents/guardians are contacted immediately.

Self-Administration:

Students may self-administer prescribed medication where appropriate. This is agreed through the IHP process with parental consent and healthcare professional recommendation.

Medication Refusal:

If a pupil refuses prescribed medication, staff will not force administration. Parents/guardians are contacted immediately, and the incident is recorded.

4. FIRST AID PROVISION AND EMERGENCY RESPONSE

First Aid Personnel:

The school maintains a minimum of three staff members with current basic First Aid Training. This group of teachers are referred to as The Blue Team. Names are displayed in staffroom, reception, and corridor noticeboards.

First Aid Equipment:

Fully stocked first aid kits are located in:

- School office
- PE hall

The school Health & Safety Officer checks and replenishes kits termly.

Emergency Response Procedures:

Minor Injuries (cuts, bruises, bumps):

Staff administer basic first aid (cleaning, plasters, cold compress). Incidents are recorded via the Accident/Incident Report Form (available on staff website). Parents/guardians are informed via note home or phone call.

Serious Injuries or Medical Emergencies:

- Ensure scene safety
- Summon The Blue Team immediately
- Call emergency services (999/112) if required
- Contact parents/guardians urgently

- Do not move pupil unless necessary for safety
- Accompany pupil in ambulance if parents/guardians cannot arrive immediately
- Complete Accident/Incident Report Form within 24 hours

5. RECORD-KEEPING AND CONFIDENTIALITY

All medical information is processed in accordance with GDPR. Physical records are stored securely in a locked filing cabinet in the office, accessible only to principal, deputy principal, Year Heads and school secretary. Digital records are password-protected.

Medical information is shared only on a need-to-know basis with staff. Parents/guardians may request access to their child's medical records at any time.

Where safeguarding concerns arise during medication administration or first aid treatment, Túsla reporting obligations under Children First Act 2015 apply.

6. TRAINING AND REVIEW

Staff Training:

- Designated staff complete basic First Aid training (renewed every 2 years)
- Specific training provided for specialist medication administration (adrenaline auto-injectors, insulin) as needed
- Training records maintained by principal

Policy Review:

This policy is reviewed biennially by the Board of Management with input from staff and Parents' Association.

Monitoring:

The principal monitors policy effectiveness through termly review of accident/incident

reports, staff feedback, and parental concerns.

7. POLICY ADOPTION

Policy Effective Date: 23/2/26

Signed:  **Date: 23/2/26**

(Chairperson of Board of Management)

Signed:  **Date: 23/2/26**

(Principal)

Appendices

- **Appendix A: Medication Administration Request Form**
- **Appendix B: Individual Healthcare Plan Template**
- **Appendix D: Emergency Contact List Template**

APPENDIX A: MEDICATION ADMINISTRATION REQUEST FORM

CONFIDENTIAL

Pupil Information:

- Pupil Name: _____
- Class: _____ Date of Birth: _____
- Parent/Guardian Name(s): _____
- Emergency Contact Number(s): _____

Medical Condition/Reason for Medication:

_____

_____

Medication Details:

- Medication Name: _____
- Dosage: _____
- Method of Administration: _____
- Time(s) to be Given: _____
- Start Date: _____ End Date: _____
- Possible Side Effects: _____

Prescribing Healthcare Professional:

- Name: _____ Contact: _____

Storage Requirements:

☐ Refrigeration required

☐ Room temperature (locked cabinet)

☐ Accessible location (emergency medication)

Special Instructions:

_____

_____

Parental/Guardian Consent:

I consent to staff at Scoil Mhuire agus Íde administering the above medication to my child. I confirm that:

- The medication is prescribed by a healthcare professional
- I will supply medication in original packaging with pharmacy label
- I will inform the school immediately of any changes to medication or dosage
- I will collect unused medication at end of treatment period
- I understand staff will make reasonable efforts but cannot guarantee administration at exact times specified

I indemnify the school and staff against claims arising from medication administration provided reasonable care is taken.

Signed: _____ Date: _____

Print Name: _____

APPENDIX B: INDIVIDUAL HEALTHCARE PLAN (IHP) TEMPLATE

Pupil Details:

- Name: _____ Class: _____
- DOB: _____ Photo attached: ☐

Medical Condition: _____

Date IHP Developed: _____ Review Date: _____

Participants in Plan Development:

- Parent/Guardian: _____
- Healthcare Professional: _____
- School Staff: _____

Daily Care Requirements:

_____

_____

Symptoms/Triggers to Watch For:

_____

_____

Emergency Medication Required:

Medication	Dosage	When to Administer	Location Stored

Emergency Response Steps:

Step 1: _____

Step 2: _____

Step 3: _____

When to Call 999/112: _____

Staff Training Completed:

- Staff Member: _____ Training Date: _____
- Staff Member: _____ Training Date: _____

Activities/Environmental Considerations:

_____

_____

Self-Management (if applicable):

☐ Pupil can recognise symptoms

☐ Pupil can self-administer with supervision

☐ Pupil carries own medication

Communication:

Who needs to know about this plan? ☐ All staff ☐ Class teacher only ☐ Designated staff

Parental/Guardian Agreement:

I have participated in developing this plan and agree to its contents. I will inform the school immediately of any changes to my child's condition or treatment.

Signed: _____ Date: _____

School Agreement:

The school commits to implementing this plan and providing necessary training and support.

Signed (Principal): _____ Date: _____

APPENDIX C: EMERGENCY CONTACT LIST TEMPLATE

For Staff Use During Medical Emergencies

Emergency Services: 999 or 112

Scoil Mhuire agus Íde Main Office: _____

Principal Mobile: _____

Deputy Principal Mobile: _____

Nearest Hospital A&E:

Name: _____ Distance: _____

Address: _____

Local GP Surgery:

Name: _____ Phone: _____

HSE Public Health Nurse:

Name: _____ Phone: _____

School Insurance Provider:

Company: _____ Phone: _____

Policy Number: _____

Tusla Child and Family Agency (Safeguarding Concerns):

Phone: _____

Poison Information Line: 01 809 2166 (Beaumont Hospital)

Pupils Requiring Emergency Medication (Current Year):

Pupil Name	Class	Condition	Medication Location	Staff Trained

Updated: _____ Next Update Due: _____

Note: This emergency contact list is confidential and must be stored securely. Updated copies provided to first aiders and kept in office, staffroom, and first aid kits.