

# **HEALTH and SAFETY**

## **administration of first-aid and medication to pupils**



## **school policy**

revised 2008

## **CONTENTS**

<b>1.</b>	<b>Introduction</b>	<b>3</b>
<b>1.1</b>	<b>First-aid</b>	<b>3</b>
<b>1.2</b>	<b>Medication</b>	<b>3</b>
<b>2.</b>	<b>First-aid</b>	<b>4</b>
<b>2.1</b>	<b>First-aid duties</b>	<b>4</b>
<b>2.2</b>	<b>First-aid training</b>	<b>4</b>
<b>2.3</b>	<b>Designated first-aid personnel</b>	<b>4</b>
2.3.1	The designated first-aid co-ordinator	4
2.3.2	Designated first-aid officers	4
<b>2.4</b>	<b>Indoor duty responsibilities</b>	<b>5</b>
<b>2.5</b>	<b>First-aid information</b>	<b>5</b>
<b>2.6</b>	<b>First-aid supplies</b>	<b>5</b>
<b>2.7</b>	<b>Minor injuries</b>	<b>6</b>
<b>2.8</b>	<b>More serious injuries</b>	<b>6</b>
<b>2.9</b>	<b>Accommodation for first-aid</b>	<b>7</b>
<b>2.10</b>	<b>Reporting and record keeping</b>	<b>7</b>
2.10.1	Reporting	7
2.10.2	Record keeping	7
<b>2.11</b>	<b>Risk assessment</b>	<b>8</b>
<b>3.</b>	<b>Medication</b>	<b>8</b>
<b>3.1</b>	<b>Application procedure for administration of medication</b>	<b>8</b>
<b>3.2</b>	<b>Storage</b>	<b>9</b>
<b>3.3</b>	<b>Administration of medication</b>	<b>9</b>
<b>3.4</b>	<b>Serious conditions</b>	<b>10</b>
<b>4.</b>	<b>Ratification and communication</b>	<b>10</b>
<b>5.</b>	<b>Implementation</b>	<b>10</b>
<b>6.</b>	<b>Review</b>	<b>10</b>
<b>Appendix 1</b>	<b>Accident report form</b>	<b>12</b>
<b>Appendix 2</b>	<b>Incident report form</b>	<b>12</b>
<b>Appendix 3</b>	<b>Teachers and administration of medicines in school, <i>CPSMA Management Board Members' Handbook 2004,</i> Appendix 45, p 172</b>	<b>13</b>

## **1. Introduction**

All members of school staff have a duty of care to make sure that the pupils are safe and healthy. They also have a common law duty to act as a prudent parent would. Staff should not hesitate to act in an emergency and to take life-saving action in an extreme situation.

For the purpose of this policy, 'first-aid' means

- a. in the case where a pupil requires treatment from a registered medical practitioner or registered general nurse, treatment for the purpose of preserving life or minimising the consequences of injury or illness until the services of such practitioner or such nurse is obtained, or
- b. in the case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered practitioner or registered nurse, treatment of such injury.

**OR**

- a. treatment in a life-threatening situation (eg heart stoppage or severe bleeding), pending medical help, or
- b. treatment for minor injury (eg cuts and bruises).

### **1.1 First-aid**

The object of first-aid in a school situation is not to cure the patient, but to ensure, as far as possible, that the injury or illness is not worsened before professional help is obtained.

The school's first-aid provision includes

- suitably-stocked first-aid containers;
- an appointed person to take charge of first-aid arrangements;
- information for staff on first-aid arrangements;
- staff training.

This provision is supplemented by regular risk assessment by the Board of Management to determine any additional considerations. First-aid provision is available at all times while people are on the school premises, and also off the premises when children are on school outings.

The teacher in charge of an injured pupil should, to the best of his/her ability, assess the severity of the injury. If in doubt, the teacher should consult with the Principal or first-aid officer. If the injury is judged to be superficial, a designated member of staff may administer first aid to the pupil, using the school's first-aid kit.

In the case of more serious injuries, where it is judged that medical assistance is needed, the parents of the injured child should, where possible, be contacted by telephone by the teacher in charge. The teacher in charge should consult with the parent as to how the injury will be treated, and if necessary, arrange for the injured child to be seen by a doctor. An ambulance should be called in the case of emergency or where movement of an injured person may be considered unwise.

The teacher in charge will normally be the class teacher of the injured child, or the teacher on duty.

## **1.2 Medication**

Medication may only be administered to pupils in extremely limited circumstances and under strictly controlled guidelines.

## **2. First aid**

Any member of staff is likely to be faced with a first-aid situation, and should be prepared to act.

### **2.1 First-aid training**

The Board of Management arranges training to all staff on a tri-annual basis, as a matter of good practice.

### **2.2 Designated first-aid personnel**

#### **2.2.1 The designated first-aid co-ordinator**

The Board of management (BOM) will designate a first-aid co-ordinator (ref *Safety Statement*).

The designated first-aid co-ordinator is a member of staff who has completed a recognised training course at least every 3 years, and certified as competent by a recognised occupational first-aid instructor. He/she

- oversees the administration of first-aid in the school;
- informs the staff of the school's first-aid arrangements (including the location of equipment, facilities and first-aid personnel);
- looks after the first-aid equipment (eg checking and restocking the first-aid box, as required);
- ensures that an ambulance or other professional medical help is called, when appropriate.

### 2.2.2 Designated first-aid officers

Staff who agree to act as designated first-aid officers do so on a voluntary basis. When selecting such volunteers, the Board of Management considers

- reliability and communication skills;
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures.

Designated first-aid officers must hold a valid certificate of competence from a recognised and approved organisation.

## 2.3 Indoor duty responsibilities

A teacher is designated for indoor duty each day, within the supervision rota. This teacher looks after pupils who are unwell, and ensures that first-aid is administered during break times, as appropriate.

## 2.4 First-aid information

First-aid notices are displayed in the staff room, the medical room (the quiet room) and the school office. This information should include

- arrangements for giving first-aid;
- location of first aid boxes;
- details of first-aid personnel;

- telephone numbers of designated school doctor, gardaí, fire services and ambulance or hospital.

First-aid information is also included in staff information packs. Special notices are displayed giving details of school evacuation procedures.

### **First-aid supplies**

The first-aid boxes are green and marked with a white cross. The main first-aid boxes, as well as a designated travel first-aid kit, are kept in the quiet room, (ref Appendix 4 for contents of First-aid kits). The first-aid kit does not contain adhesive dressings/plasters. First-aid boxes are checked by a designated member of staff every morning, and contents are replaced or replenished as required. A designated travel first-aid kit is maintained for use on school tours and excursions. Staff members also bring emergency contact lists for the children on such occasions.

### **2.6 Minor injuries**

In the event of minor injury in the playground during break time, the child should be escorted to the teacher designated to indoor duty. The duty teacher may administer minor first aid, with more serious injuries referred to the designated First-aid officer. Disposable gloves should always be used when dealing with any injury or illness.

### **2.7 More serious injuries**

Where there are any concerns beyond minor injury, parents should be contacted and informed of the injury/accident/illness and asked to come to the school. If parents cannot be contacted the teacher in charge will seek medical assistance, through the family / designated school GP or by calling an ambulance.

In the case of a more serious injury, where it is judged that immediate medical assistance is necessary, or where the parents/guardians cannot be contacted, the teacher in charge, with another member of staff, will bring the injured child to a doctor, and remain until treatment has been concluded or a parent has arrived. Where possible, the child is brought to the designated doctor as specified by the parents or guardians on the child's *admission form* or *personal emergency information form*. If the nominated doctor is unavailable, or if the distance to the

nominated doctor's surgery is judged to be excessive, the child will be brought to the designated school doctor or nearest hospital. Parents will be made aware of the circumstances of the injury at the earliest opportunity.

In the case of a very serious injury, the emergency services will be called immediately, urgent first-aid to preserve life or prevent further serious injury shall be administered, the patient shall be kept immobile and comfortable until a nurse, doctor or other trained person, such as a trained ambulanceman, can take over management of the situation.

Efforts to contact parents will continue until they have been informed of the incident. If the child is to be brought home, and the parents are unavailable, the child will be placed in the care of the persons nominated by the parents as substitute caretakers on enrolment and emergency contact documentation.

## **2.8 Accommodation for first-aid**

The quiet room, off the school's reception lobby, is the designated medical room. This room may be used for medical treatment, including first-aid, when required and for the care of pupils during school hours. The room contains a sink with hot and cold water, as well as a fridge where ice-packs are stored. It is adjacent to a toilet with facilities for those with disabilities.

## **2.9 Reporting and record keeping**

### **2.9.1 Reporting**

Where there are any concerns beyond minor injury, parents should be contacted and informed of the injury/accident/illness. Serious injuries and their circumstances are reported to the school insurance company.

### **2.9.2 Record keeping**

In all cases of injury, other than superficial injury, the teacher in charge at the time of the injury will make a written record of the circumstances of the injury on a school *accident form* or *incident form* as soon as possible. This is forwarded to other staff who have been involved, and then to the principal, for consideration and signing off. It is then filed in the school office, with a copy placed in the individual file(s) of the

child(ren) involved (ref Appendix 1 and 2). A register for all accidents and incidents is maintained in the quiet room, in which details of first-aid or medication administered is recorded by the teacher in charge/on duty, as well as the date, time, name of injured/ill person, and the first-aid administered.

Information required in case of emergency is provided on enrolment, and recorded on a *Personal emergency information* form. Original forms are kept in the school office, and the class teacher holds copies for each class. This information includes name, address, emergency contact numbers, family doctor details, important medical information, medication to be administered in school, consent information regarding stitching and anaesthetic (if parent not available). This information is updated on receipt of revised information from parents. It is the responsibility of all parents to inform the school in writing of changes to contact details, emergency numbers, etc.

Accident and incident records are presented at each BOM meeting, (ref CPSMA handbook, Appendix 47, p181). All such records of accidents and incidents are retained in the school for 20 years.

### **3. Medication**

Procedures, in line with the INTO/CPSMA guidelines, are followed when parents make a request to the Board of Management that a teacher administer medicines.

#### **3.1 Application procedure for administration of medication at school**

Where the taking of prescription drugs is absolutely necessary during the school day, the parents of the pupil concerned should

- write to the Board of Management requesting the Board to authorise a teacher to administer the medication or supervise its administration;
- complete an *administration of medication indemnity form*, as supplied by the school - parents must provide written consent for medication to be administered;
- provide written details from the doctor giving the name of the child, name and dose of medication, and the circumstances in which medication is to be

given by the teacher. New written instructions should be sent in for any change in medication or dose required.

Board of Management authorisation for such administration of medication is subject to the provision of an indemnity from the parents/guardians of the child. This is a prescribed procedure.

### **3.2 Storage**

Medication is stored in a specifically allocated locked safe box (marked **MEDICATION**) that is kept in the school office. There are three keys for the medication storage box. The first-aid co-ordinator holds one key, and the second is kept in a safe place that is known to all staff. A spare key is kept in the principal's office.

### **3.3 Administration of medication**

Short-term medication should be administered by a parent, or designated representative who visits the school. Medication should NEVER be sent to school with a child.

In the case of long-term medication where a pupil has a specific medical condition, staff members are aware of the likely symptoms of an attack/illness for that pupil. Such medication may be administered by a member of staff, who will only follow directions for administration of medication as detailed in written instructions by a doctor.

It is the responsibility of the parent to ensure that all required medication is provided to the school. Weekly supplies of medication must be given in an approved container to the school by the child's parent on the first school day of each week and be stored in the medication box at all times. The parent must collect medication containers on the last school day of each week.

A first-aid officer, or another member of staff as may be designated by the Board of Management, may administer medication. A copy of administration instructions for medication is kept in the medication box. Staff cannot be required to administer medicines. The Board of Management reserves the right to withdraw authorisation

if it feels that the administration of medicine in a particular case has become too onerous.

It is the responsibility of each class teacher to familiarise themselves with all pupil information for their class in preparation for each new academic year. The class teacher must ensure that necessary medication is brought on all school outings and excursions.

### **3.4 Serious conditions**

Where children have medical or life threatening conditions, which need to be monitored, parents are asked to supply the school and the class teacher with written instructions from their doctor. These instructions should include details of the condition and the action to be taken in the event of any emergency. Each new academic year, parents are also required to inform the class teacher of the condition and supply up to date emergency contact numbers to the Class Teacher as well as the school office.

## **4. Ratification and communication**

This policy was ratified by the Board of Management in February 2008. It was immediately made available to all staff, and made available to parents through the school office.

## **5. Implementation**

Implementation of this revised policy immediately followed its ratification.

## **6. Review**

The Board of Management ensures regular review of the school's first-aid and medication policy, in light of changing needs. It will be formally reviewed in 2010.

## Appendix 1

### St Patrick's National School Greystones

# ACCIDENT REPORT

Name of pupil:	Class:	
Address:		
Date of accident:	Time:	
Location:		
Teacher in charge/on duty:		
Witnesses:		
By whom was the accident reported:		
To whom was the accident reported:		
Details of accident:		
Was first aid administered?: YES / NO	By whom?:	
Details of first aid:		
Was a doctor informed? YES / NO	Date:	Time:
Was a dentist informed? YES / NO	Date:	Time:
Name of doctor/dentist:		Tel no:
Medical attention required:		
Were parents notified? YES / NO	Date:	Time:
Action taken:		
Was child able to resume class activity? YES / NO		
Follow-up:		
Signed (teacher on duty):	Date:	
(class teacher):	Date:	
Signed (principal):	Date:	

## Appendix 2

### St Patrick's National School Greystones

## INCIDENT REPORT

Name of pupil:	Class:	
Address:		
Date of incident:	Time:	
Location:		
Teacher in charge/on duty:		
Witnesses:		
By whom was the incident reported:		
To whom was the incident reported:		
Details of incident:		
Was first aid administered?: YES / NO	By whom?:	
Details of first aid:		
Was a doctor informed? YES / NO	Date:	Time:
Medical attention required:		
Were parents notified? YES / NO	Date:	Time:
Action taken:		
Sanctions imposed:		
Follow-up:		
Signed (teacher on duty):	Date:	
(class teacher):	Date:	
Signed (principal):	Date:	

## Appendix 3

***CPSMA Management Board Members' Handbook 2004, Appendix 45, p 172, Teachers and administration of medicines in school.***

1. No teacher can be required to administer medicine or drugs to a pupil.

**2.** Any teacher who is willing to administer medicines should only do so under strictly controlled guidelines, fully confident that the administration will be safe. It is wise to limit this willingness to emergency situations only. A teacher who does take responsibility for administering medicines takes on a heavy legal duty of care to discharge the responsibility correctly. Every reasonable precaution must be taken. Clear instructions about medicines requiring regular administration must be obtained and strictly followed. The INTO/CPSMA advise that:

- the parent(s) of the pupil concerned should write to the Board of Management requesting the Board to authorise a member of the teaching staff to administer the medication;
- the request should also contain written instructions of the procedure to be followed in administering the medication;
- the Board of Management, having considered the matter, may authorise a teacher to administer medication to a pupil. If the teacher is so authorised she/he should be properly instructed by the Board of Management;
- a teacher should not administer medication without the specific authorisation of the Board;
- in administering medication to pupils, teachers should exercise the standard of care of a reasonable and prudent parent;
- the Board of Management should inform the school's insurers accordingly;
- the Board of Management should seek an indemnity from the parent(s) in respect of any liability that may arise regarding the administration of the medication.

Arrangements should also be made by the Board of Management for the safe storage of medication and procedures for the administration of medication in the event of the authorised teacher's absence. It is the parent's responsibility to check each morning whether or not the authorised teacher is in school unless an alternative arrangement is made locally.

**3.** In emergencies teachers should do no more than is obviously 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 possible schools should request that medical practitioners would arrange times for medication so that they don't coincide with school time. It is important that Boards of Management request parents to ensure that teachers be made aware in writing of any medical condition suffered by any children in their class.

Children who are epileptics or diabetics or who are prone to anaphylactic shock syndrome may have an attack at any time and it is vital, therefore, to identify the symptoms in order that treatment can be given by an appropriate person if necessary.