

**INTEGRATED COLLEGE DUNGANNON**

**MEDICAL POLICY –  
(incl Medication Administration,  
First Aid & Student Illness)**

**Date of Policy: May 2010**

Adapted from DE – Supporting Pupils with Medication Needs &  
ICD Medical Policy 26 November 2008

Agreed by governors: \_\_\_\_\_

## INTEGRATED COLLEGE DUNGANNON

### Policy for the Administration of Medication in College

1. The Board of Governors and staff of Integrated College Dungannon wish to ensure that students with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the college staff giving or supervising students taking prescribed medication during the college day **where those members of staff have volunteered to do so.**

**Please note that parents should keep their children at home if acutely unwell or infectious.**

2. Parents are responsible for providing the Principal with comprehensive information regarding the student's condition and medication.

3. Prescribed medication will not be accepted in college without complete written and signed instructions from the parent.

4. Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

5. Only reasonable quantities of medication should be supplied to the college (for example, a maximum of four weeks supply at any one time).

6. Where the student travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the student, including medication for administration during respite care.

7. Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:

- Student's name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date.

**The college will not accept items of medication in unlabelled containers.**

8. Medication will be kept in a secure place, out of the reach of students. Unless otherwise indicated all medication to be administered in college will be kept in a locked medicine cabinet.

9. The college will keep records, which they will have available for parents.

10. If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the college's emergency procedures will be followed.
11. It is the responsibility of parents to notify the college in writing if the student's need for medication has ceased.
12. It is the parent's responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
13. The college will not make changes to dosages on parental instructions.
14. College staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
15. For each student with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
16. Where it is appropriate to do so, students will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
17. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
18. The college will make every effort to continue the administration of medication to a student whilst on trips away from the college premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.
19. All staff will be made aware of the procedures to be followed in the event of an emergency.

### **Short Term Medication Needs**

No student should be given short term medication by school staff without his or her parent's written consent.

### **Students Requiring short term prescribed medication for acute conditions, such as an ear or chest infection.**

Many students will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only, eg, to finish a course of antibiotics or apply a lotion. This may also be the case if a student suffers regularly from acute pain, such as migraine. To allow students to take medication in school will minimise the time they need to be off school but medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The appropriate consent forms must be completed, these include AM2 or AM3.

Any member of staff giving medicine to a student should check:

- The student's name and date of birth
- Written instructions provided by parents or doctor
- That the child has not already received medication
- The prescribed dose
- The expiry date
- Route of administration

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

It is good practice, where possible, to have the dosage and administration witnessed by a second adult.

### **Students requesting non-prescription medication**

Students sometimes ask for painkillers (analgesics) at school such as paracetamol. A consent form must be completed by parent/guardian on an annual basis, which will allow the routine administration of these short term medications. School staff should **never** give non-prescribed medication to students unless there is a specific prior written permission from the parents.

In some instances students may be permitted to self-administer from a personally held supply.

Over the counter medicine, eg, cough mixture or hay fever remedies, should only be accepted in exceptional circumstances, and be treated in the same way as prescribed medication. Parents must clearly label the original container with the child's name, date of birth, dose and time to be taken and complete the relevant consent form.

## **Medication Plans**

### **Form AM1**

This form must be completed for every student who requires a Medication Plan and must be kept in the student's main school file. It must be updated at least annually and earlier if there is a change in either the student's condition or medication/procedure.

A full Medication Plan will consist of Forms AM1, AM2 or AM3, AM4 and AM6. Form AM7 may also be needed for students with Epilepsy.

### **Form AM2**

This form is to be completed by the parent. It enables the college to ensure the correct information has been received from parents and to monitor and correctly support the use of medication in the college. If a student requires several items of medication in college the appropriate details should be provided on this form. On receipt of Form AM2 the college should complete the 'Agreement of Principal' Section. The original should be retained on the college file and a copy sent to the parents to confirm the college's agreement to administer medication to the named student.

### **Form AM3**

This form should be completed by the parent if they request their child to carry and administer their own medication, eg inhaler, insulin. On receipt of Form AM3 the college should complete the 'Agreement of Principal' Section. The original should be retained on the college file and a copy sent to the parents to confirm the college's agreement to medication to be carried and self administered in college.

### **Form AM4**

This is the college's Record of Medication administered to individual students in school. A copy of this form should be sent to the student's parents on a regular basis. When the form is fully completed a copy should be put in the student's main college file. If the student transfers before the form is fully completed a copy should be placed in the student's main college file for transmission to the next school.

### **Form AM5**

This is the college's record of medication administered to all children.

### **Form AM6**

This form must be completed when staff receive training for medical procedures. Training must be updated at least annually or more frequently if required.

### **Form AM7**

Authorisation for the administration of rectal diazepam.

**NOTE: Copies of the appropriate forms should be kept in the student's main school file and in the Medication Administration Records File.**

# STUDENT MEDICATION PLAN

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Directions:

**AM1** – Fill in this form for every student with any Medication Needs.

**AM2** – Form to be completed and signed by parent/guardian. Then signed by Principal and copied to parent/guardian.

**AM3** – Form to be completed by parent/guardian if they wish their child to carry and administer their own medication. Then signed by Principal and copied to parent/guardian.

**AM4** – individual student record of medication. To be copied to parent/guardian on a regular basis.

Copy of each Medication Plan to be filed in Student's file.

**FORM AM1**

**INTEGRATED COLLEGE DUNGANNON**

**MEDICATION PLAN FOR A STUDENT WITH MEDICAL NEEDS**

**Student Name:** \_\_\_\_\_ **Form Class:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_ **National Health Number:** \_\_\_\_\_

**Medical Diagnosis:** \_\_\_\_\_

\_\_\_\_\_

**Contact Information:**

**Family Contact 1**

**Family Contact 2**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**GP:**

**Clinic/Hospital Contact**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Plan Prepared by:** Sinead Fitzpatrick, Health & Safety Officer, ICD on \_\_\_\_\_ (Date)

**Describe condition and give details of student's individual symptoms**

\_\_\_\_\_

**Daily care requirements (eg before sport, dietary, therapy, nursing needs)**

\_\_\_\_\_

**Members of staff trained to administer medication for this child (state if different for off site activities)**

\_\_\_\_\_

**Describe what constitutes an emergency for the child, and action to take if it occurs**

\_\_\_\_\_

**Follow up Care**

\_\_\_\_\_

**I agree that the medical information contained in this form may be shared with individuals involved with the care and education of student named above.**

**Signed:** \_\_\_\_\_ **(Parent/Guardian) Date:** \_\_\_\_\_

INTEGRATED COLLEGE DUNGANNON

REQUEST FOR COLLEGE TO ADMINISTER MEDICATION

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

Details of Student:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Form Class: \_\_\_\_\_

Address: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

Medication:

Parents must ensure that in date properly labelled medication is supplied.

Name of Medication (as described on the container) \_\_\_\_\_

Date Dispensed: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Directions for use, dosage and method:

\_\_\_\_\_

NB: Dosage can only be changed on a Doctor's instructions

Special precautions: \_\_\_\_\_ Timing: \_\_\_\_\_

Side effects the College needs to know about: \_\_\_\_\_

\_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency

\_\_\_\_\_

Contact Details:

Name \_\_\_\_\_ (Parent/Guardian)

Phone No \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

I understand that I must deliver the medicine personally to \_\_\_\_\_ (agreed member of staff) and accept that this is a service, which the college is not obliged to undertake. I understand that I must notify the college of any changes in writing.

Signature: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Agreement of Principal:

I agree that the student named above will receive medication as per directions for use listed above. This child will be supervised while he/she takes their medication. This arrangement will continue until either the end of the course of medicine or until instructed by parent/guardian.

Signed: \_\_\_\_\_ (Principal) Date: \_\_\_\_\_

The original should be retained in school file and a copy sent to the parents to confirm the college's agreement to administer medication to the named student.



INTEGRATED COLLEGE DUNGANNON

REQUEST FOR STUDENT TO CARRY MEDICATION

This form must be completed by parents/guardians.

If staff have any concerns please discuss this request with healthcare professionals.

**Details of Student:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Form Class: \_\_\_\_\_

Address: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

**Medication:**

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine \_\_\_\_\_

**Procedures to take in an Emergency**

\_\_\_\_\_  
\_\_\_\_\_

**Contact Details:**

Name \_\_\_\_\_ (Parent/Guardian)

Phone No \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

I would like my child to keep his/her medication on him/her for use as necessary.

Signature: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

**Agreement of Principal:**

I agree that the student named above will be allowed to carry and self administer his/her medication whilst in college and that this arrangement will continue until either the end of the course of medicine or until instructed by parent/guardian.

Signed: \_\_\_\_\_ (Principal) Date: \_\_\_\_\_

**The original should be retained in school file and a copy sent to the parents to confirm the college's agreement to administer medication to the named student.**

INTEGRATED COLLEGE DUNGANNON

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT**

Surname	
Forename	
DOB	
Male/Female	
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry Date	
Quantity returned	
Dose and frequency of medicine	

Checked by:  
 Staff Signature: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Date	Time	Dose given	Any reactions	Staff Member	Staff Initials

INTEGRATED COLLEGE DUNGANNON

RECORD OF MEDICAL TRAINING FOR STAFF

Name \_\_\_\_\_

Type of Training received \_\_\_\_\_

Name of condition/  
Medication involved \_\_\_\_\_  
\_\_\_\_\_

Date training completed \_\_\_\_\_

Training provided by \_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to administer the medication described.

Trainer's signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have received the training detailed above

Trainee's signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Retraining Date \_\_\_\_\_

Refresher Training Completed

Trainer \_\_\_\_\_ Date \_\_\_\_\_

Trainer \_\_\_\_\_ Date \_\_\_\_\_

INTEGRATED COLLEGE DUNGANNON

**AUTHORISATION FOR THE ADMINISTRATION OF RECTAL DIAZEPAM**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

GP \_\_\_\_\_

Hospital Consultant \_\_\_\_\_

The above student should be given Rectal Diazepam \_\_\_\_\_ mg, if he/she has a \*prolonged epileptic seizure lasting over \_\_\_\_\_ minutes.

Or

\*serial seizures lasting over \_\_\_\_\_ minutes.

An ambulance should be called for \* at the beginning of the seizure

Or

If the seizure has not resolved \* after \_\_\_\_\_ minutes

(\* please delete as appropriate)

Doctors signature \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state: when the diazepam is to be given, eg, after 5 minutes; how much medicine should be given; if a second dose of Rectal Diazepam can be given; and how the child presents before, during and after a seizure.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form AM4 or similar.**





