St. Mary's Special School

Johnstown Educational Campus
Johnstown,
Navan,
Co. Meath
C15 PFK7

Medical Policy 2026

Rationale

The school has a duty of care to all its pupils and members of staff. This policy aims to set out procedures to be followed when children become unwell, to ensure that they are well cared for and that, where the cause is of an infectious nature, others are not exposed needlessly. Procedures regarding the administration of medicine during the school day are also outlined.

Aims of this Policy

The aims and objectives of the policy can be summarized as follows:

- Minimize health risks to children and staff on the school premises
- Fulfil the duty of the BoM in relation to Health and Safety requirements
- Clarify areas of responsibility
- To indicate the limitations to any requirements which may be notified to teachers and school staff
- To outline procedures to deal with a pupil with life- threatening long term illness in school
- Safeguard school staff that are willing to administer medication
- Provide a framework within which medicines may be administered in cases of emergency or in instances where regularized administration has been agreed with parents/guardians
- Protect against possible litigation
- School personnel have a professional duty to safeguard the health and safety of pupils, both when they are authorized to be on the school premises and when they are engaged in authorized school activities elsewhere
- The Board of Management requests parents to ensure that St Mary's School staff are made aware in writing of any medical condition suffered by any child in their class
- This does not imply a duty upon school staff personally to undertake the administration of medicines or drugs.

Medical Information for Parents/ Guardians

It is important that the school is aware of any medical condition that may affect your child during the school day. This may include information on allergies, eyesight, medication etc.
Parents will complete the relevant space in the Medical Information Form and Permission Slip. (Appendix 2 & 3)
If there is no MEDICAL condition, parents will write 'NONE'.

In the case of a child becoming ill at school, parents/ guardians will be contacted. Please make sure you have filled out and sent **Emergency Contact Information** to the school. Information will be kept on file in the office /on Alladin in case of emergency.

Illness or Infection at School

Responsibility of Parents/ Guardians
Parents are asked not to send their child to school if any of the following apply:

- The child has symptoms of an infectious illness that is mentioned in the list of '**Common Ailments requiring Pupils to Stay at Home'** see **Appendix 1** and also in the HSE Publication: Management of Infectious Diseases in School 2014 Chapter 9. http://www.hpsc.ie/a-z/lifestages/schoolhealth/File,14304,en.pdf
- The child does not feel well enough to participate in the normal programme of curriculum activities.
- The child requires more care than the classroom team can provide without affecting the health, safety and schoolwork of the other pupils.
- If antibiotics are prescribed for a contagious illness or infection, the child should not attend school until 24 hours after treatment has begun and must be showing signs of improvement.
- If head lice or ringworm is noticed, the child may not come to school until treatment has begun. See **Appendix 1.**
- If a child has been sent to school and is clearly unwell, as described above, a parent or guardian will be asked to collect him/ her from school as soon as possible.

Responsibility of the teacher

The class teacher is responsible for displaying the medication protocol as supplied by the parent/guardian in the classroom, and to ensure that all medications are accessible in the classroom medical cabinet or readily available on outings or tours

when/if needed. Teachers, in their supervisory capacity, should make sure that the medication is in date and to remind parents in advance of the expiry date. Parents must fulfil their duty of care in supplying the requisite medication daily.

Responsibility of the SNAs

To administer the medication following the protocols with the appropriate certification and to handover the medication to the bus escorts, using sign in / out record sheets.

Responsibility of the Board

The Board ensures that staff receive appropriate training in First Aid and in the administration of specific medications (e.g. EpiPen, Buccal Midazolam), updated regularly.

Pupil Absence – Informing the school

As well as contacting the bus escort, **the parent/ guardian must also contact the school office**, stating the reason for the child's absence.
This is particularly important for the following reasons:

- If a child has an illness which is recognised by HSE as an infectious disease, staff, parents/guardians of other pupils in school or the authorities may need to be notified. It is vital that information about an infectious disease is passed to the school as soon as possible.
- National Educational Welfare Board requires the reason for absence to be recorded.

Returning to school

A pupil who has an infectious ailment, e.g. diarrhoea, vomiting, heavy cold, should remain at home until they are no longer infectious. The length of time before return will depend on the ailment and on the treatment. For Guidelines see

Appendix 1 or in '**Management of Infectious Diseases in School' Chapter 9,** should be followed.

For some conditions, broken limbs, post operations, infectious diseases, the school may require a doctor's 'fitness to return' note before the child is allowed to return to school.

Collecting child when ill

If the Principal/ Deputy Principal or authorized member of staff contacts a parent/ guardian to say that their child appears not to be well enough to be at school or travel home on school transport the parent/ guardian must arrange to collect the child as soon as possible. This is primarily for the well-being of the child who is unwell and to avoid cross contamination and spreading. In the case of infectious diseases, it is also especially important for the well-being of the other pupils and the school staff. Classroom staff will aim to keep the child as comfortable as possible while waiting for a parent/ guardian to arrive.

Responsibility of School

If a child feels unwell or appears unwell on arrival at school or during the school day, parents will be contacted for the well-being of the child who is sick and of all members of the school community.
If a pupil presents with any signs of being unwell the Principal will be informed immediately or in her absence the Deputy Principal. If both are absent the AP2 will be advised. Calls made home will always be in consultation with the above named in that order. **A pupil will never leave the premises without the foreknowledge of the Principal/Deputy Principal.**

Prevention and Good Hygiene Practices

St Mary's aims to promote good hygiene practices that will help prevent transmission of infection. These practices will be taught as part of the SPHE curriculum at Primary level strand unit Taking care of my body and through Personal Care and Wellbeing at Senior Cycle and will be consolidated throughout the school day. They will include:

- Teaching and implementing effective handwashing throughout the school, with staff leading by example
- Teaching and implementing respiratory hygiene and cough etiquette, e.g. to turn away or cover with elbow when coughing or sneezing, etc.
- The school will also: Facilitate the Schools Immunization Programme.
- Ensure provision of gloves, aprons, suitable sanitizing cleaning products and cleaning equipment for staff who are in contact with bodily fluids when caring for a child.

First Aid

From time-to-time minor incidents such as cuts and abrasions will occur.
All staff are trained in Basic First Aid.

There are also two **First Aid Responders** in the school.

The First Aid Responders (FAR) have been certified to offer first aid to the whole school community.

Our First Aid Responders (FAR's) are Louise Wilson and Alice O Reilly.

The Board of Management seeks to provide Basic First Aid to all Staff and pupils if required. Training for Basic First Aid and FAR training is renewed every two years. See First Aid Policy 2026.

Permission for Basic First Aid.

Parents are asked to complete a **Permission Slip for Basic First Aid** to be administered to their child if required. See **Appendix 5.**

If for any reason they do not want First Aid treatment, they need to clearly state this on the form. Parents will then be contacted at home or work if their child needs First Aid attention.

A report is made of all injuries and documented in the Accident/Injury Form. First Aid Responders also record the procedure used in carrying out first aid if required or not, in their Incident Book.

Administration of Medication in School

- Parents are required to complete a **Health/Administration of Medication form** when enrolling their child/ren in the school. **See Appendix 2**
- No staff member is obliged to administer medicine or drugs to a pupil and any member of the staff willing to do so works under the controlled guidelines outlined below:
- **Prescribed medicines will only be administered** after parents of the pupil concerned have **written** to the BoM requesting the Board to authorize members of staff to do so. The Board will consider such requests in case of an emergency. The Board will:-

- Seek **indemnity** from parents in respect of any liability arising from the administration of medicines. See **Appendix 7**.
- **Please note**: that **no new medication** will ever be first administered by school personnel until it is proven that the child/young adult is NOT allergic to it with the exception of emergency (life-saving) medications. Families will strive to administer the dosages at home whenever possible.
- **Under no circumstance will non-prescribed medicines be administered in the school.**
- All medication requires a doctor's note with the protocol of administration, and the Board's approval. The procedure is as with prescribed medication for emergency reasons:
- **To write to the BoM** requesting the Board to authorize members of staff to do so.
- **Provide a clear protocol from the GP with clear instructions about administration**
- The Board will seek **indemnity** from parents in respect of any liability arising from the administration of medication
- Some pupils travel on school transport and may require emergency medication on the bus or while out on a school activity. There will be a sheet provided by the office for the medication to be signed in and out daily where it necessitates a child to have emergency medication on the bus as in school.
- All medication travelling with pupils on the School Transport will be **carried by the Bus Escort and handed to the SNAS for storage until the end of the day when it is returned to the escort. Medications will be signed in the morning by SNA staff and signed out by the bus escort at the end of the day.**
- All medication will be stored in a locked FIRST AID box in the classroom, where it will be under the supervision of the teacher.
- Both school and bus escort need to have the **current** protocol for the pupil who requires emergency medication, which has been certified by a doctor. The protocol is displayed clearly in the class where it is easily accessible, in a poly pocket with the details of the pupil turned to the wall for confidentiality. This is done for ease of access for quick referral and for any teacher/SNA who may be subbing in the class. A laminated copy is also given to the bus escort.

- In the event that a **Bus Escort needs to administer emergency** medication on the bus he/she will need to inform the Principal, log this and to fill in an Incident Report form. The school office shall then inform the parents that medication was administered.
- **Parents will need to ensure** that the medication that travels with their child is handed to the bus escort, who will hand it into the school via the SNAS.
- **The medication must be clearly marked with the child's name, protocol for administration, correct dosage, be in date and in a secure container.**
- The Bus escort is responsible to make sure the medication is with the child before leaving the pupil's home, as no pupil requiring emergency medication should be allowed to travel without it.

Self-Administration of Medication.

- The school generally advocates the self-administration of medicine, where pupils are able, under the supervision of a responsible adult, exercising the standard of care of a prudent parent.
- If an older child requires medication e.g. inhalers, parent(s) may agree, at some point, that the child is capable of the responsible self-administration of this medication under supervision. In this case, the parent/s or guardian/s should:
  - Obtain written approval from the child's consultant or GP for supervised self-administration
  - Write to the Board of Management requesting authorisation of staff to supervise this self-administration
  - The Board of Management will consider the matter and may authorize staff, if willing, to undertake the supervision of the self-administration. - A small quantity of prescription drugs will be stored in the First Aid box in the classroom if a child requires self-administering on a daily basis and parents have requested storage.

Long Term Illness

*__Procedure for parents of children with long term illness requiring administration of medicine within school hours e.g. diabetes, severe allergies, epilepsy, asthma etc__

In the event of a child requiring medicines while in the care of the school, the following procedures will apply:

1. Parents write to the Board of Management requesting permission for the administration of medicine during the school day, and outlining the procedure involved.

   Where children are suffering from **life threatening conditions,** parents should outline clearly, in writing, what can and cannot be done in a particular emergency situation, with particular reference to what may be a risk to the child. This is in a Pupils Care Plan which needs to be completed by the parent with support if necessary from the class teacher.

   Written details should include the name of the child, name and exact dosage of medication, whether the child should be responsible for his/ her medication, the circumstances in which medication is to be given by the staff and consent for it to be given, name of doctor to be contacted in emergency, when the parent/ guardian is to be notified and where he/ she can be contacted, parent/ guardian's signature.

2. **A doctor is required to complete medical /prescription details and sign and stamp the form supplied by the school for the administration of medication (Appendix 2 and/or 6)** that a child may need to have while in the care of the school. Eg Buccal Midazolam, inhalers, etc.

All parents are required to follow this procedure. Pupils without these details make it impossible to administer the medication as the school will not know the vital individualized protocol.

It is a parental responsibility to notify the school of any changes on the administration protocol, dosage etc.

When the administrative protocol and or dosage changes, parents will need to acquire a new signed protocol from the appropriate medical professional. (School provides the form).

A signed declaration will be required from the parents/guardians annually. (Available from the school office). The onus is on the parent/guardian to ensure that the school is provided with the requisite up to date information, in writing, with regard to the child's medical protocol.

The school will accept no responsibility if the parents have not informed the school immediately of any changes to doses and medical protocols.

Responsibility of the School

A minimum of two members of staff is needed to administer medicine. The parents/ guardians are required to indemnify the Board of Management in respect of any liability that may arise regarding the administration of prescribed medicines in the school.

As far as possible children should self-administer. A written record of the date and time of administration must be kept, signed and witnessed.

Where there is **administration of emergency medication,** an Incident Form is to be filled and the principal informed.

Where permission has been given by the Board of Management for the administration of medicine, the smallest possible dose should be brought to school with clear written instructions for administration, giving the pupils name.

Parents/guardians are responsible for ensuring that adequate supplies of up-to-date medicines are available.

Changes in prescribed medication (or dosage) should be notified immediately to the school with clear written instructions of the procedure to be followed in storing and administering the new medication.

Emergency Procedure

Where a child has a fall/ cut/ seizure which is considered serious, an ambulance will be called and parents notified immediately.
Where a child has a fall/ cut/ which requires medical attention, and where it is safe to move the child, the parents/ guardians will be contacted. Failing that, the child will be taken to the hospital as soon as possible by a member of staff under the principal's directive. Staff in the school will continue to try and contact their parents/ guardians .

Parents of pupils with Epilepsy who have been prescribed Buccal Midazolam/ Medication for seizure, must inform the Bus Escort and write in the Homeschool Journal or call the school stating that the pupil had a seizure at home and inform the school whether the pupil may or may not have a dosage of Midazolam if a seizure should occur on the bus or in school.

Updated Medical Information and Contact numbers for the pupils are essential in case of an emergency. The information may be required should an ambulance be called for a pupil which the paramedics need to know for the well-being of the child.

Success Criteria:

The effectiveness of the school policy in its present form is measured by the following criteria: -

- Compliance with Health and Safety legislation
- Maintaining a safe and caring environment for children
- Positive feedback from parents/teachers
- Ensuring the primary responsibility for administering remains with parents/guardians

Ratification and Review:

This policy was ratified by the BoM on _____. To be reviewed annually.

Signed: _____

(Chairperson of the Board of Management)

Date_____

Signed: _____ (Principal)

Date_____

Ratified on _____

Appendix 1

Common Ailments requiring Children to Stay at Home or to Visit their GP.

CHICKEN POX: The child should not attend school until all scabs are dry and crusted. This is usually 5-7 days after the appearance of rash.

DIARRHOEA: When your child has had diarrhoea due to infection, he/ she should only return to school once 48 hours have passed following the last loose bowel movement. For example, if your child has his/her last loose bowel movement at 11 am on Sunday morning, he/she cannot return to school until Wednesday morning. **NB** if a pupil has diarrhoea in school parents/ guardians/ carers will be notified and asked to collect the pupil.

VOMITING: As in the case of diarrhoea, the child should remain at home until 48 hours have passed since the last episode of vomiting due to infection. NB if a pupil has persistent vomiting while in school the parents/guardians/carers will be called to collect the pupil.

FEVER: The normal body temperature is 36.5 to 37.2 C. If the child develops a temperature, she/he should remain at home until 24 hours after the fever has passed. **NB If a pupil develops a temperature during school which is persistent and 38C parents/guardians/carers will be called to collect the pupil.**

HEAVY COLD SYMPTOMS OR FLULIKE SYMPTOMS: e.g. large amount of yellow-green nasal discharge, sleepiness, ear pain and/or fever. The child should be kept at home until these have subsided and he/ she is able to participate in the normal school curriculum.

MILD COLD SYMPTOMS: If a child's mild cold symptoms would prevent him/ her from participating in normal school curriculum, e.g. significant weariness at onset, streaming watery discharge from nose, persistent cough, he/ she should be kept at home.

CONJUNCTIVITIS: inflammation of the lining of the eye and eyelid, causing sore or red eyes; can be highly contagious if bacterial or viral. Children with red eye/s and a watery or sticky discharge must be evaluated by a doctor, who will advise about return to school – at least 24 hours after start of treatment, perhaps until fully recovered.

IMPETIGO: The fluid inside the blisters is very infectious. The child should be taken to the doctor who will advise about return to school, usually when blisters have dried and healed or a minimum of 24 hrs after commencing antibiotics.

Common Conditions requiring Immediate Treatment

HEAD LICE: It is important to avoid contact between an affected child and others. If parents/guardians notice head lice or are advised that they have been noticed in the child's hair at school, treatment must begin before the child returns to school. So long as the treatment begins before bedtime, the child may attend school the next day.

RINGWORM: A child with suspected ringworm or scabies should be taken to their GP and, if confirmed, treatment should begin as soon as possible.
Once parents/guardians attend to this, the child may return to school.

Appendix 2

Medical Condition and Administration of Medicines

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

Prescription Details:

1. When should this be administered_____

Dosage required

2. How much should be given_____
3. Should a second dose be given? Yes No
4. If yes, How much should be given_____

Is the child to be responsible for taking the prescription him/herself?

Yes No

What Action is required

_____

This protocol is agreed by Dr_____ Date_____

Practice/ Hospital Stamp

Appendix 2a

Administration of Emergency Medication Request Form

I/We request that the Board of Management authorize the taking of Prescribed Emergency Medicine during the school day as it is absolutely necessary for the continued well-being of my/our child.
I/We understand that we must inform the school office immediately of any changes of medicine/dose in writing and that we must inform the school office each year of the prescription/medical condition.
I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Print Name: _____ Parent/Guardian

Signed _____ Parent/Guardian

Print Name: _____ Parent/Guardian

Signed _____ Parent/Guardian

Date: _____

Appendix 2b

Consent/Indemnity in respect of any change to School Medication Protocol

I/We understand that I/we must inform the school of any change/s of medicine/dose **in writing** as soon as a change occurs, and an up to date medical protocol must be obtained, signed, stamped, dated by the relevant medical professional in respect of the child, and provided immediately to the school. I/We understand therefore, that we must inform the school immediately of any change in prescription/medical condition in writing.
I/We understand that no school personnel have any medical training. I/we further indemnify the Board from any liability that may arise from any unknown change/or non-provision of an up-to-date medical protocol/notice of change in prescription to the school.

Print Name _____

Signed _____Parent/Guardian

Date_____

Print Name_____

Signed_____ Parent/Guardian

Date _____

Appendix 3

Allergy Details

Type of Allergy: _____

Reaction Level: _____

Medication: _____

Storage details: _____

Dosage required: _____

Administration Procedure (When, Why, How)

_____

_____

_____

_____

_____

_____

Signed: _____

Date: _____

Appendix 4

Emergency Procedures

In the event of _____displaying any symptoms

of medical difficulty, the following procedures should be followed:

Symptoms: _____

_____

_____

_____

Procedure:

1. _____
2. _____
3. _____
4. _____

Dial 112 and call emergency services and contact parents/guardians.

Appendix 5

Basic First Aid Form

I _____ Parent / Guardian

Of_____

Give my consent to the staff of St. Mary's special School to give basic

First a to my son /daughter. ☐

D0 not give permission to the staff of St. Mary's Special School to give

basic First Aid to my Son / Daughter. ☐

Print Name: _____
Signed: _____
Date: _____

Appendix 6

Administration of Medication Information Card for Pupils on Medication for Epilepsy

NAME OF PUPIL: _____

Medication Dose and Criteria for Administration

Name of Medication: _____

1. From onset of seizure when should this be administered? e.g. 2 minutes, 5 minutes, immediately or other

Please specify _____

2. How much should be given?

_____

3. Should a second dose be given? **YES** _____ **NO**_____ **(Circle)**

IF YES:

4. How long (minutes) after the first dose is administered should the second dose be given

_____

5. How much is to be given in the second dose?

_____

6. Should further action be taken? _____

DO NOT ADMINISTER more than _____doses in 24 hours

This protocol is agreed by Dr_____

Doctor's Signature _____Date_____

Doctors' Stamp

Parent's: Name _____ Contact No: _____

Parent's: Name _____ Contact No: _____

Emergency Name/Contact if parent(s) cannot be reached Contact No: _____

Print Name of Person _____

School Contacts: 046 9023745 / 046 9023448 Principal: 087 7087505: Deputy: 087 7001722

Appendix 7

Administration of Medicines In Schools Indemnity Form

THIS INDEMNITY made the _____day of _____20 _____

BETWEEN_____

Lawful father and mother of

_____

(hereinafter called "the parents") of the one part

AND _____

For and behalf of the Board of Management _____

School situated at_____

In the County of_____ (hereinafter called "the Board") of the Other Part

WHEREAS:

1. The parents are respectively the lawful father and mother of _____ a pupil of the above school.
2. The pupil suffers on an ongoing basis from a condition known as_____
3. The pupil may, while attending the said school, require, in emergency circumstances, the administration of medication, viz.

4. The parents have agreed that the said medication may, in emergency circumstances, be administered by the said pupil's classroom teacher and/or such other member of staff of the said school as may be designated from time to time by the board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

5. In consideration of the Board entering into the within Agreement, the parents, as the lawful father and mother respectively of the said pupil HEREBY AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the Principal of the said school from the against all claims, both present and future, arising from the administering of the said medicines.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first WRITTEN. **SIGNED AND SEALED** by the said parents

In the presence of:

SIGNED AND SEALED by the said

In the presence of:

SIGNED AND SEALED by the said

In the presence of:

Epilepsy Care Plan

Name:_____
Diagnosis:_____
DOB: _____
Class teacher:_____
Doctor's name and contact details:_____
Parent's name and contact details: _____

Seizure Type 1: (This table should be completed for each seizure type which applies to the pupil)
Description of seizure: • Tonic Clonic • Atonic • Tonic • Clonic • Myoclonic • Absence • Focal aware (simple partial) • Focal impaired (complex partial) • Multiple seizure types
Typical duration:
Possible triggers: • Light • Loud sudden sounds • Change in temperature • Tiredness • Positional changes • Photosensitivity
Management of seizure: • Time the seizure. • Do not restrict her movements, let it pass naturally. • Reassure her throughout using a calm voice. • Protect her head by supporting it gently and place a cushion underneath. • Move any hard objects away from her. • Check her airway.
Administration of emergency medication protocol: (if applicable) • Personalised protocol to be inserted here. • Staff should not edit this protocol it should come directly from medical professional and school must be informed of any changes to same.

Supports post seizure: • Explain to her what has happened and reassure she is ok. • She may be tired and require a sleep for a period after seizure. • Check temperature.
Recording seizure: Document the seizure and actions taken on epilepsy record sheet.

Completed by: _____
Review Date:_____