



Scoil na Naomh Uilig
Rickardstown, Newbridge, Co. Kildare

Revised Policy for Medication Management

Revised: February 2023

Review Date: February 2025

1. **DEFINITION:** Medication is defined as a substance, when introduced into the body alters bodily function: as a medicine which is used to treat disease or injury
2. **PURPOSE:** To ensure “The facilitation of safe and effective use of medicines” (An Bord Altranais 2007) to facilitate Pupils who require medications during school hours and/or emergency medications for conditions like Asthma Epilepsy, Diabetes, ADHD, allergies etc in order that they can continue with their education (I.N.T.O Administration of Medicines 2015)
3. **SCOPE:** Applies to the BOM who have a duty of care to ensure the health and safety of their pupils: Applies to Teachers /SNAS/Nurse or designated staff members who are prepared to administer medicine (under strictly controlled guidelines). Consent Form (Appendix 3) must be completed. Applies to parents and guardians of our pupils
4. **RESPONSIBILITY:** Lies with all those in a supervisory capacity and who are responsible for the implementation of this policy to include the B.O.M. (Board of Management) the Principal, The Health and Safety Officer. Lies with each member of staff, teachers/SNAs/Nurse, for ensuring he/she adheres to this policy
5. **PROCEDURE:**

Management of Medication: Prescriptions

- All medication administered to pupils in Scoil Na Naomh Uilig shall be prescribed by a medical practitioner to include GP, K DOC, A&E Dr., Hospital Consultant/team of doctors.
- As the nurse is employed by KARE to provide care for pupils in designated SEN rooms, KARDEXs will be completed for these pupils as per KARE protocols.
- Only medication covered by a current prescription can be given on the day and Drug KARDEXs for respective SEN pupils shall be updated annually by the School Nurse who will submit the KARDEX to be checked and signed off by pupil’s doctor.
- Long term prescriptions for new pupils will be requested in May to be completed for June in preparation for school year opening in September. These will then be requested annually as required.
- Changes made to any prescriptions must be acknowledged in writing by the physician in question and/or new script to be supplied to the School Nurse or teacher. SEN pupils’ KARDEXs will be amended as necessary following receipt of these changes. For mainstream pupils, prescription will be attached to file and Personal Plan amended as necessary.
- Medication can be administered from a faxed prescription signed by the medical practitioner
- Prescription letters/forms (Appendix 2) from the medical practitioner should clearly state the pupil’s name: address/date of birth: drug name: dose and time and route to be administered
- Nurse will make a note of any changes in the SEN pupils’ care plan/daily report.
- Parents will be requested to complete and update Personal Plans on enrolment, for mainstream pupils who require medication or if there is a change to the pupil’s condition or medication.

5.1 PROCEDURE:

Management of Medication: Administration of Medication

- The School Nurse will be responsible for the safe administration of medications to pupils in designated SEN classes.
- In the absence of the Nurse, in an emergency situation or for pupils in mainstream rooms and where pre agreed by parental consent - designated staff members may administer the pupil's prescribed medications, inclusive of Insulin, inclusive of emergency medications listed as Epipens (anaphylaxis) Buccal Midazolam (prolonged seizure activity) Glucagon Hypokit (diabetic crisis) Ventolin Inhaler (asthma) Please refer to Appendix 3 which must be completed by a parent/guardian for the pupils concerned.
- If there is no designated staff available to accompany and administer said medications the pupil concerned should not be brought on a field trip that day
- Furthermore while every effort will be made to facilitate all pupils equally-any pupil who is unwell on the day of a scheduled field trip, i.e. has seizures that morning, if their asthma is poorly controlled or their blood glucose levels are unstable on arrival to school -in the interest of the pupil they will not be brought on the trip that day (parents will be contacted)
- Nurse, where relevant, will complete the MAR sheet (medical administration record) after administration of pupil's medications (state clearly if the pupil refused any of the dose prescribed or vomited shortly after same) Note to be written to parent advising re above if this occurred
- The Nurse will familiarise with NMBI Guidelines (Nursing and Midwifery Board of Ireland) on Medication Management and will adhere to these guidelines at all times as per best practice
- A copy of the guidelines is stored at the Nurses Station for a sub Nurse attending on the day
- A copy of the guidelines will also be made available to Ms Goulding (H&S Officer)

5.2 PROCEDURE:

Management of Medication: Storage of Medication

- All medicinal products should be stored in a secure manner either in a locked press or locked room unless otherwise indicated i.e. for Emergency use, Buccolam or Epipen or inhalers
- Medicines to be stored in an appropriate manner as instructed by the Pharmacist
- Medicinal products which require refrigeration should only be stored in the Nurse's fridge at the Nurses Station and not in the staff fridges i.e. glucagon for injection
- Emergency Medicines should be sent in (and kept in) their original containers.
- Monitoring and storage of medication, which is not required to be on the pupil's person, will be the Nurse's responsibility.
- Medication stock control systems should be in place and audited annually
- Medication which has been discontinued or reached expiry date is to be returned in a sealed envelope to the pupil's parent/guardian
- Storage of emergency medication to be kept in school shall be the responsibility of the Nurse
- Storage of emergency medication for pupils who require their medicine is kept on their person at all times: shall be the responsibility of the Nurse/Teacher/SNA to check the medication is sent in daily and is kept on their person or is attached in an agreed way to their wheelchair/activity

chair or buggy. The pupil/s concerned should be accompanied around the school by Teacher/ Nurse or designated SNA on the day. Staff should be mindful of medication stored in the bag which is to be kept closed to minimise risk of other ambulant pupils gaining access to same. Medication stored in respective travel bags should never be left unattended and this shall be responsibility of all staff made aware of same

- Emergency medications for all other pupils are stored as instructions on relevant Personal Pupil Plan, Appendices

5:3 PROCEDURE:

Management of Medication: Transportation of Medication

- All medicines transported from a pupil's home to school should be in the original container and clearly marked with pupil's name, dose and time of administration. It will be the ~~Nurse's~~ staff member's responsibility who accepts medication from the bus escort, SNA or parent/guardian to ensure this practice is adhered to. Unlabelled medication will not be given to the pupil concerned
- Pupil's on school outing must have their medication clearly marked and stored in a closed container. Teacher/designated SNA staff will be responsible for storage of and administration of pupil's medication where the School Nurse is not in attendance (as stated in 5:1)***

6.0 APPENDICES

Appendix 1: Copy of Sample letter to GP

Appendix 2: Medication form for completion by GP - KARDEX

Appendix 3: Consent form for administration of medication by staff members

Appendices 4 & 4a: Personal Pupil Plans – Diabetes

Appendix 5: Personal Pupil Plan – Epilepsy

Appendix 6: Personal Pupil Plan – Other Condition/Illness

Appendix 7: The Ten Rights for Medication

Ratified by the Board of Management of Scoil na Naomh Uilig on 27th February 2023.

Signed: _____

Mary Connolly, Chairperson

Appendix 1



Name of Pupil:

Date:

Address;

DOB:

Dear Doctor,

_____ attends our school and is on medications for _____. As per school protocol and with parents' permission, please complete and sign the enclosed form relating to medications for _____.

Regards,

Janette Kennedy RCN, School Nurse

Appendix 2

KARDEX Information

Pupil's Name: _____

Date of Birth: _____

Class and teacher: _____

GP: _____

GP Contact Number: _____

**Please note that should your child's KARDEX be out of date, medications cannot be administered in school and this may require your child to remain at home until the relevant records have been updated.

Diagnosis:

List of Medications:

Please list **PRN medications** which can be administered in school

GP Signature: _____ Date: _____

Appendix 3

Consent for the Administration of Medication

Child's name _____ Date of birth _____

Name of medication _____

Condition for which the medication is required _____

*Please complete Personal Pupil Plan with details of condition and administration of this medication.

Please tick:

My child

- CAN self-administer this medication (except in an emergency situation)
- CAN NOT self-administer this medication

I give consent to designated staff members in school for the administration of prescribed medication for my child's underlying medical condition as prescribed. I am aware, aside from the School Nurse, that designated staff are not medically trained and may or may not have received instruction and training. I have been made aware of the school protocol on Medication Management (ref: policy online) and have completed the Personal Pupil Plan for my child.

I understand that information about my child's medical condition and treatment will be shared with school staff, and in the event of an emergency with the GP or other medical personnel. I also consent to the disclosure of this information to the school's insurers if required

Parent (Block Capitals) _____

Signed _____ Date _____

Appendix 4**Diabetes Personal Pupil Plan 4-8 yrs****Contact details**

Pupil Name _____ Class _____ DOB _____

Other siblings in school

Parents _____

Home Telephone _____

Contact 1 _____ Relationship _____ Mobile _____

Work _____ Contact 2 _____ Relationship _____

Mobile _____ Work _____

Home address

GP Contact _____ Hospital Contact _____

Diabetes Nurse _____

Medical condition(s) _____

School _____ Teacher _____

SNA _____

Insulin Administration

Review Date: _____

 2/3 times daily 4 times daily Insulin pump Other: _____**Care needs of _____ within school setting. Please tick as appropriate**

Blood glucose monitoring	The target level for blood glucose is _____ Supervise pupil or carry out blood glucose measurement: <ul style="list-style-type: none"> <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Before planned activity <input type="checkbox"/> When Hypo/hyperglycaemia is suspected <input type="checkbox"/> Other
Dietary Needs	Supervise the intake of: <ul style="list-style-type: none"> <input type="checkbox"/> Break snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Before planned activity

<p>Insulin administration</p>	<p>Supervise pupil or help to administer insulin via:</p> <ul style="list-style-type: none"> ○ Pen ○ Insulin Pump ○ Mid-morning ○ Before lunch ○ Other
<p>Planned Exercise</p>	<p>Check/supervise pupil to check the blood glucose level before exercise and if less than _____ consider a small snack such as _____</p>
<p>Vomiting or pupil feeling unwell</p>	<p>Parents should be contacted immediately if pupil vomits, regardless of blood glucose or ketone levels. The pupil should be collected by their parents. If parents are delayed, blood ketones should be checked, regardless of what the pupil's blood glucose level is.</p>
<p>Hypoglycaemia – can happen quickly but the warning signs are usually noticeable by the pupil or by the adults around them. Constant vigilance and prompt action can prevent events.</p>	<p>Hypo Box is kept at _____</p> <p>Specific warning signs of Hypoglycaemia – tick all that applies to this pupil as the signs/symptoms differ in each pupil but remain constant:</p> <ul style="list-style-type: none"> ○ Shakiness ○ Irritability or being badly behaved ○ Tiredness ○ Pale skin colour or glazed look on face/eyes ○ Dizziness ○ More moodiness or quieter than normal ○ Sweating ○ Difficulty paying attention, or confusion ○ Hunger or stating tummy is “funny” ○ Unable to speak properly ○ Behaviour changes, such as crying for no apparent reason ○ Headache
	<p>Presence of any symptom necessitates a blood glucose check and if less than mmol/L action is required regardless of time. Failure to do so may result in the pupil collapsing and going unconscious.</p>
	<ol style="list-style-type: none"> 1. Give 10-15g of fast acting carbohydrate such as _____ or _____ or _____ 2. Repeat blood glucose measurement after 10-15 minutes and if not above _____ mmol/L give the fast acting carbohydrate again. 3. On recheck, If blood glucose level above _____ mmol/L give slow acting carbohydrate such as _____ or _____ or _____ 4. If pupil unable to take food, give Glucogel™ if trained to do so or call emergency assistance.

	<p>5. If pupil unresponsive, call emergency assistance and give glucagon. If the child is less than 6 years (or less than 25 kg), give half a vial of glucagon (0.5mg); if 6 years or older (or 25kg or greater), give full vial (1 mg) glucagon, if competent and trained to do so.</p> <p>NEVER LEAVE A PUPIL WITH HYPOGLYCAEMIA without adult supervision. IF IN DOUBT, TREAT AS HYPO – less dangerous than not to.</p>
Hyperglycaemia	<ol style="list-style-type: none"> 1. Blood glucose level 8 - 11 mmol/L: no specific action is needed in school. Family will monitor and liaise with diabetes team if a pattern of higher readings is identified. 2. Blood glucose level 11.1 - 13.9 mmol/L: give glass of water and recheck in one hour. If pupil is using an insulin pump, check that it is functioning properly. 3. Blood glucose is greater than or equal to 14mmol/L: check ketone level and give a glass of water. Contact family to discuss need for correction dose of insulin and/or collection of the child depending on the levels. <p>General action plan for ketones</p> <ol style="list-style-type: none"> a. Ketone level under 0.6 mmol/L: give glass of water and recheck in 1-2 hours. b. Ketone level 0.6 - 1.5 mmol/L*: supplementary insulin may be required and should be given if the support is competent and trained to do so after contacting parents to discuss the dose. Recheck after 1-2 hours. c. Ketone level greater than 1.5 mmol/L*, intervention should occur without delay – contact parents to collect the child who should then liaise with their diabetes team. d. If unable to contact parents and the child is unwell with ketones greater than 2.5 mmol/L call an ambulance. <p>*If a child is using an insulin pump and ketones are greater than 0.6, please contact family as pump site change and pen correction is very likely needed</p>

Appendix 4a**Diabetes Personal Pupil Plan Over 8 yrs****Contact details**

Pupil Name _____ Class _____ DOB _____

Other siblings in school

Parents _____

Home Telephone _____

Contact 1 _____ Relationship _____ Mobile _____

Work _____ Contact 2 _____ Relationship _____

Mobile _____ Work _____ Home address

GP Contact _____ Hospital Contact _____

Diabetes Nurse _____

Medical condition(s) _____

School _____ Teacher _____

SNA _____

Insulin Administration

Review Date: _____

 2/3 times daily 4 times daily Insulin pump Other: _____**Care needs of _____ within school setting. Tick as appropriate.**

Blood glucose monitoring	The target level for blood glucose is _____ Supervise/allow pupil or carry out blood glucose measurement: <ul style="list-style-type: none"> <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Before planned activity <input type="checkbox"/> When Hypo/hyperglycaemia is suspected <input type="checkbox"/> Other
Dietary Needs	Supervise/allow the intake of: <ul style="list-style-type: none"> <input type="checkbox"/> Break snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Before planned activity
Insulin administration	Supervise/allow pupil or help to administer insulin via: <ul style="list-style-type: none"> <input type="checkbox"/> Pen <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Mid-morning

	<ul style="list-style-type: none"> ○ Before lunch ○ Other
Planned Exercise	Supervise/allow pupil to check the blood glucose level before exercise and if less than _____ consider a small snack such as _____
Vomiting or pupil feeling unwell	Parents should be contacted immediately if pupil vomits, regardless of blood glucose or ketone levels. The pupil should be collected by their parents. If parents are delayed, blood ketones should be checked, regardless of what the pupil's blood glucose level is.
<p>Hypoglycaemia – can happen quickly but the warning signs are usually noticeable by the pupil or by the adults around them. Constant vigilance and prompt action can prevent events.</p>	<p>Hypo Box is kept at _____</p> <p>Specific warning signs of Hypoglycaemia – tick all that applies to this pupil as the signs/symptoms differ in each pupil but remain constant:</p> <ul style="list-style-type: none"> • Shakiness • Irritability or being badly behaved • Tiredness • Pale skin colour or glazed look on face/eyes • Dizziness • More moodiness or quieter than normal • Sweating • Difficulty paying attention, or confusion • Hunger or stating tummy is “funny” • Unable to speak properly • Behaviour changes, such as crying for no apparent reason • Headache
	<p>Presence of any symptom necessitates a blood glucose check and if less than mmol/L action is required regardless of time. Failure to do so may result in the pupil collapsing and going unconscious.</p>
	<ol style="list-style-type: none"> 1. Give 10-15g of fast acting carbohydrate such as _____ or _____ or _____ 2. Repeat blood glucose measurement after 10-15 minutes and if not above _____ mmol/L give the fast acting carbohydrate again. 3. On recheck, If blood glucose level above _____ mmol/L give slow acting carbohydrate such as _____ or _____ 4. If pupil unable to take food, give Glucogel™ if trained to do so or call emergency assistance. 5. If pupil unresponsive, call emergency assistance and give glucagon. If the child is less than 6 years (or less than 25 kg), give half a vial of glucagon (0.5mg); if 6 years or older (or 25kg or greater), give full vial (1 mg) glucagon, if competent and trained to do so.

	<p align="center">NEVER LEAVE A PUPIL WITH HYPOGLYCAEMIA without adult supervision. IF IN DOUBT, TREAT AS HYPO – less dangerous than not to.</p>
Hyperglycaemia	<ol style="list-style-type: none"> 1. Blood glucose level 8 - 11 mmol/L: no specific action is needed in school. Family will monitor and liaise with diabetes team if a pattern of higher readings is identified. 2. Blood glucose level 11.1 - 13.9 mmol/L: give glass of water and recheck in one hour. If pupil is using an insulin pump, check that it is functioning properly. 3. Blood glucose is greater than or equal to 14mmol/L: check ketone level and give a glass of water. Contact family to discuss need for correction dose of insulin and/or collection of the child depending on the levels. <p>General action plan for ketones</p> <ol style="list-style-type: none"> a. Ketone level under 0.6 mmol/L: give glass of water and recheck in 1-2 hours. b. Ketone level 0.6 - 1.5 mmol/L*: supplementary insulin may be required and should be given if the support is competent and trained to do so after contacting parents to discuss the dose. Recheck after 1-2 hours. c. Ketone level greater than 1.5 mmol/L*, intervention should occur without delay – contact parents to collect the child who should then liaise with their diabetes team. d. If unable to contact parents and the child is unwell with ketones greater than 2.5 mmol/L call an ambulance. <p>*If a child is using an insulin pump and ketones are greater than 0.6, please contact family as pump site change and pen correction is very likely needed</p>

Appendix 5

Personal Pupil Plan for Epilepsy

Pupil Details

Name _____

Date of Birth _____

GP _____ Telephone Number _____

Parents/Guardians _____

Contact numbers _____

Emergency contact _____ Contact number _____

Siblings in school _____

Class Teacher _____ Room _____

SET _____ Room _____

Nurse _____

SNA _____

Medical Contacts

Hospital attended _____

Consultant _____

Epilepsy Nurse _____

Other specialist (s) _____

Medical Information

What type of epilepsy has the student been diagnosed with?

What type (s) of seizures could the student have?

Are there any known triggers for the seizures? Please list.

What typically happens when the student has a seizure?

How long does the seizure / seizures usually last?

Do they have a warning (aura)?

What kind of first aid, if any, is required?

Does the student need to rest after a seizure and for how long?

Is a spare set of clothing required to be kept on the school premises and if so where is this kept?

Does the student have sleep seizures which could affect attendance or functioning?

How often does the student take medication each day ?

Is it necessary to take it in school and at any specific times?

Who is to be responsible for keeping and administering medication?

Does the medication have any side effects? What are these?

Does the student require emergency medication?

Has the Emergency Medication Protocol included below been completed?

Is the student on a special diet for epilepsy?

Does the student have a Vagus Nerve Stimulator (VNS)?

Does the student have any sensitivity to flashing lights or glare or photosensitive triggers?

Does the student use any of the following aids or appliances, seizure alarm or smartwatch, helmet, ventilated pillow, other?

What does the student wish staff and/or students to know about their epilepsy and seizures? Does the student wish to be involved in any education sessions on epilepsy?

Other Conditions

Does the student have any other conditions apart from epilepsy?

Has the medical team(s) advised any limitations on activities?

Does the student have an understanding of their condition(s) and treatment?

Are there any other special considerations?

Protocol for Administration of Buccal Midazolam

The following Information is to be provided by the medical practitioner who prescribed the medication.

- **Name of pupil:** _____

- **When to administer:**

If _____ seizure lasts longer than _____ minutes.

Note: Please wait the specified time so as to give the seizure time to stop

- **How much medication is to be given:**

- **Route of Administration:**

Please specify how the emergency medication should be administered:

- **What to do if the medication does not work:**

- **How many doses may be given in a 24-hour period?**

Emergency Medication Administration Record

Pupil: _____ Date: _____

Dose administered: _____

Time Administered: _____

Route: _____

Response to emergency medication:

Notes e.g. first ever dose, ambulance called:

Name of staff member: _____

Signed: _____

Appendix 6

Personal Pupil Plan

Pupil Details

Name _____

Date of Birth _____

GP _____ Tel. Number _____

Parents/Guardians

Contact numbers

Emergency contact _____ Contact number _____

Siblings in school

Class Teacher _____ Room _____

SET _____ Room _____

Nurse _____

SNA _____

Medical Condition: _____

Medication(s):

Storage of Medication: (fridge, nurse's station, with pupil at all times etc)

- Please advise the school on the use of the above medication(s), noting times for administration, symptoms and/or any other relevant information as per medical instruction from your child’s physician.
- Attach prescriptions or relevant medical documents to this form. Please note that should your child’s prescription be out of date, medications cannot be administered in school

Parent Signature: _____ Date: _____

Emergency Medication Administration Record

Pupil: _____ Date: _____

Dose administered: _____

Time Administered: _____

Route: _____

Response to emergency medication:

Notes e.g. first ever dose, ambulance called:

Name of staff member: _____

Signed: _____

Appendix 7

THE TEN RIGHTS

1. Right patient
2. Right reason
3. Right drug
4. Right route
5. Right time
6. Right dose
7. Right form
8. Right action
9. Right documentation
10. Right response