



St. Michael's House

Special National School Raheny

Pupil Health Policy

Including; Illness, Infection, Administration of Medication and Accident Procedures

1. Introduction

St. Michael's House Special National School Raheny is committed to ensuring the health and well-being of all pupils and staff. This policy therefore sets out the procedures for co-ordinated management of illness and infection in the school environment, the administration of medications at school and for accidents occurring at school.

This policy is informed by Department of Education policies, specifically Management of Infectious Disease in Schools, and statutory requirements including: Public Health Acts 1947 to 2015, Health and Safety at Work Act 2005, Infectious Diseases Regulations 1981.

2. Purpose and objectives of this policy

- To provide clear guidelines for safeguarding pupils against illness and infection at school.
- The protection of vulnerable individuals by preventing unnecessary exposure to infections.
- Help promote good hygiene practices and infection prevention methods.
- To clearly define when a child should remain at home and when they can return to school after illness.
- Ensure that all staff, pupils, and parents/guardians are aware of their roles and responsibilities in relation to illness management.
- Outline procedures for administering medication as required during the school day.
- Outline procedures for responding to accidents involving pupils while at school.

3. Illness and Infection

Infections in children are common, some acute and some are chronic. It is important that the school is made aware of any infection a pupil may have. This allows for monitoring of infectious diseases, the protection of persons who are particularly vulnerable and informing the local HSE office.

While we have no wish to exclude a child from school, we do have to consider if the child is well enough to attend school or if an infection is contagious. Therefore, to ensure the health of all pupils and staff, we ask parents/guardians to follow the guidelines below.

3.1 Appropriate sharing of medical information

- Parents/Guardians should provide up to date medical information upon enrolment.
- If a child's health changes, Parents/Guardians should notify the school immediately.
- Chronic conditions or medical needs must be communicated to the school, to ensure the child is supported appropriately.

3.2 When children should be kept at home

- If the child has symptoms of an infectious illness listed in the school's guidelines. See Appendix 1 or in HSE Publication: 'Management of Infectious Diseases in School – 2014', Chapter 9.
- If the child does not feel well enough to participate in the normal programme of curricular activities.
- If the child requires more care than the classroom team can provide without affecting the health, safety and schoolwork of other pupils, for example not well enough to go to yard.
- If antibiotics have been prescribed, children should stay home for at least 24 hours after starting treatment and until they have shown signs of improvement.
- If headlice or ringworm is noticed, the child may not come to school until treatment has begun.
- When a child is taking laxatives the frequent bowel movements are difficult to manage. Managing the side effects of laxatives strains staff resources and has an adverse impact on the child's experience at school. To prevent discomfort or distress for the child the school advises parents to keep children at home during this period. This will preserve their dignity in the more private and comfortable setting of the home.

3.3 Informing bus driver and school of pupil absence

- If a pupil becomes ill over night or weekends and is unable to attend school, the parent/guardian must inform the bus driver to prevent unnecessary trips to the residence.

- On the evening prior to the pupil's return to school, the parent/guardian is required to contact the bus driver to confirm that transportation will resume as scheduled.
- The parent/guardian must also contact the school office and provide the reason for the pupil's absence. This is necessary for the following reasons.
 - a. If the pupil is suffering from an illness classified as an infectious disease by the HSE, we may be required to inform staff, other parents/guardians, or relevant authorities. It is essential that any information regarding an infectious disease is communicated to the school immediately.
 - b. The National Educational Welfare Board mandates that the school record the reasons for all pupil absences.
 - c. Advance knowledge of pupil absences enables effective planning and allocation of staff resources throughout the day.

3.4 Illness During School Hours

- If a child feels unwell or appears unwell on arrival at school or during the school day the procedures in Appendix 2 will be followed. Staff will inform the Principal or Deputy Principal if a pupil shows symptoms of illness.
- The child's temperature is checked. If it is 38°C or higher Parents/Guardians will be contacted to collect the child immediately.
- If the child has been observed to not be well enough to be at school or travel home on transport then the Parent/Guardian must collect their child.
- The child will be supervised and isolated from others while waiting for collection in a comfortable environment.
- In the case of infectious diseases, all precautions will be taken to limit exposure.
- If a parent/guardian is notified that their child is unwell or unable to travel home by bus, they must promptly arrange for collection. This ensures the child's well-being and protects others in case of infectious disease.

3.5 Returning to School After Illness

- Parents/Guardians should refer to Appendix 1 to determine when their child may return to school following specific illnesses outlined in Appendix 1.
- Children with infectious diseases such as **vomiting, diarrhoea, or heavy colds** must remain at home until they are no longer contagious and for at least **48 hours** after the last identified symptom.
- A doctor's note may be required for certain infections before returning to school.

3.6 Responsibilities of the School

- Ensuring that this policy is implemented and up to date with current health guidance.
- Keeping records of illnesses reported by parents to inform HSE if required.
- Communication with parents, staff, during outbreaks in the whole school context, Class context or bus context.
- Ensure that the school has resources and facilities to promote good hygiene practices.

3.7 Responsibilities of Teachers and SNAs

- Teaching and reinforcing good hygiene practices, such as handwashing and respiratory etiquette.
- Monitoring pupils for signs of illness and notifying management or parents if concerns arise.
- Ensuring that classrooms and materials are cleaned regularly to minimize the risk of infection.
- Facilitating the School's Immunisation Programme.
- Ensuring that ill children are cared for appropriately while waiting for collection.

4. *Procedures for the Administration of Medication*

These procedures are formulated in accordance with guidelines issued by the (Primary Schools' Managerial Bodies) and the Irish National Teachers' Organisation.

While the Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities, this does not imply a duty upon staff to personally undertake the administration of medication.

The Board of Management requests parents to ensure that staff members are made aware in writing of any medical condition suffered by their child. This information should be provided at enrolment or at the development of any medical conditions at a later date.

Medication in these procedures refers to medicines, tablets, creams and sprays.

4.1 Procedure to be followed by parents who require the administration for their children

- The parent/guardian should write to the Board of Management requesting the Board to authorise a staff member to administer the medication or to monitor self-administration of the medication.

- Parents are required to provide written instructions of the procedure to be followed in the administration and storing of the medication. (see Appendix 3). Parents are requested to include a passport size photograph of their child with Appendix 3.
- Parents are requested NOT to place medication in child's school bag.
- Parents are responsible for ensuring that the medication is delivered to the school and handed over to a responsible adult and for ensuring that an adequate supply is available.
- Parents are further required to indemnify the Board and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school (Appendix 4) The Board will inform the school's insurers accordingly.
- 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. Information concerning administration of medication should be updated every year. If a change occurs during the year the parent/guardian must notify the school and re do the form.
- Where children are suffering from life threatening conditions, parents should outline clearly in writing, what should and what should not be done in a particular emergency situation, with particular reference to what may be a risk to the child.
- Parents are required to provide a telephone number where they may be contacted in the event of an emergency arising.
- Medication should be in original packaging with the expiry date clearly shown.

4.2 Procedures to be followed by the Board of Management

- The Board, having considered the matter, may authorise a staff member to administer medication to a pupil or to monitor the self-administration by a pupil.
- The Board may ask for more information, for example a letter from the doctor or a prescription.
- The Board will ensure that the authorised person is properly instructed in how to administer the medicine.
- The Board shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine
- The Board shall inform the school insurers accordingly
- The Board shall make arrangements for the safe storage of medication and procedures for the administration of medication in the event of the authorised staff member's absence.

4.3 Responsibilities of Staff Members

- No staff member can be required to administer medication to a pupil.
- Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe. There should be two staff members involved in the administration, one to administer and one to witness.
- Written instructions on the administration of the medication must be provided.
- Medication must not be administered without the specific authorisation of the Board of

Management.

- In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
- A written record of the date and time of administration will be kept. (Appendix 5)
- In emergency situations, staff 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.
- Parents should be contacted should any questions or emergencies arise.
- A Drug error form (Appendix 6) should be filled out should an error occur.
- If a student spits out oral medication or refuses to take it should be recorded on Appendix 5 and 6, add comments and contact parents.

5. Procedure for management of accidents involving pupils (Teachers and SNAs)

5.1 Responding to accidents

- **Assess the Situation:** Quickly evaluate the nature and severity of the accident.
- **Ensure Safety:** Remove any immediate hazards if it is safe to do so.
- **Provide First Aid:** Administer first aid in accordance with your training. Use the school's first aid kit as necessary. Assistance should be sought from a certified first aider.
- **Seek Medical Help:** If the injury is serious or requires further medical attention, call for an ambulance and/or notify parents/guardians immediately. Use the following contact information:
 - Beaumont Hospital Dublin: +353 1 809 3000
 - Temple Street Children's University Hospital Dublin: +353 1 878 4200
 - Emergency Services: 112 or 999
- **Report knocks to the Head:** Any incident involving a knock to the head, or a significant bump must be reported to the parents/guardians immediately, regardless of the severity, to ensure proper medical evaluation. The child may be sent home depending on the severity of the injury.

Contact Parents/Guardians: Attempt to contact the parents/guardians as soon as possible. If the parents/guardians cannot be reached, contact the emergency contact person listed in the student's records.

5.2 Reporting and Documentation of accidents

- **Inform Parents/Guardians:** Contact the parents/guardians of the injured pupil to inform them of the accident and the actions taken. Continue attempts to contact parent/guardian if initial efforts are unsuccessful, reaching out to the emergency contact if necessary.

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- Inform the Principal or Deputy Principal about the incident.
- Complete an Accident Report Form as soon as possible after the incident.

5.3 Follow-Up

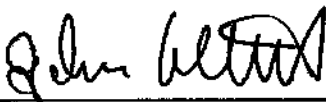
- Review the Incident: Conduct a review of the accident to determine if there are any changes needed in procedures or safety measures.
- Update Risk Assessments: Adjust risk assessments and safety procedures based on the findings of the review.
- Provide Support: Offer support to the injured student and their family, including follow-up care or counselling if needed.

5.3 Training and Review

- Management should ensure that an adequate number of staff are trained in first aid, all SNAs.
- Management should ensure that staff are aware of who the certified first aiders are within the school.
- Reviews and updates to the accident management procedure should occur periodically or after a significant incident to ensure its effectiveness.


10. Ratification and Review

This policy has been ratified by the Board of Management and will be reviewed regularly to ensure compliance with public health guidelines and statutory requirements.

Signed: 

Chairperson, Board of Management

Date 10/06/2025

Signed: 

Principal, Secretary of The Board of Management

Date 16/6/25

APPENDIX 1

Health-related exclusions from school

Guidelines on common illnesses and recommended time off from school, based on the Department of Education's Management of Infectious Diseases in Schools.

1. Chickenpox (Varicella): A viral infection with a blistery rash and fever. Stay home until all blisters have crusted, typically 5-7 days.
2. Measles: A highly contagious virus causing fever, cough, and rash. Stay home for at least 4 days after the rash appears.
3. Mumps: Viral infection causing salivary gland swelling, fever, and aches. Stay home for 5 days after swelling begins.
4. Rubella (German Measles): A viral infection with rash and fever. Stay home for 7 days after the rash starts.
5. Whooping Cough (Pertussis): A bacterial respiratory infection causing severe cough. Stay home for 5 days after antibiotics or 21 days untreated.
6. Hand, Foot, and Mouth Disease: A viral illness with mouth sores and rashes. No exclusion unless the child feels unwell.
7. Scarlet Fever: A bacterial infection with red rash and fever. Stay home for 24 hours after starting antibiotics.
8. Impetigo: A contagious bacterial skin infection. Stay home 24 hours after starting antibiotics and until sores are healed.
9. Gastroenteritis: Stomach infection causing vomiting and diarrhea. Stay home for 48 hours after symptoms stop.
10. Conjunctivitis (Pink Eye): Eye inflammation causing redness and discharge. No exclusion unless severe or unwell.

Other Conditions:

1. Head Lice: Tiny scalp insects causing itching. No school exclusion if treatment has begun.
2. Ringworm: Fungal skin infection. No exclusion if treatment has started.

In both cases, prompt treatment and communication with the school are essential.

APPENDIX 2

Health -Internal school procedures when a pupil is unwell

1. Assessment by Staff:

A staff member, teacher or SNA will assess the child's condition. They may take a temperature or make some other observation. The child may be allowed to rest in a designated quiet area. Teacher or SNA should inform the Principal or Deputy Principal.

2. Consultation with Principal

The Teacher, SNA and Principal/Deputy Principal decides if the pupil is well enough to remain at school. Temperature can be retaken to be verified by Principal/Deputy Principal. If the child's temperature reaches 38 degrees parents will be called for immediately.

3. Contacting Parents/Guardians

If the child's condition does not improve or is more serious (e.g., vomiting, diarrhoea, high fever, injury), the school will contact the child's parents or guardians immediately. If the child needs to go home because they have an infectious illness, or is too unwell to participate in school activities the parents or guardians will be contacted. Parents are required to collect the child as soon as possible.

4. Collection

Any pupil awaiting collection should be supervised, offered reassurance and made to feel as comfortable as possible.

5. Isolation

If a child presents with symptoms of a contagious illness (e.g., vomiting, rash, or fever), the pupil may be isolated from others in a supervised area until they are collected by their parents/guardians to prevent the spread of infection.

6. Minimising the spread of Infection

Following the presentation of a pupil with a contagious condition staff should ensure that the classroom and items in it are sufficiently sanitised. Care hand- washing should be practiced by staff and pupils.

APPENDIX 3

Request for Administration of Medication – Information & Consent

Student's name _____ Date of birth _____

Name of medication _____

Dosage _____

Under what circumstances should medication be given: _____

Other medication being taken: _____

My child CAN /CAN NOT self-administer this medication (circle one).

GP name _____ Phone no. _____

1st Emergency contact _____ Mobile no. _____

2nd Emergency contact _____ Mobile no. _____

Storage Details: _____

I consent for staff members in the School to administer/supervise administration of _____ in dosage of _____, via (route, oral etc) _____ to my child under the circumstances outlined above. 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. I / we request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well-being of my/ our child.

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I / we understand that any issues around storage of prescription medication to be discussed on a case by case basis.

I / we understand that we must inform the school/ teacher/ SNA of any changes of medicine/ dose in writing and that I / we must inform the teacher each year of the prescription/ medical condition.

I / we understand that information about my / our 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 /we also consent to the disclosure of this information to the school's insurer if required.

Signed: _____ Parent/ Guardian. Signed: _____ Parent / Guardian.

Date: _____

APPENDIX 4

ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY

This Indemnity made the day of 20.....
Between

(lawful parent/guardian) of _____

Hereinafter called "the parents" of the One Part and for and on behalf of the Board of Management of **St. Michael's House Special National School, Raheny**, situated at **Raheny Road, Raheny, Dublin 5** in the county of Dublin (hereinafter called "the Board") of the Other Part.

WHEREAS:

1. The parents are respectively the lawful father, mother, guardian of _____, a pupil of the above school.
2. The pupil suffers on an ongoing basis from the condition known as _____.
3. The pupil may, while attending the said school, require the administration of medication as per Appendix 3.
4. The parents/Guardians have agreed that the said medication may 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. (SAM trained SNAs.)

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

In consideration of the Board entering into the within Agreement, the parents/guardians 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, SNAs and/or Principal of the said school from and against all claims both present and future, arising from the administration or failure to administer the medicines.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein WRITTEN.

SIGNED AND SEALED by the parents/guardians _____ in the
presence of: _____

SIGNED AND SEALED for and on behalf of the Board _____ in the
presence of: _____

APPENDIX 5

Record of Administration of Medicines

Student's Name: _____

DATE / TIME	MEDICATION	EXPIRATION	DOSAGE	ADMINISTERED BY	WITNESSED BY	COMMENTS	BALANCE LEFT

APPENDIX 6

Drug Error Report

Student's Name: _____

Date and Time of Incident: _____

Type of Error:

Wrong Pupil	
Incorrect Preparation	
Wrong Dosage	
Wrong Medication	
Wrong Route	
Wrong Time	
Other:	

Brief Description of Incident:

Signed: _____ **Signed Principal/Deputy:** _____

Date: _____ **Date:** _____

APPENDIX 7

Medication Storage Sheet

Student's Name: _____

DATE	MEDICATION	AMOUNT	COMING FROM	SIGNED & TIME	SIGNED & TIME (WITNESS)	GOING TO	SIGNED & TIME	SIGNED & TIME (WITNESS)

