



**etb**

Bord Oideachais agus Oiliúna  
an Chabháin agus Mhuineacháin  
*Cavan and Monaghan  
Education and Training Board*

# Policy and Procedure for the Administration of Medicines in Cavan and Monaghan ETB Schools and Centres

**This policy was adopted by Cavan and Monaghan Education and Training Board**

**on 12 September 2014.**

## **INTRODUCTION**

This policy has been formulated by Cavan and Monaghan Education and Training Board in conjunction with Irish Public Bodies Insurance.

This policy has been prepared with reference to *'Managing Chronic Health Conditions at School – A resource pack for teachers and parents'* prepared by the Asthma Society of Ireland, Diabetes Federation Ireland, Brainwave the Irish Epilepsy Association and Anaphylaxis Ireland and IPB Insurance Risk Management Guidance on Managing Students with Medical Conditions and Disabilities (2013).

## **SCOPE**

This policy applies to all Cavan and Monaghan Education and Training Board Schools, Institutes, Centres and Programmes. Where 'school' is referred to in this document it may be understood as any CMETB school/institute/centre/programme.

This policy applies to requests from parents/guardians for school/institute/centre to administer or supervise the administration of routine medication to children suffering from chronic medical conditions as well as the administration of emergency medication e.g. in the case of allergic reactions.

For the purpose of these procedures, a 'child' means anyone who is under 18 years of age. In Ireland, the Child Care Act, 1991 defines a child as any person under the age of 18 years, excluding a person who is or who has been married.

There may be circumstances where schools/institutes/centres/programmes are requested to administer or supervise the administration of medication to Vulnerable Adults. For the purposes of this policy a Vulnerable Adult means a person aged 18 or older who, by reason of mental or other disability, age or illness is, or may be unable to take care of him or herself, or unable to protect him or herself against 'significant harm' or 'exploitation'. Readers should note that where 'child' is referred to in this policy the reference may also apply to vulnerable adults.

## **AIM**

The aims of this policy are:

- To meet the needs of children who require administration of essential medications during the school day, in compliance with legislation and in line with best practice
- To protect school representatives by ensuring that any involvement in medication administration complies with legislation and best practice guidelines.

## **RATIONALE AND BACKGROUND**

Cavan and Monaghan ETB has a duty to safeguard the health and safety of children while engaged in school and centre activities. The Board, its servants and agents including without prejudice to the generality the said Principal/Director/Co-ordinator, staff, and students of the said school/institute/centre/programme (hereinafter defined as 'school representatives') are not obliged to personally undertake the administration of medications, however, Garda Vetted school representatives may, upon authorisation by parents/guardians of the child and at their own discretion and on the basis that it is accepted by authorising parents/guardians that they will not be held liable for any accidental act or omission arising in the course of authorised administration, agree to administer certain medicines or procedures. This will be arranged formally in writing on a case-by-case basis and following the conduct of a risk assessment which will be documented in writing and retained on the child's file. It is school/centre policy that children who are acutely ill should not attend classes until the illness has resolved.

In the event of a child becoming acutely ill in the course of a school day, parents/guardians or emergency contacts will be notified to bring them home to recuperate. In emergency situations, qualified medical help will be obtained or the child will be brought to the local emergency department at the earliest opportunity, and provision for administration of medication for acute illness in school is not deemed appropriate to this. In line with the school ethos, children with chronic illnesses are encouraged to engage fully in school activities. Where possible, the family doctor should be asked to prescribe treatments that can be taken outside school hours in order that administration of medication at school is kept to a minimum. When administration of medication is required to facilitate a fully inclusive environment, every effort will be made to accommodate children's needs in line with the provisions below, subject to the school's discretion to vary arrangements as deemed appropriate and in order to act in the interests of all stakeholders.

## **PROCEDURE**

**Non-prescription medication** will not be stored or administered in the school. Students are not permitted to carry non-prescription medication in school and such medications will be confiscated for secure retention and disposal by parents/guardians who will be contacted.

**Prescription medication** can only be stored/administered in the school following the submission of the written authority of the parents/guardians to the Principal. This should authorise teachers and/or Special Needs Assistants to administer the medication and include written confirmation from a medical practitioner that the medication is such that a non-medical person may administer/supervise administration, together with confirmation of the medical dose and circumstances when it should be given. School representatives cannot be required to administer medication, however they will be requested to volunteer, authorised to administer the medication and provided with training as required and records of any such training will be maintained by the school in accordance with IPB's Managing Educational Risk for Students with Medical Conditions or Disabilities Policy. The school

reserves the right, after due consideration, to deem the authority to administer medication to be invalid in circumstances where it is inappropriate.

The authority from Parents/Guardians requesting administration of medicines must be accompanied by the “Request for Administration of Medication – Information and Consent” form (see appendix 1), summarising essential information to inform training of school representatives and safe administration of the medication. This form should include the following non-exhaustive list of pertinent information: the child’s name, date of birth, weight, name and expiry date of medication, condition for which medication is required, other medication the child takes regularly outside school, allergies, medication dosage, circumstances under which it should be administered, ability of child to self-administer the medication and consent of the parent/guardian to self-administration and emergency contact information.

Consent for information concerning the need for medication administration to be shared with school representatives, relevant insurers and medical practitioners is also included as disclosure of this information may be of relevance if medical assistance is required for the child. Parents/Guardians will also be asked to provide a signed indemnity form (see Appendix 2). Where a child may require medication, ideally a minimum of three school representatives (often but not always including the class teacher) who are willing to administer this will be identified to ensure cover during sick leave, course days, etc and inform contingency planning. Parents/Guardians will be informed of school representatives who are authorised to administer medication and alternative options will be discussed with the child’s Parents/Guardians in circumstances of unavailability. See the attached IPB Insurance Risk Management Guidance on Managing Students with Medical Conditions and Disabilities (2013).

If it is authorised and accepted that the medication can be stored and administered in school, it will be stored secure location, usually in a locked cupboard in the school office, where access can only be obtained by a responsible adult e.g. teacher, SNA, etc.. However, where this should pose a hazard (e.g. inhalers or adrenaline autoinjector which may be required urgently) it will be securely stored in a sealed, transparent, unbreakable container labelled with the child’s name, expiry date, dosage, circumstances under which it should be administered and consent of the parent/guardian to self-administration as, where possible, medication should be self-administered by the student under adult supervision or authorisation of administration and accessible by (means of accessing via ‘unbreakable’ container to be specified). It may appropriate for a student to carry emergency medication with the permission of the parent/guardian and Principal.

It is the responsibility of the Parents/Guardians to ensure that an adequate supply of medication is in stock, and it has not passed its expiry date. In the event that medication passes its expiry date without being used, the child’s Parents/Guardians will take responsibility for its safe disposal (usually by returning to the pharmacy). It may be necessary to store medication in a controlled temperature environment of 4°C in a refrigerator; therefore there is a need to consider how this will be managed as medications

should be stored separately to food and other items. The refrigerator should be locked so as to avoid interference/tampering with the medication/s.

A change in medication and/or dosage will require immediate submission of a new updated “Request for Administration of Medication – Information and Consent” form. IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO ENSURE THAT THE DOSAGE NOTED ON THE CONTAINER IN WHICH THEIR CHILD’S MEDICATION IS STORED IS ALSO AMENDED.

A written record of all medication administered in the school will be maintained in the school. When medication is administered by school representatives to treat an emergency (allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/guardians will be notified by telephone and thereafter in writing. Under certain circumstances, it may be appropriate for an older child to retain medication in their own possession, and take responsibility with the consent of their parent/guardian for self-administration (e.g.: an older child who would normally carry and use their own inhaler (the child may be encouraged and facilitated in managing their own condition with the support of parents/guardians/educators/healthcare professionals etc.). A written authority to the Principal together with the documentation outlined above is still required, however, the school will not maintain a record of medication use in circumstances where it is in the control and possession of the child as school representatives will have no involvement in respect thereof and cannot account for loss or misuse thereof. When consensual self-administration is routine (e.g. bronchodilator pre-PE in a child with exercise induced asthma) and witnessed by school representatives, a note will be placed in the child’s school journal with responsibility for monitoring same resting with the Parents’/Guardians’.

Prescribed medication will only be administered to the child for whom it has been prescribed, in line with current legislation.

Arrangements for administration of medication to each student will be reviewed, at least annually and the school reserves the right to vary same at its discretion and in the interests of all stakeholders, with notification of any such variation in arrangements to issue forthwith to the parents/guardians.

## **RELATIONSHIP TO OTHER SCHOOL POLICIES AND PROCEDURES**

The Administration of Medication Policy should be read in conjunction with other relevant policies e.g. Health and Safety Policy, Child Protection Policy, Intimate Care Policy, Special Educational Needs Policy.

## **IMPLEMENTATION**

Detailed information for school representatives to facilitate the safe and effective implementation of this policy is included in Appendix 3.

Where employees may be authorised to administer medication in an emergency situation, then the employees should receive appropriate training in the administration of such medications and records of such training will require to be maintained in accordance with IPB’s Managing Educational Risk for Students with Medical Conditions or Disabilities Policy.

Parents/Guardians are invited to contact the Principal immediately if they have any concerns about the implementation of this policy in relation to their child's medication and they should engage at all times with the Principal and administrators with regard to any issues identified, failing which they cannot expect the authority granted to be of any effect.

The Principal will audit the medication books at least once a term to ensure that the actual administration of medication complies with the information on the "Request for Administration of Medication – Information and Consent" form. Identified discrepancies will be addressed to Parents/Guardians with whom responsibility for arranging assessment of their clinical relevance (if any) by a physician will rest.

### **TIMEFRAME FOR IMPLEMENTATION**

This policy will be implemented during the 2014/2015 Academic Year.

### **TIMEFRAME FOR REVIEW**

This policy will be reviewed in annually.

Early review will be undertaken if:

A clinically significant discrepancy is identified between the medication administered and that authorised on the relevant "Request for Administration of Medication – Information and Consent" form.

Feedback indicates that any aspect of the policy is causing a student or any other member of the school community undue distress.

There is a change in legislation, advice or guidance from the Department of Education and Skills, the Department of Health and Children or other statutory body, Support Agencies/Associations/Societies for sufferers of relevant chronic medical conditions, Insurance Company, professional or legal advice.

### **Adoption & Communication**

Cavan and Monaghan Education and Training Board adopted this policy at a meeting on 12 September 2014.

The Board of Management of \_\_\_\_\_ ratified this policy on \_\_\_\_\_ 2014.

The policy will be communicated to all school representatives and issued to Parents/Guardians and it will be published on the school/institute/centre websites.

## APPENDIX 1

### Authority for Administration of Medication – Information & Consent

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Condition for which medication is required: \_\_\_\_\_

Under what circumstances, should medication be given to the child at school?

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Route/method of administration: \_\_\_\_\_

Frequency of medication: \_\_\_\_\_

Specific Storage requirements: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Other medication being taken: \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

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I consent to the child's self-administration of this medication YES / NO

GP name: \_\_\_\_\_ Phone no: \_\_\_\_\_

1st Emergency contact: \_\_\_\_\_ Mobile no: \_\_\_\_\_

2nd Emergency contact: \_\_\_\_\_ Mobile no: \_\_\_\_\_

I authorise administration/supervision of administration by school representatives of:

\_\_\_\_\_, in dosage of: \_\_\_\_\_, to

\_\_\_\_\_ the child identified above under the circumstances outlined above.

I understand that information about my child's medical condition and treatment will be shared with school representatives and medical personnel as necessary. I also consent to the disclosure of this information to appropriate medical practitioner/s and relevant insurers as required.

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

Print name: \_\_\_\_\_

## APPENDIX 2

### ADMINISTRATION OF MEDICINES IN SCHOOLS – INDEMNITY

THIS INDEMNITY made the \_\_\_\_\_ day \_\_\_\_\_ month of 20\_\_\_\_\_  
BETWEEN \_\_\_\_\_ (lawful father and mother  
/guardian/s) of \_\_\_\_\_ (hereinafter called 'the  
Parents/Guardians' of) the One Part

AND for and on behalf of Cavan and Monaghan Education and Training Board as  
administrators of \_\_\_\_\_ College/Institute/Centre/Programme  
situated at \_\_\_\_\_ in the County of \_\_\_\_\_

(hereinafter called 'the Board') of the Other Part.

WHEREAS:

1. The Parents/Guardians are respectively the lawful father and mother or guardians of \_\_\_\_\_ a student of the above school/institute/centre.
2. The student presents, on an ongoing basis, with the condition known as: \_\_\_\_\_
3. The student may, while attending the said school/institute/centre/programme, require in emergency circumstances, the administration of medication, viz.
4. The Parents/Guardians have authorised administration of the said medication, in emergency circumstances, by the said school representatives as may from time to time be available.

NOW IT IS HEREBY AGREED by and between the Parents/Guardians hereto as follows:

In consideration of the Board entering into the within Agreement, the lawful Parents/Guardians of the said student HEREBY ACKNOWLEDGE that the Board, its servants and agents including without prejudice to the generality the said Principal, staff, and students of the said school/institute/centre/programme can only endeavour to act in accordance with the extent to which they are informed and AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said Principal, staff, and students of the said school/institute/centre/programme from and against all claims, both present and future, arising from any accidental act or omission arising in the course of the administration or failure to administer the said medicines.

## **APPENDIX 3**

### **Administration of Medications – Detailed Information for school representatives**

#### **General record keeping**

- All forms and letters concerning administration of medication will be stored in the Principal's office, in each student's confidential file. These records are stored in compliance with relevant data protection legislation.
- When an updated "Request for Administration of Medication – Information and Consent" form is received, this will be stapled to the FRONT of the existing form, to ensure that the updated information is not overlooked and it will be necessary for the dosage container to be updated in accordance with the contents of this communication.
- Any handwritten notes made on a "Request for Administration of Medication – Information and Consent" form to update it in line with written information provided by Parents/Guardians will be initialled and dated and otherwise inadmissible as insufficiently reliable.
- When an updated "Request for Administration of Medication – Information and Consent" form is received, the original will be retained, but will have a line drawn through it, to indicate that it is now superseded and it will have the new one affixed over it.

#### **Records of Medication Administration**

- A Medication book will be maintained in the office and any classroom where medication is securely maintained (e.g.: inhalers or adrenaline autoinjector which may be required urgently). When medication is administered an entry will be made (one entry per page) detailing the date and time, name of child, medication and dose administered, reason for administration and the signature of the administrator and a copy will be stapled in the child's school journal.

## **APPENDIX 4**

IPB Insurance Risk Management Guidance on Managing Students with Medical Conditions and Disabilities (2013).



## Managing Educational Institution Risk for Students with Medical Conditions or Disabilities



“To build a world-class  
business that puts  
you at the centre of  
our organisation and  
society at the heart  
of our goals.”


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### **OUR COMMITMENT**

A sustainable business depends on meeting the needs of all stakeholders. Our continued success depends on meeting and beating our clients' expectations. This means recognising and rewarding local initiatives in building a better Ireland. In 2012 IPB announced its first social dividend focussing on Youth and Community, Education, Sport, Business Innovation and Diaspora.

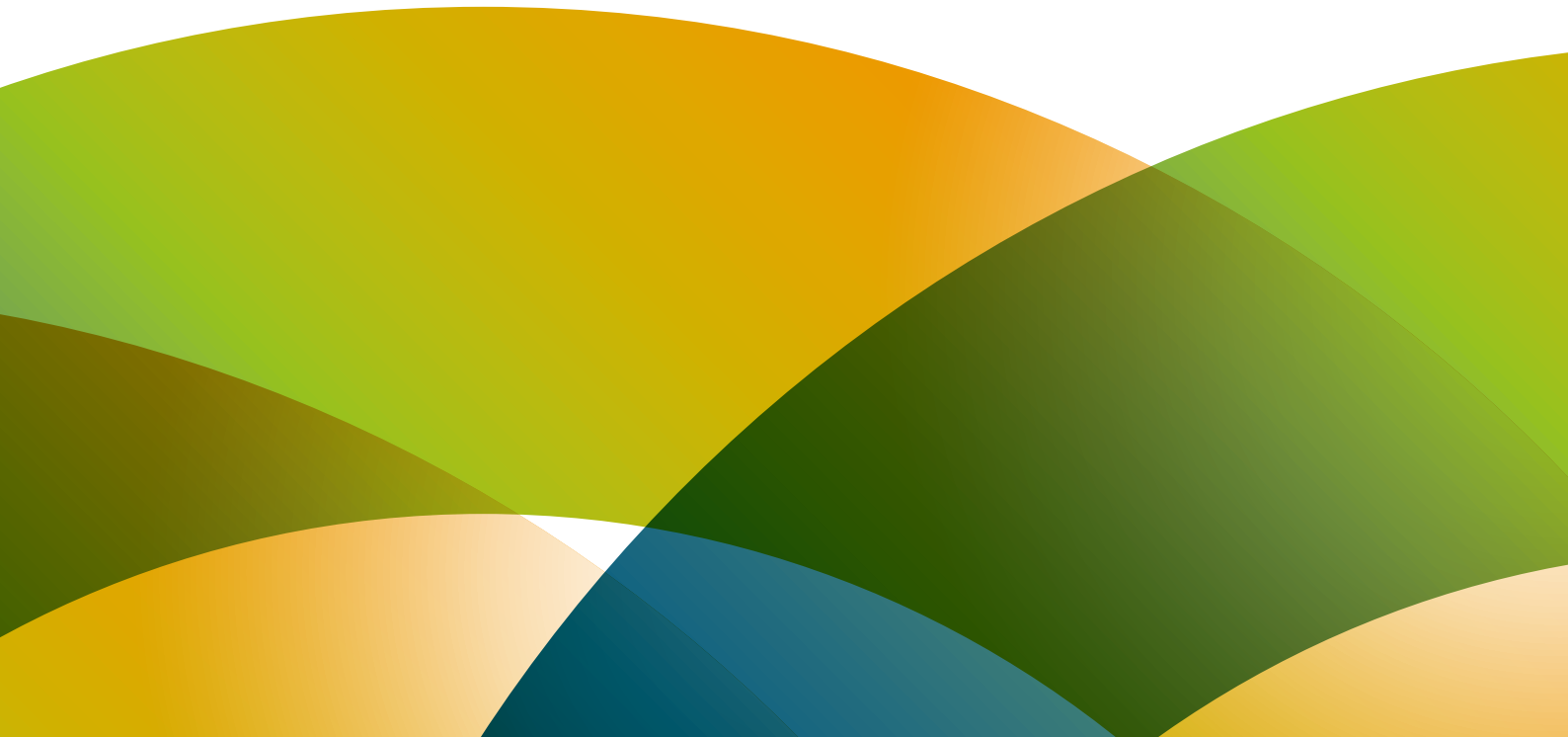
### **OUR MUTUAL VISION**

As a mutual we care about people. We understand that our progress is dependent on all our stakeholders, including our Members, staff, broker partners, clients and the community at large. We are committed to delivering innovative, world-class business practices underlined by our ethical approach and our clear vision.



# Contents

Context	2
Planning	3
Managing risk	4
- Step 1. Identify the risks	4
- Step 2. Assess the risks	5
- Step 3. Manage the risks	6
- Step 4. Monitor and review the risks	7
Insurance	8
Managing incidents	8
Claims	9
Resources and References	9



## Context

Students with disabilities or medical conditions such as asthma, diabetes, epilepsy, a severe allergy, cancer, Down syndrome, cerebral palsy or spina bifida may require additional assistance to enable them to participate fully in the educational programme. For example, some students may need the help of a 3rd party throughout the day, some may use a wheelchair or aids such as crutches or walking sticks, and others may need assistance with the administration of medications. The presence of a student with a medical condition or disability may present a risk for the student themselves and others in the educational institution if employees don't know about the student's condition or disability or if they don't know how to properly manage it. The objective of this guide is to support education institutions in complying with required legislation, codes of practice, standards and guidance while also ensuring all students can participate in educational activities to the extent that their abilities will allow.

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Every educational institution has a duty to provide a safe environment for its employees and those who may be impacted by its activities. This includes students and others such as parents, guardians and carers who may accompany students to school, or who may be present during the day to provide care and assistance to a student.

The key to ensuring a safe environment for the provision of education to all students, including those with a medical condition or disability, is to seek the input of the student, parent or guardian and, if relevant, healthcare professional(s) to assess the risks that could prevent a student from engaging fully in all educational activities. Following a review of the risk assessment, a risk management plan should be developed and implemented to ensure risks are eliminated if at all possible, or managed to as low a level as is reasonably practicable.



## Planning

In order to provide a safe environment to all students, information relating to any existing medical conditions or disabilities should be requested when the student is being offered a place at the educational institution. The educational institution should provide an explanation as to why the information is requested and assurance that the confidentiality of any information disclosed will be protected. The educational institution should also explain that there is no mandatory requirement on any student, parent or guardian to provide the information and that the information will only be used to support the delivery of a safe educational environment for the student and others using the environment. If a student has a medical condition or disability, you may wish to consider arranging a meeting between senior management from the educational institution, the student and their parents or guardians. The objective of the meeting is to focus on the student's functional needs and abilities and the type of assistance they require from the educational institution to enable them to participate as fully as possible in all educational activities. The assistance required may be assistance to walk long distances, assistance to climb stairs, assistance to hear alarms, etc. Consideration should be given to any needs assessment that has been prepared by healthcare professionals so as to support an integrated approach between education and disability needs assessment teams.

In addition, there may be a need to discuss specific medical issues which could impact adversely on the student. The type of information obtained at the meeting may include:

- Type of medical condition or disability.
- Duration of the condition or disability.
- Student's ability to manage their condition or disability.
- Student's expectation from the educational programme.
- Student's ability to participate in the full education programme.
- History of hospitalisation and absence from education.
- Potential impact of the condition or disability on the student and the educational programme.
- Current plan in place for managing the condition or disability.
- Requirements for the educational institution to be involved in supporting this plan.
- Training required to enable employees to support the student.
- Requirement for assistance and the role of third parties such as carers, etc.
- Required adaptation of buildings, for example entrances and exits and/or to appliances, for example technology room equipment.
- Transport requirements to and from the educational institution.

The student and their parents or guardians should be assured the information will only be used to enhance the learning and safety of the student and others. When gathering and storing personal information relating to students the educational institution should ensure they comply with all relevant legislation, e.g. Data Protection Acts 1988 and 2003.

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## Managing risk

In order to effectively manage risk, a documented risk assessment should be undertaken and a risk management plan should be prepared. The process for managing risk can be broken down into the following four key steps.

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### ► Step 1. Identify the risks

When all relevant information has been collated, consider the risks that could materialise. The risks to be considered will include:

- Risks arising from the student's medical condition or disability which may impact:
  - » The student.
  - » Other students.
  - » Employees.
  - » Others such as:
    - Parents or guardians.
    - External parties, e.g. bus drivers.
    - Members of the public.
- Risks arising from use of:
  - » Educational institution facilities.
  - » Special equipment, e.g. technology room, woodwork or home economics equipment.
  - » Transport, e.g. bus.

- Risks arising from activities to be undertaken during the educational programme, for example:
  - » Indoor versus outdoor activities.
  - » Normal sports activities, including water activities.
  - » Normal social activities.

Note: The location and activities, to be undertaken should be suited to the age profile and ability of the student.

- Risks arising from breach of legislation, such as:
  - » Safety, Health and Welfare at Work legislation.
  - » Data Protection legislation.
  - » Equality legislation.
  - » Disability legislation.
  - » Safeguarding of children and vulnerable persons legislation.

## Step 2. Assess the risks

The next step is to assess the likelihood of the risk occurring and the impact the risk would have if it did occur. The likelihood of a risk occurring can be categorised as very high, high, medium or low. The impact of the risk may be categorised as severe, e.g. death from drowning, amputation, loss of sight or severe burns; major, e.g. termination of the educational programme, hospitalisation of the student, other students, employees or others; moderate, e.g. curtailing planned activities for the student; or minor. It is also important to consider the long-term consequences if the risk materialises.

Each identified risk should be recorded in the appropriate box in the diagram below. Risks located in the red or high impact/likelihood box will require immediate attention, amber will require monitoring and green can be reviewed as appropriate.

Likelihood	very high	A				
	high	B				
	medium	C				
	low	D				
			1	2	3	4
			minor	moderate	major	severe

**Impact**

## ► Step 3. Manage the risks

The first step in managing risk is to consider if the risk can be eliminated. If this is not possible then every effort should be made to mitigate the risk and reduce the impact so that potential damage is reduced to as low a level as possible. The management actions agreed should be proportionate to the level of risk assessed. The input of the student, parents or guardians, healthcare professionals and others should be included so that the best possible management plan for controlling the risk can be agreed.

There are four main ways to manage risk:



- 1 Terminate.** Some risks may only be manageable by terminating the underlying activity. This could be the provision of a specific piece of technology for the student to eliminate a specific risk such as computer assisted technology in the science laboratory. Please note that in this case the termination of a risk is the very last resort and should be done after consideration of the educational institution's obligations under Equality and Disability legislation.
- 2 Treat.** The purpose here is to contain the risk at an appropriate level. The majority of risks will be managed in this way. An example of treating a risk is to provide training to employees in the management of an epileptic fit or asthmatic attack.
- 3 Transfer.** This entails taking measures to transfer a risk, or responsibility for a risk, to a third party. Risks may be transferred either to reduce exposure of the student or educational institution or because another organisation is more capable of managing it. It is important to note that some risks are not fully transferable, e.g. reputational risks.
- 4 Tolerate.** The impact of the risk may be tolerable and therefore may not require any further action to be taken. Even if it is not tolerable, it may not be possible to take any significant action against certain risks, or the cost of taking such action may be disproportionate to the benefits gained. In these circumstances the option may be to tolerate the existing level of risk.

When designing the management plan the following points should be considered:

- If appropriate, a request for training should be made to the healthcare professionals providing care to the student. Training may be required to assist with moving and handling, correction of low blood sugar, management of an epileptic fit, management of anaphylaxis, etc. Consideration should also be given to updating of training on a regular basis and as advised by the healthcare professionals. A record of all training provided including names of participants and a copy of the training programme should be retained on file.

- Signed consent will be required from the student and parents or guardians in order for educational institution employees to:
  - » Obtain information from third parties, such as healthcare professionals, about the student's medical condition.
  - » Administer medication to the student including:
    - scheduled administration of medication; and
    - emergency administration of medication.

The consent should be renewed at the start of each term.

- Garda vetting of carers who are not employees of the institution should also be undertaken. Carers should be provided with written information on the policies and procedures they will be required to comply with; this should include the educational institution's Safety Statement and relevant information on the safeguarding of children and vulnerable persons legislation where appropriate.
- Contact details for emergency services, general practitioner, public health nurse, parents or guardians, etc. should be readily accessible.
- Contingency planning forms part of the management planning. When considering what contingency plans to develop, start from the premise: 'If risk X materialises, then what action should be taken to ensure the student's safety and the safety of others?' Develop the plan and test it to make sure it works. When the plan has been agreed, change it only with the agreement of all parties involved and where there is good reason to do so. To ensure the safety of a student with any disability, the educational institution should appoint a 'key worker' or similar to be available to the student in the event of an emergency, e.g. evacuation from the building in the event of a fire alarm activation.
- Emergency planning is essential so that safety is not compromised. Consideration should be given to 'worst case scenarios' such as a major accident, death, fire, flooding, etc. In such situations advice may be required from third parties such as the student's doctor, emergency services, insurer, or other professionals. Documentation of all interventions should be retained in the student file.

## ► Step 4. Monitor and review the risks

It is recommended that the monitoring of risks should be ongoing throughout the student's attendance at the educational institution. The effectiveness of the control plans agreed and implemented should be reviewed after any incident and at the start of each term. The student, their parents or guardians, carers and healthcare professionals if appropriate, should also be involved in the review process. The review should be documented.

The risk assessment should be reviewed and updated if appropriate at the beginning of each term or more frequently if required.

## Insurance

A Public Liability Insurance Policy would protect the educational institution against claims from students alleging that you caused a bodily injury or illness or that you exacerbated an existing condition.

In addition to Public Liability Insurance, a Personal Accident Policy may be considered for employees and students of the educational institution. If an incident occurs that results in bodily injury of an insured person, a Personal Accident Policy will pay a set benefit to compensate without the need to prove who is at fault. This policy will normally exclude any claim arising out of a pre-existing physical infirmity or medical condition.

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## Managing incidents

If an incident occurs the person in charge should ensure:

- All persons are safe.
- Medical assistance, if required, is provided as soon as possible.
- Consideration is given to whether the contingency plan or the emergency plan should be implemented.
- Relevant information about the incident is documented. This will include:
  - » Details of the incident.
  - » Details of all witnesses.
  - » Statements from all witnesses.
  - » Information on damage or harm sustained.
  - » Photographs and/or video recording of the incident or post the incident. Where photographs and/or video recordings of an incident are taken, the educational institution should treat the material with sensitivity and respect for the student and others involved and should ensure compliance with Data Protection legislation.
- All information is recorded on the educational institution's incident database as soon as possible after the incident. This may be in an Excel spread sheet.
- Senior management are informed promptly if the incident is serious.
- Parents or guardians are informed as early as possible of an incident involving a student.
- IPB Insurance is informed as early as possible of any damage or harm that has occurred so that appropriate advice and support can be provided.

- Educational institutions should be mindful that if death or serious injury occurs involving any student, employee or third party as a result of the institution's activities then a criminal investigation will be undertaken. In such circumstances IPB Insurance should be contacted without delay so as to provide the appropriate advice and support.

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## Claims

In the event that a claim is notified to the educational institution then the information received should be passed immediately to the insurance officer, who will manage all communications between the educational institution and IPB Insurance.



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## Resources and References

[www.education.ie](http://www.education.ie)  
[www.ipb.ie](http://www.ipb.ie)  
[www.hsa.ie](http://www.hsa.ie)  
[www.nda.ie](http://www.nda.ie)  
[www.irishstatutebook.ie](http://www.irishstatutebook.ie)  
<http://www.dataprotection.ie>

**If you have any queries or require any further information please contact [riskmanagement@ipb.ie](mailto:riskmanagement@ipb.ie).**



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is regulated by the Central Bank of Ireland.