

Scoil Mhuire gan Smál, Cill Choirle



Administration of Medication Policy

Policy Details

Name of Policy: Administration of Medication Policy

Date developed:

Signed by

Date Reviewed: Oct 2020

Chairperson: *Ceráidín Killy*

Ref Code: TBA

Principal: *Donna Kirby*

Edition: v1

Date commenced: *06/11/2020*

1. Policy Statement

1.1 This policy is formulated in accordance with guidelines issued by the (Primary Schools' Managerial Bodies 2007) and the Irish National Teachers' Organisation.

2. Policy Statement

2.1 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 teachers to personally undertake the administration of medication. "No teacher can be required to administer medicine or drugs to a pupil".

2.2 The Board of Management requests parents/guardians 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.

3. Policy Purpose

3.1 This policy aims to provide guidance to staff and parents/guardians on the safe administration of medication when such intervention is necessary for the safety and welfare of a child.

3.2 To ensure awareness for teachers and parents/guardians in complying with HPSC/HSE Guidance when involved in the necessary administration of medication.

4. Scope of Policy

4.1 This policy applies to all staff, pupils and parents/guardians of Scoil Mhuire gan Smál.

5. Definitions

5.1 Medication in this policy refers to medicines, tablets and sprays administered by mouth only, and emergency medication i.e. epipen, antihistamine.

6. Responsibilities of Parents/Guardians who require the administration of medication to their child during school hours

- 6.1** 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.
- 6.2** Parents/guardians are required to provide written instructions of the procedure to be followed in the administration and storing of the medication. A copy of the prescription should be provided. **Appendix 1** (Medical Condition and Administration of Medicines)
- 6.3** Parents/guardians are responsible for ensuring that the medication is delivered to the school and handed over to a responsible member of staff and for ensuring that an adequate supply is available.
- 6.4** Parents/guardians 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 2** (Administration of Medicines in Schools Indemnity)
- 6.5** 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. A copy of the new prescription should be provided.
- 6.6** Where children are suffering from any medical condition where they may be prone to anaphylactic shock syndrome, epileptic seizure or diabetes, parents/guardians 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. A copy of the prescription should be provided. **Appendix 3 & 4** (Allergy Details & Emergency Procedures)
- 6.7** Parents/guardians are required to provide a telephone number where they may be contacted in the event of an emergency arising.
- 6.8** Where possible parents/guardians should request that medical practitioners (G.P.) would arrange times for medication so that they don't coincide with school times.

7. Responsibilities of the Board of Management

- 7.1** 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.
- 7.2** The Board will inform the school's insurers accordingly.
- 7.3** The Board will ensure that the authorised person is properly instructed in how to administer the medicine.

- 7.4 The Board will ensure procedures are in place for the administration of medication in the event of the authorised staff member's absence.
- 7.5 The Board shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine.
- 7.6 The Board shall make arrangements for the safe storage of medication.

8. Responsibilities of Staff Members

- 8.1 No staff member can be required to administer medication to a pupil.
- 8.2 Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
- 8.3 Written instructions on the administration of the medication must be provided.
- 8.4 Medication must not be administered without the specific authorisation of the Board of Management.
- 8.5 In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
- 8.6 A written record of the date and time of administration will be kept. **Appendix 5** (Record of administration of Medicines)
- 8.7 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.
- 8.8 Parents/guardians should be contacted should any questions or emergencies arise.

9. Procedure for Administration of Medication

- 9.1 Check and confirm the child has a valid prescription for the medication.
- 9.2 Check that the medication is in date and the right dose.
- 9.3 Follow the instruction on the prescription/instruction sheet for preparing the medication for administration.
- 9.4 Confirm the prescription is for the right child.
- 9.5 Administer the medication as directed.
- 9.6 Record the administration of medication.
- 9.7 For non-regular medications – contact the parents to inform them of the child's condition and seek their advice regarding administration of medication i.e. paracetamol (Calpol), ibuprofen (Nurofen), Cetrizine (Zirtec), prior to administering medication.
- 9.8 For emergency medications – (a) treat the child as per instruction for administering the emergency medication (b) contact the parents to advise them of the emergency situation (c) call emergency service if the child does not respond as expected. **Appendix 3 & 4**

APPENDIX 1

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

Known Allergy:

Prescription Details:

Storage details: _____

Dosage required:

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

What Action is 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. I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in daily. I/We understand that we

must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher 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.

Signed _____ Parent/Guardian

_____ Parent/Guardian

Date _____

APPENDIX 2

ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY

THIS INDEMNITY made the day of 20 BETWEEN
(lawful father and mother of) of

(hereinafter called 'the parents') of the One Part AND

For and on behalf of the Board of Management of Scoil Mhuire gan Smál, school situated at Kilkenny, Dundalk in the County of Louth (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 the 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:

- a) 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 and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

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

SIGNED AND SEALED by the parents in the presence of:

SIGNED AND SEALED by the said in the presence of:

APPENDIX 3

Allergy Details

Name of Pupil: _____

Date of Birth: _____

Type of Allergy: _____

Reaction Level: (Describe child's appearance) Mild Moderate Severe

Medication: _____

Storage details: _____

Dosage required:

Administration Procedure (When, Why, How)

Signed: _____

Date: _____

APPENDIX 4

Emergency Procedures

In the event of _____ displaying any symptoms of his medical difficulty, the following procedures should be followed.

Symptoms: _____

Procedure: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

To include: Dial 999 and call emergency services.

Contact Parents

Parents/Guardian Contact details: _____

APPENDIX 5 a)

Record of administration of Medicines

Pupil's Name: _____

Date of Birth: _____

Medical Condition:

Medication:

Dosage Administered:

Administration Details (When, Why, How)

Signed: _____

Date: _____

APPENDIX 5 b)

Record of administration of Medicines

Pupil's Name: _____

Date of Birth: _____

Medical Condition:

Medication:

Dosage Administered:

Administration Details (When, Why, How)

Date	Time	Time		Date	Time	Time
Monday				Monday		
Tuesday				Tuesday		
Wednesday				Wednesday		
Thursday				Thursday		
Friday				Friday		

Signed: _____

Date: _____