



Administration of Medicines Policy

ST. ENDA'S NATIONAL SCHOOL

JANUARY 2015

Introduction:

An Administration of Medication policy has been in existence in the school. The policy was recently redrafted through a collaborative school process and was ratified by the Board of Management (BoM) on 23rd March 2015.

Rationale:

The policy as outlined was put in place to;

- Clarify areas of responsibility
- To give clear guidance about situations where it is appropriate to administer medicines
- Safeguard school staff that are willing to administer medication
- Protect against possible litigation.
- To inform all staff members and parents/guardians of the procedures in place in St. Enda's in relation to the administration of medication.

Relationship to School Ethos:

The school promotes positive home-school contacts, not only in relation to the welfare of children, but in relation to all aspects of school life. This policy is in keeping with the school ethos through the provision of a safe, secure and caring school environment and the furthering of positive home-school links.

Aims of this Policy:

The aims and objectives of the policy can be summarised as follows;

- Minimise health risks to children and staff on the school premises
- Fulfill the duty of the BoM in relation to Health and Safety requirements
- Provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed with parents/guardians

In –School Procedures:

Parents are required to complete a medical declaration form when enrolling their children in the school. It is the duty of the parent/guardian to inform the school of any medical needs their children may have. Parents are to inform the school immediately if a child develops a medical condition/allergy at any point during the school year which has not been previously disclosed to the school. No staff member is obliged to administer medicine or drugs to a pupil and any teacher willing to do so works under the controlled guidelines outlined below.

- Long term prescribed medicines will only be administered after parents of the pupil concerned have written to the BoM requesting the Board to authorise a member of the teaching staff to do so (Appendix 1&3). The Board will seek indemnity from parents in respect of any liability arising from the administration of medicines (Appendix 2)

- Teachers have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere
- The Board of Management requests parents to ensure that teachers be made aware in writing of any medical condition suffered by any child in their class (Appendix 3)
- This does not imply a duty upon teachers personally to undertake the administration of medicines or drugs.

Long Term Health Problems

Where there are children with long-term health problems in school, proper and clearly understood arrangements for the administration of medicines must be made with the Board of Management. This is the responsibility of the parents/guardians. It would include measures such as self administration, administration under parental supervision or administration by school staff.

Life Threatening Condition

Where children are suffering from life threatening conditions, parents/guardians must clearly outline, in writing, what should be done in a particular emergency situation, with particular reference to what may be a risk to the child (Appendix 3). If emergency medication is necessary, arrangements must be made with the Board of Management. A letter of indemnity must be signed by the parents in respect of any liability that may arise regarding the administration of medication.

Guidelines for the Administration of Medicines

1. The parents of the pupil with special medical needs must inform the Board of Management in writing of the condition, giving all the necessary details of the condition. The request must also contain written instruction of the procedure to be followed in administering the medication. (Appendix 1, 2&3)
2. Parents must write requesting the Board of Management to authorise the administration of the medication in school (Appendix 1)
3. Where specific authorisation has been given by the Board of Management for the administration of medicine, the medicines must be brought to school by the parent/guardian/designated adult
4. A written record of the date and time of administration must be kept by the person administering it (Appendix 4)
5. Parents/Guardians are responsible for ensuring that emergency medication is supplied to the school and replenished when necessary
6. Emergency medication must have exact written instructions of how it is to be administered
7. The BoM must inform the school's insurers accordingly
8. Parents are further required to indemnify the Board of Management and members of the staff in respect of any liability that may arise regarding the administration of prescribed medicines in school (Appendix 2)
9. All correspondence related to the above are kept in the school.

Medicines

- Non-prescribed medicines will neither be stored nor administered to pupils in school. Pupils are not permitted to carry non-prescription medication in school. If found, such medications will be confiscated and parents/guardians will be made aware of this.
- Teachers/SNAs in the school will only administer prescribed medication when arrangements have been put in place as outlined above

- Arrangements for the storage of certain emergency medicines, which must be readily accessible at all times, must be made with the Principal
- A teacher/SNA must not administer any medication without the specific authorisation of the Board of Management
- The prescribed medicine must be self-administered if possible, under the supervision of an authorised Teacher/SNA if not the parent
- No teacher/SNA can be required to administer medicine or drugs to a pupil
- In an emergency situation, qualified medical assistance will be secured at the earliest opportunity and the parents contacted
- It is not recommended that children keep medication in bags, coats, etc.
- Where possible, the parents should arrange for the administration of prescribed medicines outside of school hours.

The following guidelines are in place with regard to pupils with a Food Allergy

1. Parents inform the school about any food allergies their child may have.
2. Strategies to deal with food allergies will be decided on a case to case basis depending on severity of allergy, whether that specific food should be eliminated from the school environment etc.
3. Parents will be asked for clear instructions in writing as how the school should deal with the child presenting with signs and symptoms of an allergic reaction.
4. Parents will be asked to fill out an Indemnity form.

Emergencies:

In the event of an emergency, teachers should do no more than is 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.

Where no qualified medical treatment is available, and circumstances warrant immediate medical attention, staff members may take a child to the nearest doctor or into Accident and Emergency without delay. Parents will be contacted simultaneously.

In addition, parents must ensure that teachers are made aware in writing of any medical condition which their child is suffering from. For example children who are epileptics, diabetics etc. may have a seizure at any time and teachers must be made aware of symptoms in order to ensure that treatment may be given by appropriate persons.

The school maintains an up to date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year.

First Aid Boxes:

A full medical kit is taken when children are engaged in out of school activities such as tours, football/hurling games and athletic activities.

A first aid box is kept in the staff room containing anti-septic wipes, anti-septic bandages, sprays, steri-strips, cotton wool, scissors etc.

A yard duty first aid bag is brought out by the teacher on yard duty containing anti-septic wipes and bandages.

General Recommendations:

We recommend that any child who shows signs of illness should be kept at home; requests from parents to keep their children in at lunch break are not encouraged. A child too sick to play with peers should not be in school.

Roles and Responsibilities:

The Board of Management has overall responsibility for the implementation and monitoring of the school policy on Administration of Medication. The principal is the day to day manager of routines contained in the policy with the assistance of all staff members. The principal will ascertain which members of staff are willing to administer prescribed medicines. The deputy principal is responsible for ensuring that both first aid kits are adequately resourced.

Success Criteria:

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

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

Ratification and Review:

This policy was ratified by the BoM in _____. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than _____.

Implementation:

The policy has been implemented since _____.



Appendix 1 Administration of Medicine Request

Child's Name: _____
Address: _____
Date of Birth: _____
Class: _____
Medical Condition: _____

Photo of Child

Symptoms:

Medication/
Dosage details:

How to
Administer:

1. _____

2. _____

3. _____

4. _____

5. _____

Emergency Contacts

1) Name: _____ Phone: _____
2) Name: _____ Phone: _____
3) Name: _____ Phone: _____
4) Child's Doctor: _____ Phone: _____

Storage details: _____

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

Permission for emergency medication (please tick correct reply)

In the event of an emergency, I agree _____ I do not agree _____ with my child receiving medication administered by a staff member or providing treatment as set out in the attached request.

Print name:

Signed _____ Parent/Guardian
_____ Parent/Guardian

Date _____



Appendix 2

ADMINISTRATION OF MEDICINES IN SCHOOLS – INDEMNITY

(APPENDIX 46 from Board of Management Handbook)

THIS INDEMNITY made the _____ day of 20_____

BETWEEN _____ (lawful father
and mother of _____

(hereinafter called ‘the parents’ of the One Part AND for and on behalf of the Board of Management of St. Enda’s National School situated at Lisdoonvarna in the County of Clare (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 parents hereto as follows:

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

Health Care Plan for Pupil with a Medical Condition at School

(Adapted from: Managing Chronic Health Conditions at School: A Resource Pack for Teachers and Parents available at: <http://www.diabetes.ie/wp-content/uploads/2011/07/Managing-Chronic-Health-Conditions-at-School.pdf>)

1. Student's Information

Name of Student: _____ Class: _____
Date of birth: _____ Age: _____
Siblings in the school:
Name: _____ Class: _____
Name: _____ Class: _____

2. Contact Information

Student's address:

FAMILY CONTACT 1

Name: _____
Phone (day) Mobile: _____ Phone (evening): _____
Relationship to student: _____

FAMILY CONTACT 2

Name: _____
Phone (day) Mobile: _____ Phone (evening): _____
Relationship to student: _____

CONTACT 3

Name: _____
Phone (day) Mobile: _____ Phone (evening): _____
Relationship to student: _____

GP

Name: _____ Phone: _____

CONSULTANT

Name: _____ Phone: _____

Condition information for: _____

3. Details of the student's conditions

Signs and symptoms of this student's condition:

Triggers or things that make this student's condition/s worse: _____

4. Routine Healthcare Requirements

During school hours:

Outside school hours

5. Regular Medication taken during school hours:

6. Emergency medication-Please fill out full details including dosage: _____

7. Activities - Any special considerations to be aware of?

8. Any other information relating to the student's health care in school?

9. Name of Hospital Nurse for the student

Name: _____

Address: _____

Phone: _____

The school may contact the above named for further information or training.

Parental and student agreement (please tick the correct reply)

I agree _____ I do not agree _____ that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Print name:

Signed _____ Parent/Guardian
_____ Parent/Guardian

Date _____



Appendix 4

Record of administration of Medicines

Pupil's Name: _____

Date of Birth: _____

Medical Condition: _____

Medication: _____

Dosage Administered: _____

Administration Details (Time, When, Why, How)

Time & Date: _____

Why: _____

How: _____

Name (PRINT): _____

Signed: _____

Date: _____