

Our Lady of the Wayside NS Kilternan



Administration of Medication Policy

This policy is formulated in accordance with guidelines which include the Primary Schools' Managerial Bodies and the Irish National Teachers' Organisation.

Rationale

This policy has been put in place to;

- Clarify areas of responsibility
- To give clear guidance about situations where it is not appropriate to administer medicines
- To indicate the limitations to any requirements which may be notified to teachers and school staff
- Safeguard school staff who are willing to administer medication
- Protect against possible litigation

Introduction

While the Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorized school activities, teachers are not obliged to personally undertake the administration of medication and parents should note this carefully.

Under no circumstances should any medication, whether prescribed or not (including inhalers) be taken by a pupil, on the school premises, unless the Principal has been notified in writing and given all the relevant details. Children are not allowed to keep medication in bags, coats, etc.

The Board of Management requires parents to ensure that the Principal is informed 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.

Mandatory Procedures to be followed by Parents and Guardians

The following is the procedure to be followed by parents/guardians of children with any illnesses requiring the administration of medication/tests (e.g., diabetes, severe allergies, ADHD).

1. Write to the Principal

The parent/guardian should write to the Principal requesting the Board of Management to authorize a staff member to administer the medication/tests or to monitor self-

administration of the medication/tests, provided that the staff member in question is prepared to do this.

2. Complete the “Healthcare Plan” document

Parents/guardians are required to provide the written instructions in relation to the illness and of the procedure to be followed in the administration and storing of the medication/testing equipment by completing the “Healthcare Plan” document at Appendix 1. They should also provide additional oral information and instructions to the class teacher and SNA as appropriate. Written details should include the name of the child, name and exact dosage of medication, details of testing and whether the child should be responsible for his/her medication or testing, the circumstances in which medication is to be administered and consent for it to be given, name of doctor to be contacted in emergency, when the parent/guardian is to be notified and where he/she can be contacted, parent/guardians signature.

3. Deliver the Medication to the School

Parents/guardians are responsible for ensuring that the medication is delivered to the school and handed over to the Principal and for ensuring that an adequate supply is available, and replenished when necessary.

4. Indemnify the Board of Management

Parents/guardians are further required to indemnify the Board and authorized members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school. The Board will inform the school’s insurers accordingly.

5. Tell us about Changes in Medication

Changes in prescribed medication (or dosage) should be notified, in writing, immediately to the school with clear written instructions of the procedure to be followed in storing and administering the new medication.

6. Tell us about Emergency Procedures & Give us Emergency Contact Details

Where children are suffering from life threatening conditions, 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.

Parents/guardians are required to provide a telephone number where they may be contacted in the event of an emergency arising. (See Appendix 1)

Procedures to be followed by The Board of Management

1. The Board, having considered the matter, may authorize a staff member to administer medication/tests to a pupil or to monitor the self-administration by a pupil.
2. The Board will ensure that the authorized person is properly instructed in how to administer the medicine/test.
3. The Board shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine.
4. The Board shall inform the school insurers accordingly.
5. The Board shall make arrangements for the safe storage of medication/tests and procedures for the administration of medication/tests in the event of the authorized staff member’s absence.

Procedures to be followed by Staff Members

1. No teacher shall be required to administer medication/tests to a pupil.
2. Any teacher who is willing to administer medicine/tests should do so under strictly controlled guidelines in the belief that the administration is safe.
3. Written instructions on the administration of the medication/tests must be provided. (See Appendix 1)
4. Medication/tests must not be administered without the specific authorization of the Board of Management.
5. In administering medication/tests to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
6. A written record of the date and time of administration will be kept. (Appendix 2)
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. Parents/guardians should be contacted should any questions or emergencies arise.

This policy was originally formulated in September 2005.

It was then reviewed in November 2008.

Ratified by the Board of Management in November 2008.

Reviewed again in February 2017

Ratified by the Board of Management in February 2017

Appendix1

Parents' Form: Healthcare Plan/ Administration of Medication Request

Healthcare Plan for a Student with a Chronic Condition at School

Note: To be completed by Parents/Guardians

Date form completed: _____ Date for review: _____

Student's Information

Name of Student: _____ Class Level: _____

Date of Birth: _____ Age: _____

Student's Address: _____

Teacher's Name: _____ Room No: _____

Siblings in the school: _____

Name: _____ Class: _____

Name: _____ Class: _____

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/Family Doctor:

Name: _____ Phone: _____

Details of the student's condition(s)

Signs and symptoms of this student's condition(s):

Triggers or things that make this student's condition(s) worse:

Instructions for Storing Medicines

Routine Healthcare Requirements

During school hours: _____

Outside school hours: _____

Regular Medication

Activities - Any special considerations to be aware of?

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

Parental agreement (please tick the correct reply)

I agree _____ or 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

Signed by parent: _____

Print name: _____

Date: _____

Permission for emergency medication (please tick correct reply)

In the event of an emergency, I agree or I do not agree with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan. I understand that the staff /school will not be responsible for any incident/issue that may arise to the administration and/or non-administration of this medication.

Signed by parent: _____

Print name: _____

Date:

Date: _____

I/We request that the Board of Management authorize 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 we must inform the school/Principal of any changes of medication/dose in writing and that I/ we must inform the Principal each year of the prescription/medical condition.
I/ We understand that no school personnel have any medical training and I/we indemnify them and the Board from any liability that may arise from the administration of the medication.

Signed: _____ Parent/ Guardian

_____ Parent/ Guardian

Date: _____

Appendix 2

Emergency Medication Provision: School Record

DATE	TIME	STUDENT'S NAME	MEDICATION	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF MEMBER	PRINT NAME