



Killester Raheny Clontarf  
Educate Together  
National School

## **Administration of Medicines Policy**

### **Rationale:**

The policy as outlined was 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
- To outline procedures to deal with a pupil with a nut allergy in our school
- Safeguard school staff that are willing to administer medication
- Protect against possible litigation.

### **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
- Fulfil 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 Health/Medication form when enrolling their child/ren in the school if necessary. No staff member is obliged to administer medicine or drugs to a pupil and any staff member willing to do so works under the controlled guidelines outlined below.

- 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 staff to do so. Under no circumstance will non-prescribed medicines be either stored or administered in the school. The Board will seek indemnity from parents in respect of any liability arising from the administration of medicines
- The school generally advocates the self-administration (e.g. inhalers) of medicine under the supervision of a responsible adult, exercising the standard of care of a prudent parent. A small quantity of prescription drugs will be stored if a child requires administering on a daily basis and parents have requested storage facilities. Parents are responsible for the provision of medication and notification of change of dosage
- Staff 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
- This does not imply a duty upon staff personally to undertake the administration of medicines or drugs.

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 2). 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 or 3)
2. Parents must write requesting the Board of Management to authorise the administration of the medication in school
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 details 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
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
- Teachers/ANAs 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/ANA 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/ANA if not the parent
- 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.

## **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, designated staff members may take a child 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.

Written details are required from the parents/guardians outlining the child's personal details, name of medication, prescribed dosage, whether the child is capable of self-administration and the circumstances under which the medication is to be given. Parents should also outline clearly proper procedures for children who require medication for life threatening conditions.

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 office containing anti-septic wipes, anti-septic bandages, sprays, steri-strips, cotton wool, scissors etc.

### **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 BoM 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.

### **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 September 2021. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions.

**Implementation:**

The policy has been implemented since September 2021.

Signed: \_\_\_\_\_

Carmel Mulcahy,  
Chairperson

## Appendix One

### 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: \_\_\_\_\_

**Consultant 1:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Condition information for: \_\_\_\_\_

**Consultant 2 (if applicable):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Condition information for: \_\_\_\_\_

**3. Details of the student's condition(s)**

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

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

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**4. Routine Healthcare Requirements**

During school hours: \_\_\_\_\_

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Outside school hours: \_\_\_\_\_

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**5. Regular Medication**

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[**For School Staff:** Please also refer to the Emergency Plan for the condition attached to this plan]

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

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

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**The school may contact the person named below for further information or training.**

**9. Name of Hospital Nurse for the student**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_



## Appendix Two

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: \_\_\_\_\_

The Board of Management has agreed this Healthcare Plan during the meeting held on \_\_\_\_\_.

\_\_\_\_\_  
Chairperson  
Board of Management

\_\_\_\_\_  
Date

## Appendix Three

### Emergency Medication Provision School Record

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

## Appendix Four

This form is optional for parents but is recommended for potentially serious/life-threatening conditions

### **Management of Chronic Medical Conditions - For Staffroom Noticeboard**

Child's name: \_\_\_\_\_ Current Class/Room No: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

(Insert photo below)

Details of Child's Medical Condition:

\_\_\_\_\_

What Staff Should Do in an Emergency Situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_