Adminstration of Medication

This policy on the Administration of Medication was formulated in accordance with guidelines issued by the Primary Schools' Managerial Bodies and the Irish National Teachers' Organisation.

Introduction

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.

The Board of Management requests parents 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.

Medication in this policy refers to medicines, tablets and sprays administered by mouth only.

No medication will be administered in school without the written consent of parents and the specific authorisation of the Board of Management.

Policy Content

1. **Procedure to be followed by parents who require the administration of medication for their children**
   - The parent/guardian should use the Administration of Medication Form to 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 (See Appendix 1).
   - Parents are required to provide the following written details:
     - the name of the child
     - name and dosage of medication
     - whether the child should be responsible for the administration of his/her own medication
     - the circumstances in which medication is to be given by the staff member and consent for it to be given
     - when the parent is to be notified and where he/she can be contacted
     - instructions of the procedure to be followed in the administration and storing of the medication. (see Appendix 1)
   - Parents are responsible for ensuring that the medication is delivered to the school and handed over to a responsible adult and for ensuring that an adequate supply is available.
   - Parents 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. The Board will inform the school's insurers accordingly.
   - 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.
   - Where children are suffering from life threatening conditions, parents 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 are required to provide a telephone number where they may be contacted in the event of an emergency arising.
- Request for administration should be renewed at the beginning of each school year.

2. **Procedures to be followed by the Board of Management**
   - 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. All Administration of Medication Forms will be signed by the Chairperson of the Board of Management.
   - The Board will ensure that the authorised person is properly instructed in how to administer the medicine.
   - The Board shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine
   - The Board shall inform the school insurers accordingly
   - The Board shall make arrangements for the safe storage of medication and procedures for the administration of medication in the event of the authorised staff member's absence.

3. **Responsibilities of Staff Members**
   - No staff member can be required to administer medication to a pupil.
   - Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
   - Written instructions on the administration of the medication must be provided (Please see child specific Admistration of Medication Form (Appendix 1) and child specific Epileptic Tonic Clonic Seixure Response Plan (Appendix 2)).
   - Medication must not be administered unless the parent/guardian has completed the Administration of Medication Form.
   - In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
   - A written record of the date and time of administration will be kept. (Appendix 2)
   - 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.
   - Parents should be contacted should any questions or emergencies arise.

Ratified by Board of Management on _____ Date

Signed _____
Chairperson, Board of Management

Appendix 1 :
Administration of Medication

Administration of Medication

To the Board of Management of Springdale National School:

I wish to have medication administered to my child in school. I hereby agree to indemnify the Board of Management of Springdale National School and the members of staff listed below in respect of any liability that may arise regarding the administration of medication or failure to administer medication to my child.

Name of child: ……..

Medication: ……..

Dosage: ……..

……

Can your child administer his/her medication? ……

When medication is to be given: ……..

……

Name of staff member requested to administer medication: ……..

Name of other staff members requested to administer medication: ……

……

When should parent/guardian be contacted? ……

……

Contact numbers for parent(s) / guardian(s): ……

……

For General Medication

I understand that I am responsible for the provision of medication for my child.
Signature of parent / guardian: …….

Date: …….

For Administration of Inhalers

I understand that I am responsible for the provision of medication for my child. I have demonstrated the use of my son/daughter's inhaler to the staff named above and give consent for them to administer this medication when required.

Signature of parent / guardian: …….

Date: …….

For Administration of EpiPens

I understand that I am responsible for the provision of medication for my child. I have demonstrated the use of my son/daughter's EpiPen to the staff named above and give consent for them to administer this medication when required.

Signature of parent / guardian: …….

Date: …….

For Administration of Buccolam

I understand that I am responsible for the provision of medication for my child. I have consented to the school's planned procedures for administration of Buccolam and I am satisfied that they have watched a video on how to administer it and give consent for all staff to administer this medication when required.

Signature of parent / guardian: …….

Date: …….

Signed:_____

Chairperson of the Board of Management

Date:_____

Appendix 2:

Epileptic Tonic Clonic Seizure Response Plan

Epileptic Tonic Clonic Seizure Response Plan

Should a child in Springdale NS have a tonic clonic seizure –

1. Note the **time** that the seizure starts and ensure seizure is timed from beginning to end
2. Remain with the child and ask another adult to call **999/112**
3. Call parents of child
4. Ensure the child is **safe and comfortable** by removing all furniture and items that could cause harm – if possible, lay the child on their side and cushion their head
5. As soon as possible, calmly remove all other children from the area
6. **If seizure continues for longer than 5 minutes, administer Buccolam medication specific to the child as provided by parents**
7. When seizure ends, place child in the **recovery position**
8. **Remain with child** until seizure ends or paramedics/parents arrive

1. **Time the seizure**
2. **Call 999/112**
3. **Keep child safe and comfortable**
4. **After 5mins of seizure, administer medication**
5. **When seizure ends, place child in recovery position**

Parent/ Guardian: _____ Date: _____

Chairperson of Board of Management: _____ Date: _____

Medical Professional: _____ Date: _____

Appendix 3 :
Medication Chart Board

Medication Chart for _____ Year: _____

Date	Drug	Dosage	Time	Signed

Signed:…….