

Coláiste Mhuire Co-Ed Administration of Medicines Policy

May 2020



Mission Statement

School Mission statement: At Coláiste Mhuire Co-Ed we aspire to develop a caring and inclusive learning community that encourages the potential of each person. The mission is realised through our core values of Respect, Effort, Honesty and Co-operation.

Rath as Saothar – Success through effort.

Rationale

This policy has been formulated by Coláiste Mhuire Co-Ed. This policy has been prepared with reference to 'Managing Chronic Health Conditions at school – a resource pack for teachers and parents' prepared by the Asthma Society of Ireland, Diabetes Federation Ireland, Brainwave the Irish Epilepsy Association and Anaphylaxis Ireland.

This policy has been devised:

- To meet the needs of students who require administration of essential medications during the school day, in compliance with legislation and in line with best practice.
- To protect school representatives by ensuring that any involvement in medication administration complies with legislation and best practice guidelines.

Content

Non Prescription Medication

Non-prescription medication will not be stored or administered in the school. Students are not permitted to carry non-prescription medication in the school and such medications will be confiscated for secure retention and disposal by parents/guardians who will be contacted.

Chronic Illness

It is school policy that children who are acutely ill should not attend classes until the illness has resolved. Requests from parents to keep a child in at lunch time are not encouraged. A child too sick to play with their peers should not be in school.

In the event of a child becoming acutely ill in the course of a school day, parents/guardians or emergency contacts will be notified to bring them home to recuperate. In emergency situations an ambulance will be called.

In line with the school ethos, children with chronic illnesses are encouraged to engage fully in school activities. Where possible, the family doctor should be asked to prescribe treatments that can be taken outside school hours in order that administration of medication at school is kept to a minimum. When administration of medication is required to facilitate a fully inclusive environment, every effort will be made to accommodate children's needs in line with the provisions below, subject to the school's discretion to vary arrangements as deemed appropriate and in order to act in the interests of all stakeholders.

Prescription medication

Prescription medication can only be stored/administered in the school following the submission of the written authority of the parents/guardians to the school Principal. This authority should authorise school representatives and/or Special Needs Assistants to administer the medication and include written confirmation from a medical practitioner that the medication is such that a non-medical person may administer/supervise administration, together with confirmation of the medical dose and circumstances under which it should be given. There should also be a prescription provided which clearly states the name of drug, the dose, the circumstances under which it should be given and how it should be administered.

Garda Vetted school representatives may, upon authorisation by parents/guardians of the child and at their own discretion and on the basis that it is accepted by authorising parents/guardians that they will not be held liable for any accidental act or omission arising in the course of authorised administration, agree to administer certain medicines or procedures.

This will be arranged formally in writing on a case-by-case basis and following the conduct of a risk assessment which will be documented in writing and retained on the child's file.

School representatives who administer medication will be provided with training as required, and records of any such training will be maintained by the school.

The school reserves the right, after due consideration, to deem the authority to administer medication to be invalid in circumstances where it is inappropriate.

The authority from parents/guardians requesting administration of medicines must be accompanied by the Authority for Administration of Medication – Information and Consent Form (see Appendix), summarising essential information to inform training of staff and safe administration of the medication.

Parents/guardians will also be asked to provide a signed Indemnity Form (see Appendix).

Where a student may require medication, a minimum of three staff representatives will be identified to ensure cover during sick leave, training days, etc. and inform contingency planning.

Parents/guardians will be informed of staff representatives who are authorised to administer medication. Alternative options will be discussed with the student's parents/guardians in circumstances of unavailability.

If it is agreed that the medication can be stored and administered in the school, it will usually be stored in the designated first aid box outside the school office. However, where this should pose a hazard (e.g. inhalers or adrenaline auto injector, which may be required urgently), it will be securely stored in a sealed, transparent, unbreakable container labelled with the student's name, expiry date, dosage, circumstances under which it should be administered and consent of the parent/guardian to self-administration and kept on their person. Where possible, medication should be self-administered by the student under adult supervision.

It is the responsibility of the parents/guardians to ensure that an adequate supply of medication is in stock and that it has not passed its expiry date. In the event that medication passes its expiry date without being used, the student's parents/guardians will take responsibility for its safe disposal (usually by returning it to the pharmacy).

It may be necessary to store medication in a controlled temperature environment of 4°C in a refrigerator. If this is the case the medications will be stored separately to food and other items in the SNA room fridge. The medication will be stored in a secure container so as to avoid interference/tampering with the medication(s).

A change in medication and/or dosage will require **immediate** submission of an updated request form to be submitted as outlined above. All changes should be in writing and accompanied by a new consent form so that a current date is included on file. In either case the Request for Administration of Medication – **Information and Consent Form will need to be updated**. It is the responsibility of the parents/guardians to ensure that the **dosage noted on the container in which their child's medication is stored is also amended**.

A written record of all medication administered in the school will be maintained. When medication is administered by school representatives to treat an emergency (e.g. allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/ guardians will be notified by telephone. Under certain circumstances, it may be appropriate for an older student to retain medication in their own possession and take responsibility, with the consent of their parent/guardian, for self-medication, and they should engage at all times with the Principal and administrators with regard to any issues identified, failing which, they cannot expect the Authority granted to be of any effect. ***A written authority to the Principal together with the documentation outlined above is still required, however, the school will not maintain a record of medication use in circumstances where it is in the control and possession of the child as school representatives will have no involvement in respect thereof and cannot account for loss or misuse thereof.***

When consensual self-administration is routine (e.g. bronchodilator pre-PE in a child with exercise induced asthma) and witnessed by school representatives, a note will be placed in the child's school journal with responsibility for monitoring same resting with the Parents'/Guardians'.

The Principal will audit the medication books at least once a year to ensure that the actual administration of medication complies with the information on the Authority for Administration of Medication – Information and Consent Form. Identified discrepancies will be addressed to parents/guardians with whom responsibility for arranging assessment of their clinical relevance (if any) by a physician will rest. Please note that all prescribed medications have to be prescribed in writing by a medical practitioner every six months.

Timeframe for Implementation

This policy will be implemented from the beginning of the 2020/21 Academic Year.

Timeframe for Review

This Policy will be reviewed on a regular basis.

Early review will be undertaken if:

- A clinically significant discrepancy is identified between the medication administered and that authorised on the relevant 'Authority for Administration of Medication – Information and Consent Form'.
- Feedback indicates that any aspect of the policy is causing a student or any other member of the school community undue distress.

Adoption and Communication

The Board of Management adopted this policy at a meeting on 14/5/20 and the policy is available on the school website.

Authority for Administration of Medication

For the administration of medication to students under 18 years to be signed by a parent/guardian.

Student's name:	
Date of birth:	
Name of medication:	
Dosage:	

Condition for which medication is required:	
Under what circumstances should medication be given to the student at school/college?	
Instructions for how medication is to be administered:	
Other medication being taken:	

I consent to the student's self-administration of this medication:	Yes	No
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GP'S Name:	Phone Number:
1 st emergency contact:	Mobile:
2 nd emergency contact:	Mobile:

I authorise administration/supervision of medication by school staff in dosage of

 to.....
 ...the student identified above under the circumstances outlined
 above.

I understand that information about my child's medical condition and treatment will be shared with school/college representatives and medical personnel as necessary. I also consent to the disclosure of this information to appropriate medical practitioner/s, e.g. in an emergency, and to relevant insurers as required.

Signed:

Date:

(Parent's Signature)

Print name:

.....

Signed:

Date:

(Student's Signature)

Administration of Medicines in Schools/Colleges – Indemnity Form

THIS INDEMNITY made the _____ day of 20____ BETWEEN

_____ (lawful father and
mother/guardians of) _____ (hereinafter
called ‘the parent/guardians’ of) the One Part) AND for and on behalf of Coláiste Mhuire Co-
Ed Board of Management as administrators of Coláiste Mhuire Co-Ed at Thurles, in the
County of Tipperary hereinafter called ‘the Board’) of the Other Part.

WHEREAS:

1. The parents/guardians are respectively the lawful father and mother or guardians of
_____ a student of Coláiste Mhuire Co-Ed.
2. The student presents on an ongoing basis with the condition known as

3. The student may, while attending the said educational institution, require in emergency
circumstances the administration of medication, viz

<name of condition>.
4. The parents/guardians have authorised administration of the said medication, in emergency
circumstances, by the said school representatives as may from time to time be available.

NOW IT IS HEREBY AGREED by and between the parents/guardians hereto as follows:

In consideration of the Board entering into the within Agreement, the lawful parents/guardians of the said student HEREBY ACKNOWLEDGE that the Board, its servants and agents including without prejudice to the generality the said Principal/course coordinator, staff, and students of the said school can only endeavour to act in accordance with the extent to which they are informed and AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said Principal, staff, and students of the said school from and against all claims, both present and future, arising from any accidental act or omission arising in the course of the administration or failure to administer the said medicines.

Signed: _____
PARENTS SIGNATURE

Student Name: _____

