

ADMINISTRATION OF MEDICATION POLICY OF ST. FRANCIS COLLEGE, ROCHESTOWN, CO. CORK.

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 teaching or administrative staff 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 and automatic injection devices (eg. anapen) used in cases of anaphylaxis.

Rationale

The rationale for the development of this policy are to:

Clarify areas of responsibility.

- Give clear guidance about situations where it is not appropriate to administer medicines
- Indicate the limitations to any requirements which may be notified to teachers and school staff
- Outline procedures to deal with pupils with chronic/long-term illnesses in our school
- Safeguard school staff that are willing to administer medicine.

Scope

The policy will apply to school staff, students, in particular those with chronic/long-term illnesses, Board of Management and parents/guardians.

Aims

The aims of the policy are to:

- Minimise health risks to children and staff on the school premises.
- Fulfil the duty of the Board of Management in relation to Health and Safety requirements and the Child Safeguarding Statement

- 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.

School Ethos

St. Francis College, as a Capuchin Franciscan College, promotes positive home-school contacts in a spirit of collaboration and partnership, 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.

Policy Content

1. Procedure to be followed by parents who require the administration of medication for their children

- The parent/guardian should write to the Principal requesting the Board to authorise a staff member of the procedure to be followed in administering the medication or to monitor self-administration of the medication.
- Parents are required to provide written instructions of the procedure to be followed in the administration, storage of the medication, giving all necessary information and consent to administer the appropriate medication (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.
- 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.
- Parents are responsible for replenishing a medicine in the event of exhaustion.
- Parents are also responsible for ensuring that all medicines are in date and must replenish as required.
- 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 (Appendix 2).

- Under certain circumstances, it may be appropriate for a student to retain medication in their own possession and take responsibility for self-administration. A written request to the Principal together with the relevant appendices is still required. As there is no Incident Report Form completed in the event of self-administration (Appendix 3), and because medication is in the possession of the student, staff cannot be held responsible if it lost or misused.

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.
- An indemnity shall be sought from parents in respect of liability that may arise regarding the administration of the medicine
- 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, but if willing, can supervise the self-administration by 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, following written request by parents (Appendix 1).
- The prescribed / non prescribed medicine must be self-administered if possible, under the supervision of an authorised Teacher / First-Aider.
- In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent, under the controlled guidelines outlined below;
- Prescribed medicines will only be administered following a written request (Appendix 1), authorising a member of the teaching staff to do so. Non-prescribed medicines will not be stored or administered in the school.

- Teachers / Trained First-Aiders 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. It is the responsibility of the teacher “in loco parentis” to be aware of allergies / medical needs of students in their care.
- This does not imply a duty upon teachers personally to undertake the administration of medicines or drugs.
- In the event of administration of prescribed medication by a staff member an Incident Report Form (Appendix 3) containing a written record of the date and time of administration will be kept.
- The school reserves the right to refuse to administer medicines that are considered too specialist / invasive or where the school is unable to provide a willing staff member.
- 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.
- Once a term, a designated member of the First Aid Team will carry out an audit for out of date medications. This person will then notify parents if medication is out of date.

Appendix 1:
For the Administration of
Medication – Information and
Consent Form



For the administration of medication to students less than 18 years of age in Saint Francis College, Rochestown, Co.Cork and to be signed by a parent/guardian.

Student's name:		
Date of birth:		
Name of medication:		
Storage:		
Dosage:		
Condition for which medication is required:		
Under what circumstances should medication be given to the student at school: (Please attach doctor's protocol if relevant)		
Other medication being taken (if applicable)		
I consent to the student's self-administration of this medication	Yes	No
GPs name:	Phone Number:	
1 st Emergency Contact:	Mobile Number:	
2 nd Emergency Contact:	Mobile Number:	

I authorise administration/supervision of medication by a school representative of _____ in dosage of _____ to the student identified above under the circumstances outlined above.

I understand that my son's photo will be present on the medicine container as will a copy of the condition for which medication is required and the circumstances under which medication should be given to the student.

I understand that information about my child's medical condition and treatment will be shared with school 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: _____

Print Name: _____

Appendix 2:
Administration of Medicines in
St. Francis College,
Rochestown, Co.Cork
Indemnity Form



THIS INDEMNITY made the _____ day of 20

BETWEEN _____

(Lawful father and mother/guardians of _____ and

As administrators of _____
(insert name of school)

WHEREAS:

1. The parents/guardians are respectively the lawful father and mother or guardians of _____ a student of the above educational institution.
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. _____
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 _____ entering into the within Agreement, the lawful parents/guardians of the said student **HEREBY ACKNOWLEDGE** that the school, its servants and agents including without prejudice to the generality the said Principal, 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 school staff, and students of the 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.

Appendix 3:



Accident/Incident Report Form

Date & Time: _____ Morning Break Lunch Other

Reported Completed By: _____

Pupil Name: _____ Year/Group: _____

Nature of Injury

Abrasion	
Bruise	
Burn	
Concussion(<i>suspected</i>)	

Faint	
Nosebleed	
Seizure	
Sprain	

Strain	
Swelling	
Wound	
Other	

Body Part Injured

Head	
Eye	
Ear	
Nose	
Face	
Teeth	

Back	
Chest	
Leg	
Knee	
Ankle	
Foot	

Shoulder	
Arm	
Wrist	
Hand	
Finger(s)	
Other	

Description of Accident/Incident

Witness(es): _____

Action Taken	Yes?	No?
First Aid Administered?		
Emergency Services Contacted?		
Parent/Guardian Notified?		
X-Ray Recommended?		

Teacher Signature: _____

Date: _____

Principal Signature: _____

Date: _____

Policy adopted by the Board of Management

Signed: Ja Seán Donohoe

Chairperson Board of Management

Date: 24th MAY 2019.