



## **RVETNS Policy on Administration of Medicines**

**Ratified December 2016.**

### **Rationale:**

The policy as outlined was put in place to;

- Provide the school's children with the care they need to the best of the school's resources
- 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 serious allergies 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
- Fulfill 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.

### **Procedures:**

1. All parents are required to complete a 'Form re Medical Conditions and Allergies' when enrolling their child/ren in the school.
2. When the 'Form re Medical Conditions and Allergies' is received upon enrolment by the school and if it contains information alerting the school to a condition or allergy, the Principal will give the child's parents a copy of this policy and ask them to complete the relevant form (see following sections describing varying circumstances and which forms apply).
3. The form should be signed by parents and submitted to the Board of Management, with a letter from the child's doctor.
4. The Board of Management will consider the information. The Chairperson will formally advise parents and the Principal of the procedures which will be put in place to assist in the proper care of the child, where feasible and where in line with the provisions of this policy. This will be fed back to the parents and to the Principal in writing so that procedures can be actioned.
5. Where 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.
6. Parents/Guardians are responsible for ensuring that the authorised medication is supplied to the school and replenished when necessary (e.g. if the product passes its expiry date).

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7. If particular training is needed to administer the medication, the staff member must be trained by a medical or health professional. It is not sufficient to be shown by a parent.
8. Arrangements for the storage of these authorised prescribed medicines, which must be readily accessible at all times, must be made with the Principal. They will usually be stored in the School Office, on a high shelf, with the child's name clearly marked on the box.
9. A written record of the date and time of administration must be kept by the person administering it.
10. All correspondence related to the above process are filed in the school office in the child's individual file, so that it is readily available, should the child be brought to hospital for any reason.
11. At the start of each new academic year, the class teacher with the Principal will review the information in the submitted forms plus the Board of Management's authorisations for the class group.
12. If the child's dosage or requirements change during the year, the parents are required to inform the Board of Management and the authorisation to administer medications will be promptly reviewed.

### **Long Term Health Problems**

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 by following the procedures above. It would include measures such as self administration, administration under parental supervision or administration by school staff. Parents will be asked to complete Form 1 (See Appendix).

### **Allergies**

Where children suffer from an allergy, parents must inform the Board of Management, using Form 2 (see Appendix). The form also captures information relating to what medication, if any, is necessary, should the child come into contact with his/her allergen.

### **Life Threatening Conditions**

Where children are suffering from life threatening conditions, parents/guardians must clearly outline, in writing, what should be done in a particular emergency situation. Parents will be asked to complete Form 3 (see Appendix) and the school will use this information to devise an individual action plan for the child with the parents. This will be used to communicate the child's particular needs to teachers and other staff in the school.

### **General Policy regarding Health, Medicines and their administration in the school**

- Under no circumstance will non-prescribed medicines be either stored or administered in the school.
- 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. Also, where possible, the parents should arrange for the administration of prescribed medicines outside of school hours.
- The medication is not to be kept in the child's bag or in the classroom (due to the risk to other children in the classroom).
- Teachers 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. This does not imply a duty upon teachers personally to undertake the administration of medicines or drugs. No teacher is obliged to administer medicine or drugs to a pupil and any teacher willing to do so works under the controlled guidelines outlined in this policy.

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- In an emergency situation, qualified medical assistance will be secured at the earliest opportunity and the parents contacted (see also, First Aid section of Health & Safety Policy).

**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 December 2016. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than September 2017.

**Appendix:**

Forms in Policy Appendix include the following:

1. Form 1 seeking Authorisation by the Board of Management for medicines to be administered in the school to a pupil.
2. Form 2 to provide details of Pupil's allergy to school and seeking authorisation by the Board of Management for medicines to be administered in the school.
3. Form 3 for Parents to inform school of special procedures relating to a medical condition.

**Form 1 seeking Authorisation from the Board of Management for medicines to be administered in the school**

Child's name	
Address	
Date of Birth	
Child's Doctor	
Doctor's tel. number	
Medical Condition	
Medication	<input type="checkbox"/> Prescribed <input type="checkbox"/> Non-prescribed  Name of drug: _____
Prescription details	
Storage requirements	
Dosage required	
When is the medication required?	
Is the child to be responsible for taking the prescription him/herself?	
What Action is required and in what circumstances?	
Other information you feel the school should know:	

I/We request that the Board of Management authorise 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 of any changes of medicine/dose in writing. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed \_\_\_\_\_ Parent/Guardian  
 \_\_\_\_\_ Parent/Guardian  
 Date \_\_\_\_\_

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**Form 2 to provide details of Child's allergy to school and seeking authorisation by the Board of Management for medicines to be administered in the school**

Child's name	
Address	
Date of Birth	
Child's Doctor	
Doctor's tel. number	
Type of allergy	
Reaction level	
Medication	<input type="checkbox"/> Prescribed <input type="checkbox"/> Non-prescribed  Name: _____
Prescription details	
Storage requirements	
Dosage required	
When is the medication required?	
What action is required?	
Is the child to be responsible for taking the prescription him/herself?	
Other information you feel the school should know:	

I/We request that the Board of Management authorise 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 of any changes of medicine/dose in writing. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed \_\_\_\_\_ Parent/Guardian  
\_\_\_\_\_ Parent/Guardian  
Date \_\_\_\_\_

**Form 3 for Parents to inform school of special procedures relating to a medical condition**

**Please use this form to inform the school of any special procedure that should be followed, due to your child's medical condition.**

Child's Name	
Name of Medical Condition	
Precautions to be taken for child	
Symptoms of medical condition	Action to be taken if symptoms arise
1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.
Other information you wish to share with the school	

Signed by: \_\_\_\_\_ (Parents/Guardians)

\_\_\_\_\_ (Parents/Guardians)

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