

Streamstown School School

Administration of Medicine Policy

Introduction

Parents should consult with the child's Doctor to arrange medication time intervals to avoid the administration of medication during school hours.

The Board of Management do not accept any liability or responsibility for the diagnosis and treatment of the illness of any pupil. At the same time, the Board recognises that a pupil's attendance may be contingent upon the timely administration of medication duly prescribed by a Doctor. The Board will permit the dispensation of medication in school only when the pupil's health and continuing attendance in school so require and when the medication is administered in accordance with this policy.

The pupil's parent(s) or legal guardian(s) must consent in writing to the administration of medicine. In addition, the parent(s) or legal guardian(s) must be informed that the school has no liability as a result of any injury arising from the administration of medicine, and the parent(s) or legal guardian(s) must sign a statement that shall indemnify and hold the school and employees harmless against any claims arising from the administration of such medicine.

Permitted Medication

The Board of Management shall not be responsible for the diagnosis and treatment of pupil illness. The administration of prescribed medication to a pupil during school hours will be permitted only when failure to take such medicine would jeopardise the health of the pupil or the pupil would not be able to attend school if the medicine were not made available during school hours. For the purposes of this policy, "medication" shall include *all medicines prescribed by a Doctor for the particular pupil, including emergency medication for any life threatening illness, condition or reaction*. Not included are medications prescribed for any short- term illness or condition. See Appendix 3

Permission for Administration of Medication

Before any medication may be administered to or by any pupil during school hours, the Board shall require the written request of both a Doctor and both parents/guardians, which shall give permission for such administration and relieve the Board and its employees of liability for administration of medication. Such written requests shall be made through completion of the form for a "Request for Administration of Medication" in the form attached at Appendix 1, which shall be kept on file in the office of the school Principal.

In addition, the Board requires that such written requests shall include:

1. The purpose of the medication;
2. The dosage;
3. The time at which or the special circumstances under which medication shall be administered;
4. The length of time for which medication is prescribed;
5. The possible side effects of the medication;

Both documents shall be kept on file in the office of the school Principal and copies furnished to the pupil's teacher and following completion a copy will be furnished to the Parents/Guardians. These requests must be filed **annually**.

Procedures for Administration of Medication

1. All medications shall be administered by the pupil's Teacher, or the Principal, or dedicated First Aider, where the Doctor and parent/guardian have given permission;
2. Medications shall be securely stored and kept in the original labelled container;
3. All medications shall be supplied by the parent/guardian, and are to be given directly to class teacher or Principal. The medication shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier.

Pupil Self-Administration of Medication

The Board shall permit self-administration of medication for **asthma** by pupils, both on school premises during regular school hours and off-site or after regular schools hours when a pupil is participating in field trips or extracurricular activities. Parents/guardians of the pupil must meet the following conditions:

1. Provide the Board with written authorisation for the pupil's self-administration of medication;
2. Provide written certification from the pupil's Doctor that the pupil has been instructed in, and understands the proper method of self-administration of medication;
3. Sign a statement acknowledging that the school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the self-administration of medication by the pupil.
4. The pupil and his/her parents/guardians shall be informed that permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfilment of requirements listed above.

Maintain Log of Medicine administered.

A log will be maintained for any child receiving prescription medicine during school hours in accordance with Appendix 3 hereto, when applicable.

Storage of Medicines

Prescription medication will be kept in a locked container in the Principal's office or such other secure location as the school shall decide. Ana-pens are kept in the Principal's office.

Non-Prescription Medications

Students are not permitted to carry any non-prescription medications to school.

Responsibility to ensure medicines are not out of date.

The parents/guardians accept that the storing of medicine by the School in no way absolves the Parent/Guardian of their responsibility for ensuring that the child's medicine to be administered in accordance with this policy is and remain in date and agrees to acquire and furnish up to date medicine when necessary.

Indemnity for Teachers.

The Board of Management and the Guardians/Parents agree to complete a letter of indemnity absolving the teacher from any liability arising out of the Administration of Medicine in the form attached hereto.

Appendix 1

All children referred to below are those whose parents/guardians have filled out the require forms allowing them to have medication administered by an adult or self-administer any required medication (asthma).

1. All emergency medication to be labelled with the child's named and to be kept in the emergency medication box in the office.
2. Photograph of each child who may require emergency treatment to be kept in each yard-duty incident book and in relevant classrooms.
3. List of all children and their room numbers to be kept in the Principal's office.
4. Class teachers must display a photo of children with illness in substitute teacher pack.
5. An information note (appendix 4) about this policy is given to the parents/guardians of each new pupil.
6. This note is also given to all teachers and S.N.A.'s each September as a reminder of the school's policy.

This policy was approved and ratified by the Board of Management and will be reviewed as necessary

Signed _____

Chairperson Board of Management

Appendix 2

REQUEST FOR ADMINISTRATION OF MEDICATION

This form must be completed by BOTH PARENTS /GUARDIANS:

Name of Student: _____ Name of Doctor: _____

Class: _____ Address: _____

Date: _____ Phone No: _____

I/We request that my child be assisted in taking medicine(s) described below at school, as authorised by me/us and my/our Doctor. (See below)

Signature of Parents / Guardians: _____

Home Phone: _____ Emergency Contact: _____

The following is to be completed by the DOCTOR:

Diagnosis for which medication is given: _____

Name of Medicine: _____

Form: _____

Dose: _____

If medicine is to be given DAILY, what time?

If medicine is to given "WHEN NEEDED", describe indications: _____

How soon can it be repeated?

List significant side effects: _____

First aid in case of adverse reactions:

Date prescribed: _____ date to be discontinued:

Other significant information:

Date

Doctor's Signature

Doctor's Stamp

Recommendations are effective for one school year only and must be renewed annually. All forms must be received and be on file in the Principal's office before any medication can be administered.

COMPLETION OF THIS FORM BY THE PARENT AND DOCTOR IS REQUIRED:

INHALER INSTRUCTIONS (complete if applicable)

I have instructed the above student in the use of his/her inhaler and he /she may be permitted to carry the medication on his/her person and self-administers it as instructed by me.

Doctor (Print)

Date

Doctor (signature)

Recommendations are effective for one school year only and must be renewed annually. All forms must be received and be on file in the office before any medication can be administered.

REQUEST FOR SELF-ADMINISTRATION OF INHALER

I request that my child be permitted to carry and self-administer his/her inhaler at school, as authorised by my Doctor above. I accept full responsibility for making sure that my child carries the inhaler at all times. I release the School and its employees from any liability as a result of any injury or illness arising from the self-administration of this medication.

Parent's Signature	Date	Home Phone
Emergency Phone		

**INDEMNIFICATION/HOLD HARMLESS AGREEMENT FOR ADMINISTRATION
(INCLUDING SELF-ADMINISTRATION) OF MEDICATION.**

TO BE COMPLETED IN EVERY CASE

The parent(s) /guardian(s) agree(s) to indemnify, defend, and hold the school harmless from any and all claims, action, costs, expenses, damages and liabilities arising out of, connected with or resulting from the administration of medication or self-administration of medication by the pupil. The parent(s) / guardian(s) agree(s) to extend this indemnification/hold harmless agreement to the Board of Management, Department of Education their employees and agents. The parent(s) / guardian(s) agree(s) the school, Board of Management, Department of Education their employees and agents shall incur no liability as a result of any injury or illness arising out of or connected with the administration of medication or self-administration of medication by the pupil.

The agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil requires medication as certified by his/her Doctor. If the administration of this medication ceases, the school must immediately be notified. This agreement must be signed and in full effect prior to the granting of permission to administer or self-administer medication.

Student (name)	Parent (print)	Parent (signature)
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Principal (signature)	Parent (print)	Parent (signature)
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Appendix 3.

Record of medication Administered

Date	Name of Medication	Dosage	Signature

Appendix 4.

Medication covered by this policy

1. Anaphylactic shock
2. All other injection for life threatening illness/severe allergies
3. Epilepsy control drugs
4. Drugs to treat A.D.H.D.
5. Long term medications for conditions such as Cystic Fibrosis, Heart problems, Asthma (inhalers), other specific conditions etc.

Medication **not** covered by this policy

1. Antibiotics
2. Painkillers
3. Cough Mixture
4. Eye drops
5. Antiseptic creams/ointments
6. All non prescriptive drugs

Appendix 5

Anapens procedure

- The Anapens are stored in a clearly marked container in the office with pupils names and phone numbers.
- Parents must call in regularly to check pens safety and expiry date.
- The indemnity form must be signed by parents.
- The anapen must go with the child if he/she leaves the school for any reason.
- Child's parents must remind the teacher to bring anapen on all trips.
- A photo of the child plus a red anapen card to be in each yard book and in folder for substitute teacher.
- Every staff member will have a copy of the symptoms of anaphylactic shock.

Procedures for yard

All staff will be aware of the following procedure and it will be stored in office, staffroom and first-aid area.

If the child shows symptoms the following should happen:

- The adult who notices the symptoms will stay with the child and will instruct another adult to go to the staffroom to alert staff members.
- A staff member will collect anapen and go immediately to the child.
- Another staff member will send for an ambulance and the child's parents.
- The adrenaline will be administered to the child.
- The child will be made comfortable until the ambulance arrives.

Procedures for In-house Situation

- The Staff member who notices the symptoms will stay with the child and instruct two children to go immediately to the nearest classroom to inform other staff members.
- Another staff member will send for ambulance and parents.
- The adrenaline will be administered to the child.
- The child will be made comfortable until the ambulance arrives.

Procedures for out of school incident

- Should a situation arise the adrenaline will be administered.
- The parents and the ambulance will be sent for.
- The child will be made comfortable until the ambulance arrives.

Procedures for course day division:

- Pupils with anaphalactic shock will always be accommodated in the same classroom.
- Class teacher will inform the class teacher of the room child is being sent to of the child's condition . A photograph to be given to class teacher where child is being sent. Same procedures apply.

Appendix 6

Indemnity for staff

The Board of Management of Streamstown National School and the parents/Guardians of.....(pupil) agrees and consents to those staff listed hereunder and the Principal administering medication to(pupil) in accordance with the directions provided by the Parents/Guardians and the pupil's doctor.

In consideration of the said teachers and the Principal so administering medication, the Board of Management of Streamstown National School and the parents /guardians hereby undertake to indemnify said staff and the Principal of any claims, costs, expenses, damages and liabilities arising out of or in connection with the administration of such medicine.

Helena Farrell

Colette Robbins

Trasa Minnock

Edel McCormack

Louise O' Leary

Richie Clinton

Cara Reihill

Deirdre Keating

Claire Manning

Jacinta Fitzpatrick

Ellen Mulligan

Appendix 6
Child with Emergency Procedures