



## **Bandonbridge N.S.** **Administration of Medication Policy**

Date ratified by the Board of Management: 16/12/2019

This policy is 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. Where a school is informed of a pupil's need for medication, the school's Policy on the Administration of Medication, along with a consent form, will be sent to the parents for completion.

Medication in this policy refers to medicines, tablets, gels, sprays and injection (in exceptional circumstances only)

## 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

## 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 Board of Management requesting the Board to authorise a staff member to administer 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 and storing of the medication.
- Parents are responsible for ensuring that the medication is delivered to the school and handed over to a responsible teacher and for ensuring that an adequate supply is available.
- Parents are further required to indemnify the Board annually 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. **It is imperative that parents answer the phone promptly to ensure prompt and authorised care of the child in the event of a life threatening episode.**

## **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.
- The Board will ensure that the authorised person is properly instructed in how to administer the medicine.
- Annually the Board shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine
- The school 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 is obliged 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. There must be two members of staff present.
- Written instructions on the administration of the medication must be provided.
- Medication must not be administered without the specific authorisation of the Board of Management.
- 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. (see Appendix)
- 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.

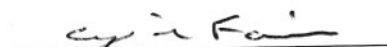
### **Nut allergy**

Bandonbridge N.S. reserves the right to ban nuts and products containing nuts should the need arise.

### **Timeframe for Review**

The policy will be reviewed as required or following changes in legislation

### **Ratified by Board of Management on**



**Signed**

**Chairperson, Board of Management**



## **Consent Form to Administer Medication**

Child's name: \_\_\_\_\_

Detail of medical condition: \_\_\_\_\_

\_\_\_\_\_

Name of medicine: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Method of administration: \_\_\_\_\_

\_\_\_\_\_

Frequency of dosage: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Family G.P.: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### **Parent / Guardian consent:**

I/We \_\_\_\_\_ (parent/guardian) give my written consent to a member of staff in Bandonbridge N.S. to administer medication to my child \_\_\_\_\_.

Parent/Guardian's signature: \_\_\_\_\_

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

**Record of medication administered**      **Child's name:** \_\_\_\_\_

Date	
Time	
Name of medication	
Dosage and method	
Reaction from child (if any)	
Teacher signature	

Date	
Time	
Name of medication	
Dosage and method	
Reaction from child (if any)	
Teacher signature	

Date	
Time	
Name of medication	
Dosage and method	
Reaction from child (if any)	
Teacher signature	



## **Bandonbridge National School** **Administration of Medicines Indemnity Agreement**

**THIS INDEMNITY** made the \_\_\_\_\_ (insert date) **BETWEEN** the (lawful father and mother/guardian) (delete as appropriate) (hereinafter called the 'parents'/guardian') (delete as appropriate) of \_\_\_\_\_ (insert name of child) (hereinafter called 'the minor') of the One Part **AND** \_\_\_\_\_ for and on behalf of the Board of Management of the School of the Other Part.

### **WHEREAS:**

1 The minor is a pupil enrolled in Bandonbridge National School which is managed by the Board of Management.

2 The minor suffers on an ongoing basis from the condition known as \_\_\_\_\_ (insert name of condition – please only complete this particular section of the Agreement where the minor has been diagnosed as suffering from a condition requiring medication or use of a defibrillator) and the (parents'/guardian) (delete as appropriate) understand that they must inform the Board of Management in writing of the minor's condition, details of their medication and dosage and the contact details of the minor's medical team and the (parents'/guardian) (delete as appropriate) acknowledge their ongoing responsibility to keep the Board of Management advised in writing of any changes to these details.

3 The minors (parents'/guardian) (delete as appropriate) acknowledge that minors are not permitted to carry medication whilst engaging in School activities without the consent of the Board of Management and the (parents'/guardian) (delete as appropriate) acknowledge that such medication will be confiscated and the minors (parents'/guardian) (delete as appropriate) will be contacted.

4 The minors (parents'/guardian) (delete as appropriate) direct that where possible, medication should be self-administered by the minor under adult supervision, however, the minors (parents'/guardian) (delete as appropriate) advise that whilst engaging in School activities, the minor may require the administration of medication or use of a defibrillator in emergency circumstances or in circumstances where the self-administration of medication/defibrillation is not possible by virtue of the minor's age and ability and the minors (parents'/guardian) (delete as appropriate) have directed that the said medication/ defibrillation must, in such circumstances, be administered by an authorised adult member of Bandonbridge N.S. as it is absolutely necessary to ensure the wellbeing of the minor

and the minors (parents'/guardian) (delete as appropriate) will be notified of the emergency administration of the medication/defibrillator by telephone as soon as possible thereafter and the minors (parents'/guardian) (delete as appropriate) will be notified in writing in terms and at intervals to be agreed between the Board of Management and the minors (parents'/guardian) (delete as appropriate) of the administration of medication/defibrillation in circumstances where the self-administration of medication/defibrillation is not possible by virtue of the minor's age and ability. The minors (parents'/guardian) (delete as appropriate) acknowledge that this facility is provided on a purely voluntary basis and without any obligation whatsoever on the Board of Management of Bandonbridge N.S. and the authorised adult member of Bandonbridge N.S. and the minors (parents'/guardian) (delete as appropriate) understand that these parties are not medically trained and that responsibility for compliance with expiry dates related to medication and the compilation and retention of necessary records rests entirely with the minors (parents'/guardian) (delete as appropriate).

**NOW IT IS HEREBY AGREED** by and between the parties hereto as follows: In consideration of the Board of Management of Bandonbridge N.S. entering into the Administration of Medicines Indemnity Agreement, the minors (parents'/guardian) (delete as appropriate) **HEREBY INDEMNIFY AND KEEP INDEMNIFIED** the Board of Management of Bandonbridge N.S. and the authorised adult member of Bandonbridge N.S. in respect of all liabilities, losses, claims, demands, actions or proceedings howsoever arising out of or in the course of or caused directly or indirectly by the administration of the said medication by or to the minor or the failure to administer the said medication and by the presence of the medication on any premises within the control of the Board of Management of Bandonbridge N.S.

**IN WITNESS** whereof the parties have hereunto set their hands & affixed their seals the day & year first herein **WRITTEN**.

**SIGNED & SEALED** by \_\_\_\_\_ (the minors father/guardian) & \_\_\_\_\_ (the minors mother/guardian) in the presence of \_\_\_\_\_ (witness) and \_\_\_\_\_ (witness)

**SIGNED & SEALED** \_\_\_\_\_ (By the representative of the Board of Management of Bandonbridge N.S.)

in the presence of: \_\_\_\_\_ (Witness)