Administration of Medication Policy

Scoil Íosagáin CBS,

Sexton Street,

Limerick

Introduction

The Administration of Medication Policy is formulated in accordance with guidelines issued by the Primary Schools' Managerial Bodies (CPSMA) and the Irish National Teachers' Organisation (INTO). This policy was reviewed and updated in November 2024 to reflect current practices and ensure compliance with Health and Safety regulations.

While the Board of Management (BOM) at Scoil Íosagáin CBS acknowledges its responsibility to safeguard the health and well-being of all pupils during school activities, this does not imply an obligation for teachers or other staff to personally undertake the administration of medication.

Parents/guardians are requested to inform the school in writing of any medical conditions affecting their child at the time of enrolment or as soon as the condition develops.

Policy Aims

1. Minimise health risks for children and staff on school premises.
2. Fulfil the Board's responsibilities concerning health and safety regulations.
3. Establish a framework for the administration of emergency or regular medication with parental/guardian consent.

Policy Procedures

1. Responsibilities of Parents/Guardians

Parents/guardians must:

1. Provide a written request to the BOM for staff to administer medication or supervise self-administration.
2. Submit detailed written instructions on how the medication should be administered and stored (see Appendix 1).
3. Ensure the medication is delivered to the school by a responsible adult and provide an adequate supply.
4. Notify the school immediately of any changes in prescribed medication or dosage, accompanied by updated instructions.
5. Indemnify the BOM and authorised staff against liabilities arising from administering medication (see Appendix 5).

6. Provide emergency contact information and detailed emergency procedures if the child suffers from a life-threatening condition (see Appendix 3).

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2. Responsibilities of the Board of Management

The BOM will:

1. Consider all requests for the administration of medication on a case-by-case basis.
2. Authorise staff to administer or supervise medication where appropriate.
3. Ensure that staff are properly trained in administering specific medications.
4. Arrange secure storage for medications in a locked cabinet or refrigerator, as necessary.
5. Notify the school's insurers and update the school's insurance policy where applicable.

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3. Responsibilities of Staff Members

Staff members:

1. Cannot be compelled to administer medication.
2. Should only administer medication authorised by the BOM.
3. Must follow written instructions provided by parents/guardians.
4. Should act in a manner consistent with a reasonable and prudent parent when administering medication.
5. Will maintain a written record of all medication administered, including the time and date (see Appendix 4).
6. Should contact parents/guardians if concerns or emergencies arise.

In emergencies, staff will take all reasonable actions necessary to prevent harm, including contacting emergency services.

Storage of Medication

1. **Non-prescription medications** will not be stored or administered by the school.
2. **Prescription medications** must be stored securely and administered only with written parental/guardian consent (Appendices 1–5).
3. Medications such as EpiPens or inhalers may be carried by pupils under strict parental/guardian and BOM approval.
4. Medications requiring refrigeration will be stored in a dedicated fridge, separate from food items.

Parents/guardians are responsible for ensuring medications are in stock and within expiry dates.

Emergency Situations

1. In the event of a medical emergency, staff will follow the procedure outlined in Appendix 3.
2. Emergency services (999) will be contacted immediately for life-threatening situations.
3. Parents/guardians will be notified without delay.

Implementation and Review

This policy will be:

- Communicated to all staff, parents, and guardians.
- Reviewed annually by the BOM.
- Updated as necessary to reflect legislative or procedural changes.

Appendices

- **Appendix 1:** Administration of Medication Request Form.
- **Appendix 2:** Allergy Details.
- **Appendix 3:** Emergency Procedures.
- **Appendix 4:** Record of Medication Administration.
- **Appendix 5:** Indemnity Agreement Form.

Ratified by the Board of Management on: _____
Signed:
_____ (Chairperson, BOM)
_____ (Principal)

Date: _____

Administration of Medication Policy
Appendices

Appendix 1: Administration of Medication Request Form

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

Prescription Details (Medication Name, Dosage): _____

Storage Details: _____

Dosage Instructions (When, How): _____

Is the child to be responsible for taking the prescription themselves? (Yes/No):

_____

What Action is Required (in case of emergency or regular medication):

_____

Parental/Guardian Agreement:

I/We request that the Board of Management authorise the administration of the above medication to my/our child during the school day, as it is essential for their well-being.

I/We understand it is my/our responsibility to inform the school immediately of any changes to this prescription or my/our child's medical condition.

Parent/Guardian Signature(s):

_____ Date: _____

_____ Date: _____

Appendix 2: Allergy Details

Child's Name: _____

Type of Allergy: _____

Reaction Level (e.g., mild/moderate/severe): _____

Medication Required (e.g., EpiPen, antihistamine): _____

Storage Instructions: _____

Administration Procedure (When, Why, How):

1. _____

2. _____

3. _____

Symptoms of Reaction (to monitor):

1. _____

2. _____

3. _____

Parental/Guardian Agreement:

I/We confirm the above information is accurate and authorise Scoil Íosagáin CBS to administer medication in case of an allergic reaction as outlined.

Parent/Guardian Signature(s):

_____ Date: _____

_____ Date: _____

Appendix 3: Emergency Procedures

Child's Name: _____

Symptoms of Emergency:

1. _____

2. _____

Procedure to Follow:

1. _____

2. _____

3. Contact emergency services (999) immediately.

4. Contact parent(s)/guardian(s) without delay.

Emergency Contact Numbers:

1. Parent/Guardian Name: _____ Phone: _____

2. Parent/Guardian Name: _____ Phone: _____

Parental/Guardian Agreement:

I/We confirm that the above procedures should be followed in case of an emergency.

Parent/Guardian Signature(s):

_____ Date: _____

_____ Date: _____

Appendix 4: Record of Administration of Medication

Pupil's Name: _____

Date of Birth: _____

Medical Condition: _____

Medication Name: _____

Dosage Administered: _____

Time of Administration: _____

Administered By: _____

Witnessed By: _____

Details of Administration (e.g., symptoms observed, steps taken):

_____

Staff Member's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Appendix 5: Indemnity Agreement Form

THIS INDEMNITY is made on the ____ day of _____, 20___

BETWEEN:

Parent/Guardian Name(s): _____

(Lawful Parent/Guardian of _____ hereafter called 'the parents/guardians')

AND:

The Board of Management of Scoil Íosagáin CBS, Sexton Street, Limerick (hereafter called 'the Board').

WHEREAS:

1. The parents/guardians are the lawful parent(s)/guardian(s) of _____, a pupil of the school.

2. The pupil suffers from a condition requiring medication during school hours.

3. The parents/guardians have requested that school staff administer or supervise the administration of medication.

NOW IT IS AGREED AS FOLLOWS:

In consideration of the Board's agreement to authorise the administration of medication, the parents/guardians indemnify the Board and its staff against any claims arising from administering or failing to administer the medication.

Parent/Guardian Signature(s):

_____ Date: _____

_____ Date: _____

Chairperson (BOM) Signature:

_____ Date: _____