



STAR OF THE SEA B.N.S.

Leahy's Terrace, Sandymount, D04XW14

Tel: (01) 6686394

Email: office@starofthesea.ie

www.starofthesea.ie

Policy on Administration of Medication at Star of the Sea B.N.S.

The Board of Management requests of parents and guardians that teachers are made aware in writing of any medical condition suffered by any child in their class. 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 medicines in school.

Every reasonable effort will be made to accommodate the needs of children with long term recurring health problems e.g. asthma, epilepsy, diabetes and anaphylaxis within school to minimise disruption to their education. The school, working in partnership with parents/guardians, pupils and fellow professionals, will try, where possible, to facilitate pupils who need to take essential prescribed medicines during school hours.

When administration of medication is necessary for a child during the school day the following procedures will be followed:

-) Parents/Guardians should request a meeting with teachers, SNAs, designated First Aid Persons and the Principal, acting on behalf of the B.O.M. who will then meet to discuss the administration of medication to the child. The medication should be self-administered if possible, under the supervision of an authorised adult. If self-administration is not possible (due to child's age/maturity), proposed authorised persons will be nominated to administer medication and the procedure in the event of the authorised person's absence will be agreed.
-) Parents/Guardians will formally write a letter to the Board of Management requesting that the Board appoints such agreed authorised person/persons to administer the medication. Please see the template letter at Appendix 1 to this document. The letter should contain the following:
 - Child's full name, address and date of birth
 - The name of the medication to be administered
 - The exact dosage and time of administration
 - Names of authorised persons
 - Whether the child can be responsible for his medication
 - The circumstances whereby the medication should be given by the authorised person
 - Instructions as to how the medication is to be administered
 - Commitment to demonstrate the relevant administration process to authorised staff
 - Permission for the child to have an inhaler (if relevant)
 - Direction for the class teacher to retain an inhaler on behalf of a child (if relevant)
 - Consent for the medication to be given
 - Contact details of parents and/or designated guardians
 - Times when the parents/guardians should be contacted
 - Emergency contact details in the event that neither parent/guardian can be reached
 - Signatures of parents/guardians

-) Parents/Guardians are responsible for the provision of prescribed medication and must ensure that the correct medication is available and in date.
-) Medication will be stored in a secure place in the class room and will be readily accessible at all times of the school day.
-) Medication will be administered by an authorised person.
-) In the event that no authorised person or substitute is available, parents/guardians will need to administer the essential medication in school.
-) Where there are changes in dosage or time of administration, parents / guardians must notify the school of these changes in writing.
-) The Board will seek an indemnity from the parents / guardians in respect of any liability that may arise regarding the administration of the medication.(Appendix 1)
-) The Board of Management will inform the school's insurers accordingly.
-) Permissions for medication to be administered to a pupil by school staff at Star of the Sea BNS must be re-sought by the pupil's parent(s)/guardian(s) at the beginning of each school year.
-) In emergency situations, qualified medical assistance will be secured at the earliest opportunity. Where teachers have been given medication for administration in case of emergency, the dose administered should be the smallest dose possible to ensure recovery until a medical expert can take over as determined and provided by the parents/guardians
-) A record of administration shall be kept by the authorised person. Such documents will be submitted to the school principal and retained on file in the principal's office.
-) Non-prescriptive medicines will neither be stored nor administered to pupils in school
-) Members of staff should not administer medication without the specific authorisation of the Board.
-) No member of school staff shall be required to administer medicine or drugs to a pupil.

Policy will be reviewed annually or at other times if deemed necessary.

This policy was approved by the Board on Management in October of 2019.

Appendix 1: Template for letter to Board of Management regarding administration of medication.

Date: _____

To the members of the Board of Management of Star of the Sea BNS,

I/we wish to bring the following information to your attention with regard to my/our request that medication be administered to my/our son in the school setting.

Child's Full Name: _____

Child's Address: _____

Child's Date of Birth: _____

Name of the medication to be administered: _____

Exact dosage to be administered: _____

Time of administration: _____

Names of persons authorised to administer: _____

Can your child be responsible for his own medication? Yes No

The circumstances whereby the medication should be administered by the authorised persons: _____

I/we have attached written instructions to staff describing how medication is to be administered: Yes No

I/we consent for the medication as stipulated above to be administered by authorised school staff: Yes No

I/we have demonstrated the administration of the stipulated medication to authorised staff: Yes No

My/our son has permission to keep an inhaler on his person or in his school bag: Yes No N/A

My/our son does not have permission to retain an inhaler on his person, the teacher will retain his inhaler when not in use: Yes No N/A

I/we have read the full contents of the Policy on Administration of Medicine at Star of the Sea BNS: Yes No

Name: _____ (Parent/Guardian 1) Name: _____ (Parent/Guardian 2)

Contact number: _____ Contact number: _____

Hours contactable: _____ Hours Contactable: _____

Name: _____ (Emergency contact) ***(Please ensure that the aggregate hours contactable***

Contact number: _____ ***for parents/guardians correspond to the entire***

Hours contactable: _____ ***school day.***

Signed: _____ (Parent/Guardian 1) Signed: _____ (Parent/Guardian 2)

Date: _____ Date: _____

Appendix 2: Indemnity

INDEMNITY

THIS INDEMNITY made the day of 20.... **BETWEEN**
..... (lawful father and mother of)
of

(hereinafter called "the parents") of the One Part .

AND

for and on behalf of the Board of Management of

situate at

in the County of

(hereinafter called "the Board") of the Other Part.

WHEREAS:

1. The parents are respectively the lawful father and mother of a pupil of the above school.
2. The pupil suffers on an on-going basis from the condition known as
3. The pupil while attending the said school, may require, in emergency circumstances, the administration of medicine, viz.,
.....
4. The parents have agreed that the said medication may, in emergency circumstances, be administered by the said pupil's classroom teacher and/or such member of staff of the said school as may be designated from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

- a) In consideration of the Board entering into the within Agreement, the parents, as the lawful father and mother respectively of the said pupil **HEREBY AGREE** to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the Principal of the said school from and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

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

SIGNED AND SEALED by the parents in the presence of:

SIGNED AND SEALED by the said in the presence of: