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*Bord Oideachais agus
Oiliúna Lú agus na Mí*

Louth and Meath Education
and Training Board

Policy and Procedure for the Administration of Medicines in Louth and Meath ETB Schools and Centres

Adopted by Louth and Meath Education and Training Board
at a meeting of the Board on the 23rd March 2017

INTRODUCTION

This policy has been formulated by Louth and Meath Education and Training Board in conjunction with Irish Public Bodies Insurance.

This policy has been prepared with reference to *'Managing Chronic Health Conditions at School – A resource pack for teachers and parents'* prepared by the Asthma Society of Ireland, Diabetes Federation Ireland, Brainwave the Irish Epilepsy Association and Anaphylaxis Ireland and IPB Insurance Risk Management Guidance on Managing Students with Medical Conditions and Disabilities (2013).

SCOPE

This policy applies to all Louth and Meath Education and Training Board Schools, Institutes, Centres and Programmes. Where 'school' is referred to in this document it may be understood as any LMETB school/institute/centre/programme.

This policy applies to requests from parents/guardians for school/institute/centre to administer or supervise the administration of routine medication to children suffering from chronic medical conditions as well as the administration of emergency medication e.g. in the case of allergic reactions.

For the purpose of these procedures, a 'child' means anyone who is under 18 years of age. In Ireland, the Child Care Act, 1991 defines a child as any person under the age of 18 years, excluding a person who is or who has been married.

There may be circumstances where schools/institutes/centres/programmes are requested to administer or supervise the administration of medication to Vulnerable Adults. For the purposes of this policy a Vulnerable Adult means a person aged 18 or older who, by reason of mental or other disability, age or illness is, or may be unable to take care of him or herself, or unable to protect him or herself against 'significant harm' or 'exploitation'. Readers should note that where 'child' is referred to in this policy the reference may also apply to vulnerable adults.

AIM

The aims of this policy are:

- To meet the needs of children who require administration of essential medications during the school day, in compliance with legislation and in line with best practice
- To protect school representatives by ensuring that any involvement in medication administration complies with legislation and best practice guidelines.

RATIONALE AND BACKGROUND

Louth and Meath ETB has a duty to safeguard the health and safety of children while engaged in school and centre activities. The Board, its servants and agents including without prejudice to the generality the said Principal/Director/Co-ordinator, staff, and students of the said school/institute/centre/programme (hereinafter defined as 'school representatives') are not obliged to personally undertake the administration of medications, however, Garda Vetted school representatives may, upon authorisation by parents/guardians of the child and at their own discretion and on the basis that it is accepted by authorising parents/guardians that they will not be held liable for any accidental act or omission arising in the course of authorised administration, agree to administer certain medicines or procedures. This will be arranged formally in writing on a case-by-case basis and following the conduct of a risk assessment which will be documented in writing and retained on the child's file. It is school/centre policy that children who are acutely ill should not attend classes until the illness has resolved.

In the event of a child becoming acutely ill in the course of a school day, parents/guardians or emergency contacts will be notified to bring them home to recuperate. In emergency situations, qualified medical help will be obtained or the child will be brought to the local emergency department at the earliest opportunity, and provision for administration of medication for acute illness in school is not deemed appropriate to this. In line with the school ethos, children with chronic illnesses are encouraged to engage fully in school activities. Where possible, the family doctor should be asked to prescribe treatments that can be taken outside school hours in order that administration of medication at school is kept to a minimum. When administration of medication is required to facilitate a fully inclusive environment, every effort will be made to accommodate children's needs in line with the provisions below, subject to the school's discretion to vary arrangements as deemed appropriate and in order to act in the interests of all stakeholders.

PROCEDURE

Non-prescription medication will not be stored or administered in the school. Students are not permitted to carry non-prescription medication in school and such medications will be confiscated for secure retention and disposal by parents/guardians who will be contacted.

Prescription medication can only be stored/administered in the school following the submission of the written authority of the parents/guardians to the Principal. This should authorise teachers and/or Special Needs Assistants to administer the medication and include written confirmation from a medical practitioner that the medication is such that a non-medical person may administer/supervise administration, together with confirmation of the medical dose and circumstances when it should be given. School representatives cannot be required to administer medication, however they will be requested to volunteer, authorised to administer the medication and provided with training as required and records of any such training will be maintained by the school in accordance with IPB's Managing Educational Risk for Students with Medical Conditions or Disabilities Policy. The school

reserves the right, after due consideration, to deem the authority to administer medication to be invalid in circumstances where it is inappropriate.

The authority from Parents/Guardians requesting administration of medicines must be accompanied by the "Request for Administration of Medication – Information and Consent" form (see appendix 1), summarising essential information to inform training of school representatives and safe administration of the medication. This form should include the following non-exhaustive list of pertinent information: the child's name, date of birth, weight, name and expiry date of medication, condition for which medication is required, other medication the child takes regularly outside school, allergies, medication dosage, circumstances under which it should be administered, ability of child to self-administer the medication and consent of the parent/guardian to self-administration and emergency contact information.

Consent for information concerning the need for medication administration to be shared with school representatives, relevant insurers and medical practitioners is also included as disclosure of this information may be of relevance if medical assistance is required for the child. Parents/Guardians will also be asked to provide a signed indemnity form (see Appendix 2). Where a child may require medication, ideally a minimum of three school representatives (often but not always including the class teacher) who are willing to administer this will be identified to ensure cover during sick leave, course days, etc and inform contingency planning. Parents/Guardians will be informed of school representatives who are authorised to administer medication and alternative options will be discussed with the child's Parents/Guardians in circumstances of unavailability. See the attached IPB Insurance Risk Management Guidance on Managing Students with Medical Conditions and Disabilities (2013).

If it is authorised and accepted that the medication can be stored and administered in school, it will be stored secure location, usually in a locked cupboard in the school office, where access can only be obtained by a responsible adult e.g. teacher, SNA, etc.. However, where this should pose a hazard (e.g. inhalers or adrenaline autoinjector which may be required urgently) it will be securely stored in a sealed, transparent, unbreakable container labelled with the child's name, expiry date, dosage, circumstances under which it should be administered and consent of the parent/guardian to self-administration as, where possible, medication should be self-administered by the student under adult supervision or authorisation of administration and accessible by (means of accessing via 'unbreakable' container to be specified). It may appropriate for a student to carry emergency medication with the permission of the parent/guardian and Principal.

It is the responsibility of the Parents/Guardians to ensure that an adequate supply of medication is in stock, and it has not passed its expiry date. In the event that medication passes its expiry date without being used, the child's Parents/Guardians will take responsibility for its safe disposal (usually by returning to the pharmacy). It may be necessary to store medication in a controlled temperature environment of 4°C in a refrigerator; therefore there is a need to consider how this will be managed as medications

should be stored separately to food and other items. The refrigerator should be locked so as to avoid interference/tampering with the medication/s.

A change in medication and/or dosage will require immediate submission of a new updated "Request for Administration of Medication – Information and Consent" form. IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO ENSURE THAT THE DOSAGE NOTED ON THE CONTAINER IN WHICH THEIR CHILD'S MEDICATION IS STORED IS ALSO AMENDED.

A written record of all medication administered in the school will be maintained in the school. When medication is administered by school representatives to treat an emergency (allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/guardians will be notified by telephone and thereafter in writing. Under certain circumstances, it may be appropriate for an older child to retain medication in their own possession, and take responsibility with the consent of their parent/guardian for self-administration (e.g.: an older child who would normally carry and use their own inhaler (the child may be encouraged and facilitated in managing their own condition with the support of parents/guardians/educators/healthcare professionals etc.). A written authority to the Principal together with the documentation outlined above is still required, however, the school will not maintain a record of medication use in circumstances where it is in the control and possession of the child as school representatives will have no involvement in respect thereof and cannot account for loss or misuse thereof. When consensual self-administration is routine (e.g. bronchodilator pre-PE in a child with exercise induced asthma) and witnessed by school representatives, a note will be placed in the child's school journal with responsibility for monitoring same resting with the Parents'/Guardians'.

Prescribed medication will only be administered to the child for whom it has been prescribed, in line with current legislation.

Arrangements for administration of medication to each student will be reviewed, at least annually and the school reserves the right to vary same at its discretion and in the interests of all stakeholders, with notification of any such variation in arrangements to issue forthwith to the parents/guardians. Please note that all prescribed medications have to be prescribed in writing by a medical practitioner or nurse or midwife prescribed every six months therefore authorisation for an employee of LM ETB should be provided by the prescriber on a six monthly basis.

RELATIONSHIP TO OTHER SCHOOL POLICIES AND PROCEDURES

The Administration of Medication Policy should be read in conjunction with other relevant policies e.g. Health and Safety Policy, Child Protection Policy, Special Educational Needs Policy.

IMPLEMENTATION

Detailed information for school representatives to facilitate the safe and effective implementation of this policy is included in Appendix 3.

Where employees may be authorised to administer medication in an emergency situation, then the employees should receive appropriate training in the administration of such medications and records of such training will require to be maintained in accordance with IPB's Managing Educational Risk for Students with Medical Conditions or Disabilities Policy.

Parents/Guardians are invited to contact the Principal immediately if they have any concerns about the implementation of this policy in relation to their child's medication and they should engage at all times with the Principal and administrators with regard to any issues identified, failing which they cannot expect the authority granted to be of any effect.

The Principal will audit the medication books at least once a term to ensure that the actual administration of medication complies with the information on the "Request for Administration of Medication – Information and Consent" form. Identified discrepancies will be addressed to Parents/Guardians with whom responsibility for arranging assessment of their clinical relevance (if any) by a physician will rest.

TIMEFRAME FOR IMPLEMENTATION

This policy will be implemented during the 2016/2017 Academic Year.

TIMEFRAME FOR REVIEW

This policy will be reviewed annually.

Early review will be undertaken if:

A clinically significant discrepancy is identified between the medication administered and that authorised on the relevant "Request for Administration of Medication – Information and Consent" form.

Feedback indicates that any aspect of the policy is causing a student or any other member of the school community undue distress.

There is a change in legislation, advice or guidance from the Department of Education and Skills, the Department of Health and Children or other statutory body, Support Agencies/Associations/Societies for sufferers of relevant chronic medical conditions, Insurance Company, professional or legal advice.

Adoption & Communication

Louth and Meath Education and Training Board adopted this policy at a meeting of the Board on the 23rd March 2017.

The Board of Management of Ard Ri Community NS ratified this policy on

03.10.2017