

# St Columba's Catholic School

## Procedure for Administration of Prescribed Medication by School Staff in Non-Emergency Situations

### Rationale:

Students have a right to receive prescribed medications in school hours if this enables them to access Education. With the exception of asthma medication, only office staff and authorized to administer prescribed medications to students. Boards have a duty to maintain a safe physical and emotional environment. (Education Act 1989; Human Rights Act 1993).

### Procedure and Guidelines:

1. Parent/Caregivers who wish the school to administer medicine or wish the school to supervise children taking medicine are required to complete a Medicine Notification/Consent form. This form will also be signed by staff member responsible for medicine administration and supervision. (Appendix 1).
2. Any changes to the instructions provided in the original medicine notification/consent form **MUST** be in writing, signed and dated by the parent, caregiver or doctor concerned.
3. Verbal changes and changes made over the phone will not be accepted.
4. Prescribed medication will only be administered after this agreement is signed.
5. The school will maintain a register/checklist that records the administration of medicines given, that includes:
  - Date and time the medication was administered.
  - The name and signature of the Office staff who administered
  - The name and signature of the person who witnessed the administration.
6. On receipt of the medicine container the person receiving it will:-
  - Verify that a Medicine notification/consent form had been signed.
  - Verify that the name of the child, name of the drug, dosage, time and method of administration are clearly stated on the bottle and match the Medicine Notification/Consent form.
  - The use by date on the bottle will also be checked.
7. Prescription medications will not be accepted for a child if it is not their name on the container or if the finish date specified in the Medicine Notification/Consent form exceeds the use by date on the container.
8. Appropriate information/training will be given to Office staff who elects to administer medication to students.
9. All reasonable care will be taken with security of medications held or administered on school premises. The designated staff member is responsible for this. There is a lockable cupboard in the office for this purpose. Medications that must be kept refrigerated will be kept in the office fridge.

### Guidelines for Medicines:

- **Antihistamines:** Small quantities properly labelled may be left at the office for emergency use.
- **Allergy Kits:** Kept in the school office, go with teacher on trips outside the school otherwise kept in the school office.
- **Asthma Inhalers:** Housed in classrooms so child has ready access, and administered by the teacher according to instructions

provided by parent/doctor. (See asthma protocol). These are to be taken by teachers to sports days/trips. The office has an asthma emergency kit for use at break times.

Please contact your pharmacy if in doubt.

- **Diabetic:** Children need ready access to glucose at all times in the form of suitable sweets or drinks. All blood glucose testing is to be carried out in the administration area.
- **Ritalin and similar drugs:** are to be stored in the locked medication storage area and administered in the administration area.

**Conclusion:**

The best interests of the staff and students are paramount in any administering of medications. All precautions will be taken to ensure this happens.

Approved by Board of Trustees 2008

## MEDICINE NOTIFICATION/CONSENT FORM

Parent/guardian must complete a consent form when medicine is required to be administered.

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Year: \_\_\_\_\_

Reason for the Medication: \_\_\_\_\_

\_\_\_\_\_

Duration of Administration: \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Is child self-administering? \_\_\_\_\_

Is medication to be administered by the School? \_\_\_\_\_

Name of Prescribing Doctor/Specialist: \_\_\_\_\_

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

I/We \_\_\_\_\_ (name) consent and approve that nominated staff at St. Columba's School administer medication. I/we have provided for the purpose described above.

I/we accept that staff at the school will endeavour to administer as per the directions on the medication package or bottle.

I/We understand that St. Columba's School may contact the prescribing Doctor/Specialist if the need arises.

Signed: \_\_\_\_\_

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