



## **Policy on Administration of Medicines**

This policy has been prepared with reference to *Managing Chronic Health Conditions* in Mayo College of Further Education.

The aims of the policy are:

- To meet the needs of students who require administration of essential medications during the college day, in compliance with legislation and in line with best practice.
- To protect MCFET staff by ensuring that any involvement in medication administration complies with legislation and best practice.

Non-prescribed medication will not be stored or administered in MCFET. Prescription medication can only be stored or administered in Castlebar or Westport campus in the case of a student with a serious illness or condition, following the submission of the written authority of the parents/guardians in the case of students who are under 18 years of age, or of the student if he/she is 18 years of age or older. This must be submitted to the college principal.

Mayo College of FET will authorise staff members to administer medication in the case of an immediate and urgent need by a student for the medication, if they have completed MLO (Medications for Listed Organisations) training as per HPRA (Health Products Regulatory Authority) standards.

Written confirmation from a medical practitioner that the medication is such that a non-medical person may administer, along with confirmation of the medical dose and circumstances under which it should be given must be provided to the college by the student/parent/guardian to whom the medication has been supplied.

MCFET staff cannot be required to administer medication, however they will be requested to volunteer, authorised to administer the medication and provided with training as required. Records of any such training will be maintained by the college principal. MCFET retains the right to deem the authority of a trained member of staff to administer medication to be invalid, in circumstances where it is inappropriate.

The authority from students/parents/guardians requesting the administration of medicines must be accompanied by the Authority for Administration of Medication Information and Consent Form. This form should contain the following information:

- 1) The student's name
- 2) Date of birth
- 3) Weight
- 4) The name and expiry date of the medication
- 5) The condition for which the medication is required
- 6) Other medication the student takes regularly outside college
- 7) Allergies
- 8) Medication dosage
- 9) Circumstances under which it should be administered
- 10) The ability of the student to self-administer the medication
- 11) Consent of the student/parent/guardian to self-administration
- 12) Emergency contact information.

Consent for information concerning the need for medication administration is to be shared with MCFET staff and relevant insurers, as well as medical practitioners where necessary, as disclosure of this information may be required if medical assistance is needed for the student.

Where a student may require medication, ideally a minimum number of MCFET staff who are willing to administer this will be identified and trained to ensure cover during course days, sick leave etc. Students/parents/guardians will be informed of the MCFET staff who are authorised to administer medication.

Medication of an urgent nature will be stored in the staffroom of the relevant campus in a locked medication cabinet. The medication will be labelled with:

- a) The student's name
- b) Expiry date
- c) Dosage
- d) Conditions under which it should be administered.

Where possible the medication should be self-administered by the student.

It is the responsibility of the student/parents/guardians to ensure that an adequate supply of medication is in stock and that it has not passed its expiry date. Where medication has passed its expiry date without being used it is the responsibility of the student/parents/guardians to ensure its safe disposal.

A change of medication and/or dosage will require the immediate submission of an updated Authority for Administration of Medication – Information and Consent Form. All changes must be in writing so that current data is included on file. It is the responsibility of the student/parents/guardians to ensure that the dosage noted on the container in which the medication is stored is also amended.

A written record of all medication administered in MCFET (Castlebar or Westport Campus) will be maintained by Mayo College of Further Education and Training. Where medication is administered by the college staff to treat an emergency, the parents/guardians will be notified where a student is under 18 years of age.

Student/parents/guardians are invited to contact the principal if they have any concerns about the implementation of this policy.



**Authority for the Administration of Medication - Information and  
Consent Form**

For the administration of medication to students in Mayo College of Education. In the case of a student under 18 years of age this form must be signed by a parent/guardian.

<b>Student's Name and Campus</b>	
<b>Date of birth</b>	
<b>Weight</b>	
<b>Name of medication</b>	
<b>Dosage</b>	

<b>Condition for which medication is required</b>
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<b>Under what circumstances should medication be given to the student at college?</b>
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<b>Other medication being taken</b>	
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<b>I consent to (the student's) self-administration of this medication</b>	YES	NO
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(In the case of a student who is under 18 years of age)

<b>GP's Name:</b>	<b>Phone Number:</b>
<b>1<sup>st</sup> Emergency Contact:</b>	<b>Mobile:</b>
<b>2<sup>nd</sup> Emergency Contact:</b>	<b>Mobile:</b>

I authorise administration/supervision of medication by trained college staff of Mayo College of Further Education \_\_\_\_\_ Campus in the dosage of \_\_\_\_\_ to \_\_\_\_\_ (the student identified above), under the circumstances outlined above.

I understand that information about my medical condition and treatment will be shared with college staff. I also consent to the disclosure of this information to appropriate medical practitioner/s, e.g in an emergency and to relevant insurers as required.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

