Policy:

POL-DA01

Medication Administration at College

St Edward's College

Founded 1929

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Who we are

Mission Statement

At St Edward's College we strive to create exemplary citizens in this increasingly globalised and technological world, placing strong emphasis on character formation, genuine intercultural understanding and leadership skills which will assist them to contribute to the well-being of society.

About us

St Edwards is an Independent private school which accepts students from Early Childhood to IBDP Sixth Form. We have a modern boarding section for students age 11 years up. Our educational experience has shaped us into the person we are today. Whether we learned from our own experiences, from our parents, grandparents, friends or teachers, we have gone through the 'learning experience'. Dedicated, caring and experienced professionals are the key to our success. The underlying approach to all lessons throughout St Edward's is simple. We do not want our students to solely learn, unless there is understanding of a concept/topic there is little point in learning and to understand one needs to think. Hence, TUL - Think, Understand, Learn.
At St Edward's we deliver our lessons with the most current, tried and proven international methodologies.

Introduction to the Policy

Purpose

The purpose of this policy is to safeguard the health, safety and wellbeing of students who require medication during school hours or while participating in any school-organised activity. It establishes safe practices for the administration, storage, transportation, handling and monitoring of medication and defines the responsibilities of parents or legal guardians.

Scope

This policy applies to all students who require medication during school hours, including students with chronic, emergency or potentially life-threatening medical conditions. It also applies to parents or legal guardians, the School Nurse, teaching staff, Learning Support Educators, administrative staff, members of management and any other authorised person responsible for supervising a student during school hours or during a school-organised activity.

Definitions

- Medication: Any prescribed or over-the-counter drug, scientifically designed to be used therapeutically in the management of medical illnesses, that must be administered during school hours.
- PRN Medication: Medication that is administered "as needed" rather than on a fixed schedule.
- Emergency Medication: Medication such as epinephrine auto-injectors (EpiPens), controlled drugs, diabetes emergency drugs, asthma inhalers, or any other drugs prescribed by the treating consultant/physician, that must be available for immediate use.

Responsibilities

- School Nurse: Primary responsibility for administering medications, administer First Aid, maintaining records, and ensuring compliance with this procedure.
- Designated School Staff: Authorized to administer medication in the absence of the school nurse, following appropriate training.
- Parents/Guardians: Responsible for providing the school with the necessary medication and documentation and information about the student's medical history.
- School Administrator: Ensures that staff are trained, and that this procedure is implemented correctly.

1. Medication Authorization and Documentation

1.1 The School Nurse will administer medication after a completed and signed Medication Authorization Form is obtained from the parent/guardian and the student's healthcare provider's prescription. This form must include:

- o Student's name and date of birth.
- o Name of the medication.
- o Dosage and route of administration.
- o Frequency and timing of administration.
- o Any specific instructions (e.g., with food).
- o Potential side effects.

1.2 The form must be renewed annually or whenever there is a change in the medication or its administration.

1.3 The form must be printed, completed, and submitted as a hard copy ONLY to the school nurse. Scanned copies will not be accepted.

1.4 The form must be filled in using blue ink ONLY.

1.5 The Emergency Plan for life threatening conditions, which is provided by the School Nurse, is discussed with the parents/guardians and designated school staff and then signed by parents/guardians, School Nurse and the respective Head of Section.

1.6 Medication will be administered when all required documentation has been received by the School Nurse, reviewed and accepted.

2. Supplying Medication to School

2.1 Parents are responsible for ensuring that all medication sent to school is supplied in the correct condition and format.

2.2 Medication must remain in its original packaging and NOT in any container other than the original manufacturer's or pharmacy-dispensed packaging. Medication outside the original packaging, loose tablets or syrup transferred into another container will NOT be accepted.

2.3 Medication MUST be supplied within the expiry date and the expiry date MUST be clearly visible.

2.4 Where medication has specific storage requirements, such as refrigeration or protection from heat or sunlight, these instructions must be clearly communicated to the School Nurse.

2.5 Ensuring that sufficient medication is available.

2.6 Replacing medication before it expires.

2.7 Replacing medication that has been lost, damaged or contaminated.

The School Nurse will notify parents when medication is approaching its expiry date. However, the responsibility for checking and supplying the correct medication remains with the parents.

3. Medication Storage and Safe Handling

3.1 All medications must be stored in a locked cabinet within the school nurse's office, except for emergency medications and PRN medications.

3.2 Emergency medications, including controlled drugs MUST always be available in the student's bag in a designated pouch/bag and should not be locked or left in the classroom after school hours.

3.3 Emergency medication must accompany the student during:
o Classroom activities
o Movement between classrooms
o Break and lunchtime
o Physical Education lessons
o Sports activities
o Assemblies

o School outings
o Excursions
o Off-site lessons
o Extra-curricular activities
o Any other school-organised activity

3.4 Emergency medication must not be locked away or stored in a location that may cause a dangerous delay in treatment.

3.5 Depending on the student's age, the medication may:
o Be carried by the student
o Be carried by the staff member responsible for the student
o Be kept in a designated emergency medication bag that accompanies the student
o Be managed through another arrangement approved by the School Nurse

Where a student carries their own medication, staff must still know that the medication is present and where it is being kept.

4. Parents/Guardians Responsibilities at the End of the Day

4.1 Check that the medication has arrived home

4.2 Check that the medication has not been damaged

4.3 Check that the medication has not been removed from its original packaging

4.4 Check that the medication remains within its expiry date

4.5 Return the medication with the student on the following school day

5. Missing or Unsuitable Emergency Medication

5.1 If Emergency Medication is missing, the School Nurse will inform the parents/guardians immediately and requests that the medications are brought to school without delay.

5.2 An interim plan must be agreed by the parents/guardians, the School Nurse and the designated Head of Section until the medication is available, should an emergency incident occur.

5.3 Students without the Emergency Medication available will not attend any planned c
excursion, or sporting activities off-site.
5.4 If medication is expired or not available and cannot be provided on the day, the ch
placed at a significant risk, therefore, the child may be sent home for safety reasons.

This action is a protective safety measure and is not a disciplinary sanction.

6. Information Sharing

6.1 Relevant information may be shared with staff in order to;
oProtect the student
oRecognise a medical emergency
oAdminister medication safely
oFollow the Emergency Plan
oSupervise the student appropriately
oArrange participation in school activities

Medical information must not be discussed with students, parents or staff who are not involved in the student's care or safety arrangements.

7. Non-Compliance

7.1 Failure to provide the required medication, documentation or updated medical information may affect the school's ability to safely support the student.
Repeated failure to comply with this policy may result in a meeting involving:
- The parent or legal guardian;
- The School Nurse;
- The relevant Head of Section
- Headmaster

The purpose of the meeting will be to review the student's medical and safety arrangements.

8. Review

8.1 This Policy should be reviewed annually or whenever there is a change in relevant law school policies.

References

- Medication Authorization Form

St Edward's COLLEGE
FOUNDED.1929

School Medication Authorization Form

School Nurse: Flora Tanti Harvey
Contact Information: schoolnurse@stedwards.edu.mt
+356 79064130

This form must be submitted as hard copy ONLY. This Form must be filled in using blue ink ONLY.

Student Information	
Student's Full Name	
Date of Birth	
ID Number	
Home Address	
Grade/Class	

Parents/Guardians Information			
Parent/Guardian Full Name		**Parent/Guardian Full Name**	
Relationship to Student		**Relationship to Student**	
Phone Number		**Phone Number**	
Email Address		**Email Address**	

Medical Information				
Medical Diagnosis				
Name of Medication (that requires to be administered during school hours)	**Dose**	**Route of Administration** (oral, sublingual, rectal, subcutaneous, intramuscular, ophthalmic, ocular, etc..)	**Preparation/Form of Medication** (tablets, drops, ointment, suppositories, syrup, solution, etc...)	**Frequency** (times of administration, during emergencies only)
Potential Side Effects				
Specific Instructions (to be taken with food etc...)				
Prescribing Doctor/Consultant				

Medication Supply

Parent/Guardian Agreement:

- I understand that it is my responsibility to deliver the medication to the school nurse in its original packaging, which must include the pharmacy label detailing the student's name, dosage instructions, and expiration date.
- I will ensure that the medication supply is sufficient and up to date and will notify the school nurse of any changes in the medication, dosage, or administration schedule.
- I will bring the medication to the school nurse at the start of the treatment or as soon as a new supply is needed.

Medication Packaging Requirements:

- All medication must be provided in its original, clearly labelled container.
- The medication must not be expired and should have the student's full name, dosage, and administration instructions as provided by the pharmacy.
- Any additional equipment (e.g., measuring syringes, spoons) required for administration should be supplied by the parents/guardians.
- A written medical report/instructions must be submitted along with this form which includes all the necessary information about the health condition/diagnosis.

Consent and Liability

Parental Consent:

- I/We, the undersigned parents/guardians, give my permission for the school nurse or designated staff to administer the above medication to my child as prescribed during school hours.
- I/We confirm that I/We have provided all necessary and up-to-date information regarding the child's health condition and prescribed medication.
- I/We understand that St. Edward's College reserves the right to appoint other staff member to administer medication to students or to substitute the school nurse, should the school nurse be off duty.

Data Protection (GDPR) Compliance:

- I/We understand that the school will keep this information confidential, and it will only be shared with relevant staff members to ensure the safe administration of medication. The school complies with the General Data Protection Regulation (GDPR) in handling and storing this data.

Liability Disclaimer:

- I/We acknowledge that the school staff administering the medication will not be held liable for any adverse reactions or consequences resulting from the administration of the medication, provided that it has been administered in accordance with the instructions given.

I/We hereby declare and confirm that I/we am/are the rightful legally competent parent/s, or legally appointed guardian/s, vested with the care and custody and/or legal representation of the minor child named above, and that therefore I/we am also vested with the authority to give the required consent for the minor child in the above regard. I/we, the undersigned, hereby declare that the information provided within this form is true and correct, and no false and/or misrepresentative statements have been wilfully and/or deliberately made by me/us.

I/We declare that any changes in medical information concerning the aforesaid minor child will be brought to the immediate attention of the College in writing. Such writing must hold the signature of parents / guardians, and medical doctor/consultant.

I/We, consent to the above personal data on behalf of my/our child to be processed according to the Maltese data protection laws and the General Data Protection Regulation (GDPR). By submitting this form, I/we consent, accept and acknowledge that the College will have access to the personal information herein contained which shall be used solely for the purpose of upholding the health and wellbeing of the said minor child.

I/We accept that no member of staff administering medication to my child can be held liable.

Signatures		
Parent/Legal Guardian	Parent/Legal Guardian	School Nurse
Date of signing:	Date of signing:	Date of signing: