YSGOL LLANYBYDDER SCHOOL

ADMINISTRATION OF MEDICINE POLICY

2019-20

Introduction

The purpose of the information in this policy is to ensure that we, as a school, are in a position to offer as comprehensive a support as possible, for all pupils who have a medical condition.

It is the responsibility of the parent to make the school aware of all appropriate information about a pupil's health. This can be done by discussion the matter with the Headteacher, or in his absence, the senior teacher.

Where there is a need for the administration of any medication, a care plan (Form 1) must be completed.

Pupils under 16 will only be given medicine or have medical procedures carried out with the written consent of a parent using (Form 2).

Pupils may administer their own medicine if practicable and if they are considered sufficiently responsible by the Headteacher and their parents. Parents must apply using (Form 5).

Where it is it practical to do so, parents should administer their child's medicine, and may do so on school premises with the

agreement of the Head. Parents should complete (Form 3).

No pupil will be forced to take medicine. Parents will be informed immediately if any pupil refuses to take medicine and the Headteacher will review the school's continued participation in the administration of medicine for that pupil, as soon as practical.

School staff **will not** administer non-prescription medicine or carry out procedures not prescribed by medical personnel.

Where medicine is administered by a member of staff, the medicine should be in its original container and the pharmacist's label should be clearly marked with the pupil's name, the dose, strength and form of the medicine (e.g., syrup or tablets), the frequency with which it should be taken and the expiry date. School will not accept any medication that has been decanted into alternative containers. If the prescription is illegible, school will not accept the medication.

All incidences of administration of medicine will be recorded using (Form 4).

If an invasive or intimate procedure is required for the planned administration of medicine, the work must be done in a suitably private and secure environment, ideally the designated medical

Two members of staff must be present at all times and must sign the treatment record. One of these members of staff should ideally be of the same sex as the pupil although this may be difficult to achieve in practice. If invasive or intimate treatment is required in an emergency, all practical efforts must be made to preserve the dignity of the pupil and to ensure that two members of staff are present. However, if these measures cause a delay which threatens the health, safety or well-being of the pupil or staff involved, staff must do the best they can to maintain the pupil's dignity and administer the medicine as soon as practical as a priority.

Medicine to be administered by staff will normally be securely stored in the medical area. Exceptions may be medicine (such as asthma inhalers and adrenaline injections) which may be needed very quickly in an emergency, or medicine that may be needed during off site visits. These medicines should be readily available at all times and appropriate arrangements must be made for them to be carried and stored safely and securely.

Emergency medicine may be carried by the pupil if the Headteacher considers s/he is sufficiently responsible. If pupils carry their own medicine for emergency use but may be unable to use it themselves because of the nature of their condition, it must be carried safely and in such a way that it can be easily accessed by people who may have

to use it. All people who may have to deal with these pupils during an emergency must have appropriate training.

All asthma pumps must be appropriately labelled by a pharmacist before being sent into school.
The mid-day supervisor will carry a bag containing the asthma inhalers during the lunch hour. However, children in the junior school will be allowed to keep their inhalers about their person if they should need to providing Form 3 has been completed.

All staff supervising extra-curricular activities or school trips will be responsible for ensuring the children in their charge have their asthma inhalers with them. The designated persons are responsible for ensuring that all supervisory staff are informed of the individual's needs. If a child has a known medical complaint which requires medication, the child will not be allowed to access a school trip unless the medication is available.

It is the responsibility of parents to ensure that appropriate and up-to-date supplies of medicine are available in the school.

Out of date or surplus medicine will be returned direct to parents for disposal or will be disposed of at a community pharmacy if parents cannot be contacted. All medication will be returned to parents at the end of each term and will need to be re-supplied to school at the commencement of each term.

It is the responsibility of parents to arrange transport if a pupil

needs to be taken from school for planned medical treatment by medical personnel. If such treatment is required as a matter of urgency, the school may arrange transport and an escort for the pupil if the Head considers it can be done safely. The Head will ensure that appropriate information about the pupil's medical condition is provided for the medical personnel if the school arranges transport.

In the event of the requirement for emergency medical attention, an ambulance will be called. School staff will not transport a child to hospital.

	Name	Signature	Date
Chair of Governors	Daryl Thomas		14/1/2019
Headteacher	Gareth Jones		14/1/2019

Review Date	14/1/2020

Form 1

YSGOL LLANYBYDDER

HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

Name:	DOB:
Class:	NC Year:
Condition (Please provide description and details of pupil's individual symptoms relating to condition):	
Date:	Review Date:
Family Contact 1	**Family Contact 2**
Name:	Name:
Relationship:	Relationship:
Telephone: Work: _____ Home: _____	Telephone: Work: _____ Home: _____
G.P. Practice:	Hospital Contact Name:
Doctor:	Clinician/Consultant Name:
Tel:	Tel:
Daily Care Requirements e.g. before sports, lunchtime	

Describe what constitutes an emergency for the pupil and the appropriate action required:
Follow-up Care:
Who is responsible in case of emergency (State if different for off-site activities):
Form copied to:

Form 2

YSGOL LLANYBYDDER

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION OR UNDERTAKE A MEDICAL PROCEDURE

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that staff can administer the medication.

PUPIL **DETAILS**

SURNAME:	FORENAME(S)
ADDRESS	DOB
MALE / FEMALE *	CLASS:
CONDITIONS OF ILLNESS:	

MEDICATION

Name/Type of medication i.e. linctus, syrup, tablets (as described on container)	
Date Dispensed	
How long will your child take this medicine?	
Dosage & Method	
Special Precautions	
Side Effects	
Self-Administration	
Emergency Procedures	

CONTACT DETAILS

NAME	
ADDRESS	
RELATIONSHIP	
HOME TELEPHONE	
WORK TELEPHONE	
MOBILE	

STATEMENT

I understand that I must deliver the medicine personally to _____

_____

and accept that this is a service that the school is not obliged to undertake.

Signature: ……..

Relationship to Pupil: ……..

Date: ……

*Delete as necessary

Form 2A

YSGOL LLANYBYDDER

OCCASIONAL ADMINISTRATION OF PRESCRIBED MEDICATION

Please refer to details on Emergency Health Care Plan for criteria when this is to be administered and what action should follow

PUPIL **DETAILS**

SURNAME:	FORENAME(S)
ADDRESS	DOB
MALE / FEMALE *	CLASS:

Date	Time last dose given by parent	Parent Signature	Next dose due	Given by (signature)

*Delete as necessary

Form 3

YSGOL LLANYBYDDER

CONFIRMATION OF THE HEATEACHER'S AGREEMENT TO ADMINISTER MEDICATION TO A NAMED CHILD

I agree that _____ will receive the following medication as per dosage and time specified below.

Medication	
Dosage	
Time of Administration of Medicine i.e. lunchtime or afternoon break	

_____ will be given/supervised*whilst he/ she*

(Pupil Name)

takes their medication administered by _____

(Named Member of Staff)

This arrangement will continue until:-

End date of course of medicine (please specify)	
Parents instructed cease date (please specify)	

Signed: _____ Date: _____

(Headteacher)

*Delete as necessary

Form 4

YSGOL LLANYBYDDER

RECORD OF ADMINISTRATION OF MEDICINE

DATE	PUPIL NAME	TIME	NAME OF MEDICATION	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF	COUNTER SIGNATURE

Form 5

YSGOL LLANYBYDDER

REQUEST FOR PUPIL TO ADMINISTER AND CARRY THEIR OWN MEDICATION

This form must be completed by parents

PUPIL **DETAILS**

SURNAME:	FORENAME(S)
ADDRESS	DOB
MALE / FEMALE *	CLASS:
CONDITIONS OF ILLNESS:	

MEDICATION

Name/Type of medication i.e. linctus, syrup, tablets (as described on container)	
Date Dispensed	
How long will your child take this medicine?	
Dosage & Method	
Special Precautions	
Side Effects	
Self-Administration	
Emergency Procedures	

CONTACT DETAILS

NAME	
ADDRESS	
RELATIONSHIP	
HOME TELEPHONE	
WORK TELEPHONE	
MOBILE	

STATEMENT

I would like my son / daughter* to keep his / her* medication on him / her* to use as necessary

Signature: …….

Relationship to Pupil: ……..

Date: ……

*Delete as necessary

Form 6

YSGOL LLANYBYDDER

STAFF TRAINING RECORD ADMINISTRATION OF MEDICINES

NAME OF SCHOOL:	
NAME OF STAFF:	
PROFESSION AND TITLE:	
TYPE OF TRAINING RECEIVED	
DATE OF TRAINING RECEIVED	
TRAINING PROVIDED BY	

STATEMENT

I confirm that _____has received the training detailed above and agrees to carry out any necessary tratment. I recommend that training is updated _____.

Trainer's
Signiture:_____Date:_____

I can confirm I have recived the training detailed above:

Staff
Signiture_____Date:_____

Suggested Review date_____

Form 7

YSGOL LLANYBYDDER

GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL / NON-NURSING STAFF

JOINT EPILEPSY COUNCIL

Individual Care Plan should be completed by, or in consultation with, the medical practitioner (please consider use of appropriate language for lay person)

Pupil Name: _____ DOB _____

Age: _____

Seizure classification and/or description of seizures which may require rectal diazepam *(record all details of seizures e.g. goes still, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information about triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence.*
Usual Duration of Seizure?
Other Useful Information:

DIAZEPAM TREATMENT PLAN

When should rectal diazepam be administered? *(please include whether it is after a certain length of time or number of seizures)*	
Initial dosage: How much rectal diazepam is given initially? *(please note recommended number of milligrams for this child)*	
What is the usual reaction(s) to rectal diazepam?	
If there are difficulties in the administration e.g. constipation, diarrhoea. What action should be taken?	
Can a second dose be given?	YES / NO
After how long can a second dose be given? *(state the time to have lapsed before re-administration takes place)*	
How much rectal diazepam is given as a second dose? *(state the number of milligrams to be given and how many times this can be done after how long)*	
When should the child's usual doctor be consulted?	
When should 999 be dialled for emergency help?	I. If the full prescribed dose of rectal diazepam fails to control the seizure YES / NO II. Other *(please give details)*
Who should: a) Administer the rectal diazepam b) Witness the administration? *(another member of staff of same sex?)*	

Who needs to be informed?	Parent:	Tel:
	Prescribing Doctor:	Tel:
	Other:	Tel:
Insurance Cover in place	YES / NO	
Precautions: Under what circumstances should rectal diazepam **not be** used e.g. oral diazepam already administered within the last # minutes)		

Administration of rectal diazepam should be recorded at all times (Form 8).

This plan has been agreed with the following: _____

PRESCRIBING DOCTOR (Block Caps)

AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM

NAME *(Block Caps)*	SIGNATURE	DATE
PUPIL *(if sufficiently mature)*		
PARENT		

This form should be available for review at every medical review of the patient

Copies should be held by:

Expiry Date of current plan:

Copy Holders to be notified of any changes by:

Form 8

YSGOL LLANYBYDDER

ADMINISTRATION OF RECTAL DIAZEPAM - PUPIL RECORD

DATE									
RECORDED BY									
TYPE OF SEIZURE									
LENGTH AND/OR NUMBER OF SEIZURES									
INITIAL DOSAGE									
OUTCOME									
SECOND DOSAGE (IF ANY)									
OBSERVATIONS									
PARENT/GUARDIAN INFORMED									
PRESCRIBING DOCTOR INFORMED									
OTHER INFORMATION									
WITNESS									
PARENT/GUARDIAN RESUPPLYING TO SCHOOL									
DATE DELIVERED TO SCHOOL									

APPENDIX 1

SCHOOL EMPLOYEE RECORD OF POLICY AWARENESS

EMPLOYEE NAME	DESIGNATION	SIGNATURE	DATE