



Company number 8180450

OUR LADY SEAT OF WISDOM UMBRELLA TRUST

MANAGING MEDICINES IN SCHOOL



Managing Medicines Policy

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Managing Medicines Policy

Managing medicines

This school is committed to reducing the barriers to sharing in school/nursery life and learning for all its pupils. This policy sets out the steps which our school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

A member of SLT will be responsible for co-ordinating the medical team and quality assuring work and checking that deadlines are met. The members of the medical team will report to the SLT member.

At St Thomas of Canterbury, the medical team is as follows:

- Nicola Hutchings: SENCO and SLT contact point for Medical
- Louise Clements
- Racheal Heeley



Managing Medicines Policy

1. Managing prescription medicines which need to be taken during the school day.

- 1.1 Parents/carers should provide full *written* information about their child's medical needs.
- 1.2 Short-term prescription requirements should only be brought into school if it is detrimental to the child's health not to have medicine during the school day. If the period of administering medicine is 8 days or more, there must be an Individual Health Care Plan. *Paragraph 37*
- 1.3 The school will **not** accept medicines that have been taken out of the container as originally dispensed nor will it make changes to prescribed dosage, unless this is specifically agreed with parents based on the individual medical needs of the child (in this case, a healthcare plan will be written). *Paragraph 26*
- 1.4 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacy prescriber, unless it is done as part of an individual health care plan. The school will inform parents of this policy. Paracetamol or hay fever medication are the only exception to this as the NHS are no longer prescribing them (cost), but they must only be taken on the advised of a medical professional.
- 1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have prescribed controlled drugs in their possession. The school will keep controlled drugs in a lockable non portable container, to which named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.
- 1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescribers instructions for administration. In all cases this should include:
 - Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/ frequency of administration
 - Any side effects. *We ask that parents note down any side effects that we need to be aware of whilst we are in care of their children.*
 - Expiry date

A syringe or spoon should also be provided with the medication if one is needed to take the medication.
- 1.7 The school will refer to the DfE guidance document when dealing with any other particular issue relating to managing medicines.



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2. Procedures for managing prescription medicines on trips and outings and during sporting activities.

- 2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children. *Paragraph 56*
- 2.2 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfE guidance on planning educational visits. *Paragraph 58*
- 2.3. The School will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan. *Paragraph 60*
- 2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made. *Paragraph 61*
- 2.5 The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.
- 2.6 Whilst out of school on trips or residential any medication needed will be carried by the first aider in charge of administering that medication, this includes emergency/rescue medication. A small cool bag will be available to carry any medication which needs to be refrigerated. Asthma inhalers will be carried by the child themselves. **This needs to be covered on the risk assessment (for classes or groups). The teacher completing the risk assessment should contact a member of the medical team to check if any medication is needed.**
- 2.7 Timescale for residential:-
- September:** Care plans are assessed and conversations had with parents about specific adaptations needed for the residential. Subsequent training is booked if necessary. LC/RH
- January;** SLT contact and medical team ensure that all care plans are in place for residential.
- March:** Medical file completed by medical team member under supervision of SLT contact for the residential. This file will contain care plans for the children with specific needs and an amalgamated chronological list of medications to be given to all children (see form in appendix for an example)
- 1 month before residential:** SLT contact directs medical team to re-check care plans and medical arrangements ahead of residential trip.



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- 2.8 All medication forms sent out to parents of whole class for this year's residential (see sheet in appendix) – to be given out on the initial residential meeting with parents.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

- 3.1 Close co-operation between school, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 3.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines
- 3.4 The school will always designate a member of staff to be responsible for the administering of medicine to a child. **The named person in school is Miss Lorna Marsden, Health Care Assistant.** In the event of Miss Marsden being off school, Miss Racheal Heeley will take over her duties as Health Care Assistant for the duration of absence. In the event of an exceptional number of children needing medication in school at any one time, Miss Beth Schofield will support Miss Marsden in the administration of medicines. The person responsible for administering the medication for a child will sign the form kept in the red folder in the medical room to show the child has received their medication. The person administering the medication will be first aid trained. Whilst on residential the child taking the medication will sign the form to say they have received it, together with the adult's signature. In the event of Miss Marsden, Miss Schofield and Miss Heeley all being absent, Mrs Darwin will support in the administration of medicines.
- 3.5 Staff should never give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission from the parents/carers. Where the head teacher agrees to administer a non-prescribed medicine it must be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. Where exceptionally a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 5 and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP. Pain relief and hay fever medications are frequently advised to be taken by doctors and not prescribed.
- 3.6 Any controlled drugs which have been prescribed for a child must be kept in safe custody. These will be kept in the medicines cupboard in the medical room.



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- 3.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures which should be set out in the child's Health Care Plan. Parents/carers will be informed of the refusal via parentmail as soon as the refusal has taken place. If refusal results in an emergency, the school's normal emergency procedures will be followed. (*Paragraph 49*)
- 3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action. As soon as staff are aware of this they will make contact with either parents or the school nurse by telephone to seek further advice.

N.B. *The DfE guidance document gives a full description of roles and responsibilities Paragraphs 66 to 102.*

4. Parental responsibilities in respect of their child's medical needs

- 4.1 It is the parents/carers' responsibility to provide the head teacher with sufficient *written* information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents/carers are expected to work with the head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 The head teacher should have *written* parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.
- 4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell. *Paragraph 83*
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (*See specimen forms in Appendix A.*)



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5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

- 5.1 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- 5.2 A Health Care Plan will be reviewed under the following circumstances:
 - On a yearly basis at the start of the school year
 - We receive information in written form from either a medical professional or parents about a change in condition.
- 5.3 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility. *Paragraph 120*
- 5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child. *Paragraph 121*
- 5.5 In addition to input from the school health service, the child's GP, or other health care professionals, depending on the level of support the child needs, those who may need to contribute to a health care pro forma include:
 - The head teacher or head of setting
 - The parent or carer
 - The child (if appropriate)
 - The Early Years Practitioner/Class Teacher
 - The care assistant or support staff
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures *Paragraph 122*
- 5.6 The School will consult the DfE publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:
 - Asthma
 - Epilepsy
 - Diabetes
 - Anaphylaxis
- 5.7 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.



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6. Off-site Education

- 6.1 The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the activity and supervision during non-teaching time or breaks and lunch hours.

7. Policy on children carrying and taking their prescribed medicines themselves

(An example of this would be a child with asthma using an inhaler.)

- 7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.
Paragraph 45
- 7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to Form 7. *Paragraph 46*
- 7.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate. *Paragraph 48*



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8 Staff support and training in dealing with medical needs

- 8.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 8.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 8.3 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.
- 8.4 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on head teachers to ensure that their staff receive the training. The head teacher, in their capacity as a line manager, will agree when and how such training takes place. The head teacher will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs. (*Paragraph 83*)
- 8.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 8.6 The child's parents/carers and health professionals should provide the information specified above.
- 8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 8.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with relevant information.



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9 Record keeping

- 9.1 Parents/carers should inform the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional. Parents will be asked to replace medication if it has old prescribers instructions attached to it with a new.
- 9.2 The school will use Form 3A to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 9.3 The school will use Form 3B to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school.
- 9.5 Form 4 should be used to confirm with the parents/carers that a member of staff will administer medicine to their child. *Paragraph 52*
- 9.6 The school will keep written records of all medicines administered to children. In Early Years parents/carers will receive a parentmail to confirm they have received their medication. If this information needs to be passed on to others who may be collecting a child then it is the parents responsibility to pass it on.
- 9.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. This school will keep a logbook of medicines given using Forms 5 and 6. *Paragraph 55*



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10. Safe storage of medicines

- 10.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.
- 10.2 Medicines will be stored strictly in accordance with product instructions, in the original container in which the medicine was dispensed, paying particular note to the temperature at which the medicine should be stored.
- 10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 10.5 Medicines will not be transferred from their original containers.
- 10.6 Children will be informed where their own medicines are stored and who holds the key.
- 10.7 All emergency medicines will be readily available to children and will not be locked away. These will be kept in the cupboard in the medical room. If a medication is very valuable and needs to be locked away (eg Buccal Midazolam) it will be kept in Melvin's cupboard where the door is kept locked. A key is always accessible to staff.
- 10.8 Schools will allow children to carry their own inhalers. They will be stored in the child's classroom in a place agreed by the child and the class teacher and or teaching assistant. In the event that a child needs an inhaler and they either don't have theirs or theirs doesn't work a spare will be kept in school in the medicines cupboard in the office. Only children who are on the asthma register will be able to use the spare inhaler.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children. This will be in a cupboard the medical room.
- 10.10 A few medicines in their original bottles need to be refrigerated. These will be kept in the small fridge in Melvin's cupboard.
- 10.11 Children need to have immediate access to their medicines when required. The school will make special access arrangements for the emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

Paragraph 111



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11. Disposal of Medicines

- 11.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. *Return of such medicines to parents should be documented.*
- 11.2 Parents/carers should also collect medicines held at the end of each school year. Parents will be sent a text message. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. *This process should be documented.* A form will be used to document when we receive the medication at the start of the school year and then again when it is collected at the end of the year, if the medication is not collected then this is the form we will document that we have disposed of it.
- 11.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority. *Paragraph 113*

12. Hygiene and Infection Control

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 12.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.
- 12.3 Ofsted guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic. *Paragraph 114*
- 12.4 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the Trustees **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose.
- 12.5 In the event of diarrhoea or vomiting, a pupil should be kept off school for 48 hours after the symptoms have gone, in line with NHS guidelines. Parents are reminded of this measure to control the spread of infection with an information slip from the school office when collecting their child from school.



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13. Access to the School's emergency procedures

- 13.1 As part of general risk management processes the school must have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision. [See DfE Guidance on First Aid for Schools: a good practice guide, 1998]
- 13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.
- 13.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 13.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. *Paragraph 115*
- 13.7 Staff should never take children to hospital in their own cars; it is safer to call an ambulance. *Paragraph 116*
- 13.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover. *Paragraph 116*
- 13.9 The national standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. *Paragraph 116*
- 13.10 Individual Health Care Plans will include instructions on how to manage a child in the event of an emergency, and identify who has this responsibility at different times of the school day.



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14. Risk assessment and management procedures

This policy will operate within the context of the school's Health and Safety Policy.

- 14.1 The school will ensure that risks to the health of others are properly controlled.
- 14.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 14.3 The school will be aware of the health and safety issues relating to dangerous substances and infection supervisors will need to be very clear regarding their role. *Paragraph 117*

15. Home to School Transport

The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.

- 15.1 Prior to transport commencing, transport staff need to be fully briefed about the medical needs of the pupils being transported. Briefing will be given by the school nurse or by another appropriately informed member of staff. In this school, briefing will be carried out by the class teacher/teaching assistant from the child's class.
- 15.2 There should be regular reviews of the situation, in order that that drivers and escorts have up-to-date information
- 15.3 Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

Date: March 2020

Review date: March 2022



Managing Medicines Policy

ANNEX: Forms

- Form 1:** Contacting emergency services
- Form 2:** Health care plan
- Form 3:** Parental agreement for school to administer medicine with head teacher's agreement and record keeping of administered medication
- Form 4:** Request for child to carry his/her own inhaler
- Form 5:** Staff training record
- Form 6:** Authorisation for the administration of rectal diazepam
- Form 7:** Authorisation for the administration of Buccal Midazolam
- Form 8:** Yearly record of emergency and long-term medication in school (When delivered and collected by parents)
- Form 9:** Residential medication form (for parents to complete)
- Form 10:** Residential health care plan
- Form 11:** Residential medication record



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FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Telephone number **0114 2745597**
2. Give your location **ST. THOMAS OF CANTERBURY PRIMARY SCHOOL, CHANCET WOOD DRIVE, S8 7TR**
3. Give the exact location in the school of the emergency
4. Give your name
5. Give name of the child and a brief description of the child's symptoms
6. Give details of any medicines given or prescribed
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the correct location of the school.

Speak clearly and slowly and be ready to repeat information if asked

PUT A COPY OF THIS FORM BY EACH TELEPHONE

FORM 2



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Health Care Plan

Name of child

Year

Date of birth

Address

Medical diagnosis/condition

Date

Review date

Family Contact Information

Home phone number

Name

Phone number

Name

Phone number

Clinic/Hospital Contact

Name

Phone number

G.P.

Name

Phone number



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Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime/ can child attend trip without medication?)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency

FIRST AIDER

Parent / Carer

Signature :

Date :

Lead First Aider

Signature :

Date :

Class teacher

Signature :

Date :



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Request for medicine to be administered during the school day

The school has a policy that the staff can administer prescribed medicines. Please complete and sign this form for each medicine your child requires during the school day. Medicine should be delivered to and collected from the office by an adult.

Name of child:

Year group / Class:

Medical condition / Illness:

Medicine

Name, type and strength of medication:

Date dispensed:

Expiry date:

Time required:

Dosage and method:

Are there any side effects or other information that school needs to know about?

Note: Medicines must be in the original container as dispensed by the pharmacy

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school and other authorised staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any changes in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non- medical professional will administer my child's medication as defined by the prescribing professional only.

Print name :

Date:

Signed:



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FORM 4

Request for child to carry his/her inhaler

This form must be completed by parent/carers/guardian and the pupil.

Name of child:

Year group:

Medicine

Name, type and strength of medication:

Dosage:

Time required:

Procedures to be take in an emergency

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Please ensure your child has an inhaler in school at all times.

****Please be aware you are responsible for checking the use by date on the inhaler****

I understand that I must notify the school of any changes in writing.

I understand that a non-medical professional will aid my child to administer their inhaler, as defined by the prescribing professional only. (This is only if the child requests help.)

Print name (parent) :

Date:

Signed (parent):

Signed (pupil):



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If more than one medicine is to be given a separate form should be completed for each one.

FORM 5

Name of staff member	
Name of School	
Type of Training received	
Date of training received	
Training provided by profession and title	

Staff training record – Administration of medicines

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often]

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



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FORM 6

Authorisation for the administration of rectal diazepam

Name of child	
Date of Birth	
GP name and address	
Hospital consultant	

_____ should be given _____ mg.

If he/she has a *prolonged epileptic seizure lasting over _____ minutes.

OR

*serial seizures lasting over _____ minutes.
An Ambulance should be called for

OR

If the seizure has not resolved *after _____ minutes.

Enter where appropriate

Doctor's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

when the diazepam is to be given e.g. after 5 minutes; and
how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar



FORM 7

Authorisation for the administration of Buccal Midazolam

Name of child	
Date of Birth	
GP name and address	
Hospital consultant	

_____ should be given Buccal Midazolam.

If he/she has a *prolonged epileptic seizure lasting over _____ minutes.

OR

*serial seizures lasting over _____ minutes.
An Ambulance should be called for

OR

If the seizure has not resolved *after _____ minutes.

Enter where appropriate

Doctor's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:

NB: Authorisation for the administration of buccal midazolam

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

when the midazolam is to be given e.g. after 5 minutes; and
how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar



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Form 9

Request for medicine to be administered during the school residential (dates here)

Please return this form for ALL CHILDREN

Name of child:

Year group / Class:

I wish for my child to receive the following medication (please complete the rest of the form)

My child does not need to take any medication (no need to complete the rest of the form)

Medical condition / Illness:

Medicine

Name, type and strength of medication:

Date dispensed:

Expiry date:

Time required:

Dosage and method:

Are there any side effects or other information that school needs to know about?

Note: Medicines must be in the original container as dispensed by the pharmacy

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school and other authorised staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any changes in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non- medical professional will administer my child's medication as defined by the prescribing professional only.

Print name :

Date:

Signed:



Residential Health Care Plan

Name of child

Year

Date of birth

Address

Medical diagnosis/condition

Date

Review date

Family Contact Information

Home phone number

Name

Phone number

Name

Phone number

Clinic/Hospital Contact

Name

Phone number

G.P.

Name

Phone number



Managing Medicines Policy

Describe medical needs and give details of child's symptoms

Describe a typical day for your child including all care needs and medication that needs to be administered (in as much detail as possible)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency

FIRST AIDER

Parent / Carer

Signature :

Date :

Lead First Aider

Signature :

Date :

Class teacher

Signature :

Date :



Managing Medicines Policy

Form 11

It's recommended that you colour each time of the day by highlighting it eg morning/breakfast time, lunchtime, teatime and bedtime so that it's easier to see at a glance what medication is to be given.

Monday					
Child	Time	Medication	Dosage & Notes	Signature of administrator	Signature of child

Tuesday					
Child	Time	Medication	Dosage & Notes	Signature of administrator	Signature of child

Wednesday					
Child	Time	Medication	Dosage & Notes	Signature of administrator	Signature of child

Thursday					
Child	Time	Medication	Dosage & Notes	Signature of administrator	Signature of child

Friday					
Child	Time	Medication	Dosage & Notes	Signature of administrator	Signature of child

When required					
Child		Medication	Dosage & Notes		
Child	Time	Medication	Notes	Signature of administrator	Signature of child



Managing Medicines Policy

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