



ADMINISTRATION OF MEDICINES AND MEDICAL PROCEDURES POLICY

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ADMINISTRATION OF MEDICINES AND MEDICAL PROCEDURES

This policy link to the Convention on the Rights of the child.

Article 23 Children with a disability has the right to live a full and decent life

Article 24 Every child has the right to the best possible health

1 Background to the Policy

1.1 Role of Families

Parents or guardians have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

If a parent or carer is in school/college when a child needs to have emergency medication they will be asked to carry out that role if at all possible. This is to reduce the child's anxiety and support staff.

Where a pupil/student has had a stay in hospital and their medicines or procedures have been changed as a result whilst we will always work to ensure the pupil/student returns to school asap this will not be until a meeting of parents, school staff and nurses has been held and written agreement reached about any necessary changes. These meetings will be arranged by the class teacher and the Public Health School Nurse (PHSN) and will be held as soon as we are aware that a child is being discharged. In many cases it will be possible to have this meeting before the child returns home. Even if the medication has not been changed the child's needs may well have done so a phone call and discussion will be needed.

1.2 Beacon Hill Role

- There is no legal duty which requires staff to administer medication; this is a voluntary role however Teaching Assistants at Beacon Hill are required to undertake this role through their contracts and job descriptions. Staff who assist with any form of medication, **in accordance with the procedures detailed within this guidance**, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described here.
- All staff appointed to Beacon Hill will be made aware of the need for pupils to have medicines and procedures and the nature of those procedures. They will have the opportunity to ask questions or raise concerns.
- Staff at Sixth Form may give students, who have capacity, their own none prescribed medication which they have been storing for students to administer under the supervision of staff.
- Over the counter non prescribed drugs will only be administered in line with this policy and there must be written consent by parents and the box/bottle must contain clear dosage instructions.

- Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours, however this should only be when essential. Where clinically appropriate medicines can be prescribed in dose frequencies, which enable it to be taken outside of school hours. Parents should be encouraged to ask the prescriber about this. It is noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.
- Written agreement from parents/guardian is required prior to administering any medication (form A).
- Written confirmation of instructions from a health practitioner is required prior to administering any prescribed medication. This can be the information on the box or tube.
- The school will have a system of record keeping. Records of all administration and disposal of medications must be kept in a bound book to prevent falsification. (form B)

This policy applies to: *All Pupils*

2 Statement of the Policy

2.1 The purpose of this policy is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

3 Main Policy

3.1 All medication must be in the original container.

3.2 All medication **MUST** be clearly labeled with:

- the child's name
- the name and strength of the medication
- the dosage and when the medication should be given
- the expiry date

3.3 All prescribed medication must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse specialist, nurse practitioner) including the time/dose to be given in school. Any over the counter non prescribed medication must be in the original container have the student/pupils name clearly written on and have clear dosage instructions included.

3.4 If two medications are required, these should be in separate, clearly and appropriately labeled containers.

3.5 On arrival at school, all medication is to be handed to the designated member of staff by the parent/ escort, unless there is prior agreement with school and pupil for the pupil to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record. The designated members of staff will wear high visibility jackets to identify them as the people undertaking this role when transport arrives in the morning.

- 3.6 Over the counter non prescribed medications will only be administered by staff after they have confirmed the time of the last dose taken either with parents or health professionals.

4 Storage of Medication in School

- 4.1 Medication must be stored in a locked, cabinet with the key stored in an accessible but restricted place known to the designated members of staff.
- 4.2 If fridge storage is required this must be lockable and in a designated area of the school.
- 4.3 Once removed from the cabinet, medication should be administered immediately and never left unattended.

5 Documentation

- 5.1 Samples of documentation are included in the appendices. **VERBAL MESSAGES ARE NOT ACCEPTABLE.**
- 5.2 Each pupil receiving medication will have the following documentation:
- Written request for school to administer medication (Form A - appendices)
 - Written confirmation of administration from a health practitioner (if it is a prescribed medication)
 - Pupil record of medication administered. (Form B - appendices)
 - Parental/guardian consent for school trips
- 5.3 In addition, pupils with complex medical needs will have an Individual Epilepsy Plan and/or individual protocol.

6 Administration of Medication

- 6.1 Staff who have volunteered or who are employed, as part of their contract, for the purpose of administration of medication and health care:
- Should receive training and advice from the appropriate health practitioner i.e. the Public Health School Nursing service.
 - Training will be updated appropriately and recorded (form F - appendices).
 - Staff are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
 - Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a copy of the signed Individual Staff training record (Form F) following training accreditation confirming their ability to perform the procedure.
 - Medicine should be administered in an appropriate/confidential manner.
 - Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered.
 - Staff will follow directions for administration provided in writing either by the health practitioner in the case of prescribed medication or in accordance with the directions on the box/bottle in the case of over the counter non prescribed medication.
 - Staff will record details of each administration (Form B - appendices).

- A child should never be forced to accept medication and where medication is refused parents will be informed. However children may be given medication in food or a drink to aid in administration. Children will be aware where possible that they are having medication.

7 Training for staff

If a pupil is admitted with medical needs they will not start school until there has been a meeting with parents and necessary school, nursing and MDT staff. Any necessary staff training will be agreed and will be completed before the child joins Beacon Hill.

All staff will have update training on a regular at least annual basis. This training will be for all staff including those who do not currently undertake these duties. This training will be delivered as near as possible to the start of a new academic year. Staff who will be working with the most complex children will be able to spend time in class getting to know them before the new school term starts.

Current specific training includes (this may change when new pupils are admitted)

Tracheostomy - Individual members of staff, take different number of sessions until they are comfortable with it. Training with PHSN Trish Larkin, then experience working alongside. This will be reviewed termly or if the child's needs change.

Suction oral suction machine (none Tracheostomy) 1 session by PHSN then support in class.

Oxygen Safety training BOC Home oxygen service. Follow up support PHSN

Midazolam, Buccolam - PHSN Awareness in June when class groups organised then the beginning of Autumn term - all class or key stage staff working with pupil, refresher if requested and or if there is a change of staff.

Rectal - Diazepam, paraldehyde - PHSN Awareness in June when class groups organised then the beginning of Autumn term -all class or key stage staff working with pupil, refresher if requested or if there is a change of staff. This will be reviewed termly or if the child's needs change.

Feeds including blended feeds - PHSN Basic awareness then 3 sessions or until competent.

Insulin - Specialist nurse to give training on diabetes overview then follow up support from PHSN.

Ventolin - PHSN 1 session (1/2 hour)

General awareness sessions – PHSN Induction training (other staff are always welcome to attend as a refresher) to include; Epilepsy, Gastrostomy, Trachy awareness, Personal care cleaning and changing.

Training will be given in a way which enables staff to concentrate and be sure that they have understood what is expected of them. This may need to be in school time so that things can be shown in relation to individuals but if this is not necessary then training will take place at the end of the day in work time.

8 Self-Administration of Medication

- 8.1 Parents/guardians must complete a written request form for a child to self-administer medication. (Examples would include Insulin and or asthma medication. This is not a conclusive list). This would only be allowed if a child has been trained and is competent to administer their own medication. (form D - appendices)

9 Record Keeping

- 9.1 A system of record keeping will include:

- Records of parental/guardian consent and, in the case of prescribed medication, health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating.
- Record of administration of medication including amount administered and amount remaining (running total) is to be kept in a bound book.
- Record of medication returned to the parent/carer wherever possible.
- Record of medication disposed of and the form of this disposal

A parent/guardian request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.

The request form must include:

- Child's name, class, date of birth
- Reason for request
- Name of medication, timing of administration and dosage of medication (**CONFIRMED IN WRITING BY A HEALTH PRACTITIONER. This includes being written on the medical container in the case of prescribed medications.**)
- Name of medication and dosage of medication in the case of over the counter non prescribed medications.
- Emergency contact names and telephone numbers
- Name and details of Doctor and/or health practitioner

- 9.2 Reasons for not administering regular medication must be recorded and parents informed immediately/within the timescale agreed by the health practitioner.

10 Emergency Medication

- 10.1 Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and written Health Care Plan (form C - appendices) / PHSN consent form.

- 10.2 This type of medication will be READILY AVAILABLE.

- 10.3 In the event of a Fire Alarm no one will take out emergency meds for pupils unless they are readily and easily available in the classroom. The nurses will be immediately informed if it is a drill so they will be able to come back in school if necessary. If it's not a drill the nurses will take out a phone to call an ambulance immediately if a child needs emergency meds and with SLT and the fire brigade will decide it is safe to return to the building to get the meds. This would only be if the fire was a long way from the nurses' office and no one was put at risk.

- 10.4 Consent and Care Plan to be kept with the medication.

10.5 The Care Plan must be checked and reviewed in an ongoing way by Public Health School Nurses and the TA with responsibility for Medical and First Aid procedures across school.

10.6 It is the parents'/guardians' responsibility to notify school of any change in medication or administration.

10.7 Procedures in the Health Care Plan (sample in appendix) should identify (Form C):

- Who should collect it in an emergency
- Who should stay with the child
- Who will telephone for an ambulance/medical support
- Contact arrangements for parents/carers
- Supervision of other pupils
- Support for pupils witnessing the event

11 Guidelines to the receiving and storing of medicines at Beacon Hill Sixth Form

Medicines will be kept in a locked cupboard in the medical room which will also be locked when unattended. The keys to the cupboard will be kept in a secure key cabinet in the reception office.

The medication held will be given a visual check each week to ensure it is in order. (By named members of staff. This will be recorded).

All medication coming into Sixth Form will be logged, and signed in and out this includes:

- Regular and or occasional medication coming from home when it will be kept in Sixth Form.
- Medication returned to parent /carers if the medication is finished; the medication is out of date, or for any other reason.

The logging in and out will be the responsibility of the staff team.

Medication taken out of Sixth Form for community visits will be logged and signed in and out on a weekly printed sheet.

The sheet will have the students' name, medication required, it will be printed and date, time and signature will be added when logged out. (See guidelines for taking medication into the community). The medication taken will only be what is needed for that day and will be in a box in a tamper proof bag.

When logging medication in for use in college staff will need to check, it is in the original container, clearly labelled for that student/pupil with the correct dosage, and in date.

Where a young person at Sixth Form has capacity and brings medication into college which they have bought themselves they will be expected to hand that medication to staff for safe keeping. Students will have regular input from Public Health School Nurses reminding them of the safety reasons for this. However it is not possible for staff to search students' bags to check if this is the case. If a student is regularly careless in this regard this will be discussed with parents in the same way as other safety concerns.

12 Guidelines to taking students/pupils medication out into the community

- 12.1 Parents will be asked by school staff to get from their GP a smaller amount of the medication which can be used solely for the purpose of visits. This will reduce the amount of medication it is necessary to take out on visits.

There will be a signing in and out chart for medication taken out into the community the time, date and signature of the member of staff will be added.

The risk assessment of the group going into the community will include the carrying of medication by staff. The risk assessment will when ever possible name the person supporting the student/ students by carrying their medication.

A member of staff will sign out medication for student/students. The medication will have the protocol for the particular student with it.

When out in the community the medication will be kept in the possession of the member of staff, in a bag, with information as what to do if the medication is found by a member of the public.

The medication will be signed in by the member of staff when they return to school/ Sixth Form.

In Sixth Form at the end of the day a member of staff (those named as having the responsibility to do this) will check that all medication signed out has been returned. In school this will be the responsibility of the Public Health School Nurses.

If at any time out in the community or on the return from a visit medication is missing it must be reported to the Headteacher immediately.

12.2 Burnside College

Parents will be asked to send in a smaller amount of medication especially for Burnside.

Staff will get the medication from this storage at the correct time and record it on the sheet available for the purpose. It will be administered by one member of staff and checked by a second.

Medication will be returned to parents over the summer holidays without coming back to Beacon Hill.

Pupils' protocols will be stored in the cupboard with the medication.

Medication will be stored in a locked metal storage box which will be kept in the padlocked cupboard. The cupboard will be locked whenever the staff are not there.

The keys will be taken to Beacon Hill school on Wednesday night and put in the key cabinet, picked up by the teacher or teaching assistant on the Tuesday night.

Medication will be signed in and out of a bound book. Any mistakes in the book will be drawn through with one line, and the correct information will be put on the next line. So it is clear to read.

Two staff will check the medication, the dosage and then sign the book.

13 Guidelines to the receiving and storing of medicines at Beacon Hill Time Out Club

Medicines will be kept in a locked cupboard in the Time Out Room which will also be locked when unattended. The keys to the cupboard will be kept by a named member of staff and a spare key in the cupboard in the office.

The medication will only be held for the day the pupil is in the club. No medication will be stored overnight.

All medication coming into the club will be logged, and signed in and out this includes:

- Regular and or occasional medication coming from home when it will be kept in the club.

The logging in and out will be the responsibility of the staff team

When logging medication in for use in the club staff will need to check, it is in the original container, clearly labelled for that student/pupil with the correct dosage, and in date, and that the parent has signed for the medication to be given by a staff member. (Form A).

14 Guidelines for Residential

When students / pupils go on residential visits parents need to complete a medical protocol form as part of their permission. The medical protocol must be taken and stored with the medication. Medication must be in a clearly labelled bottle/box with the doses noted on it. It should be contained in a clear polythene bag (sandwich bag). Every time medication is given it will be checked by two members of staff who will sign record that this has been done.

The storage and giving of the medication while on residential visits should be part of the risk assessment for the visit. The person in charge of the medication should be aware of their role and the correct procedures; they should store the medication in a locked cupboard and hold the key.

Appendix A – Clinical procedures that may be delegated to staff

It is often the case that families and school staff can be trained and supported by health professionals to provide support. However, in some cases this may not be possible without direct health support.

The specific examples included below are an extract from 'Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues' Royal College of Nursing, updated September 2012. As such, the list below may be delegated to non medical staff, provided they have been given appropriate training.

The following advisory list of clinical procedures may be safely taught and delegated to unregistered health and non-health qualified staff following a child-specific assessment of clinical risk:

- ⊖ Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears.*
- ⊖ Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).*
- ⊖ Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine*
- ⊖ Rectal medication with a pre-packaged dose i.e. rectal diazepam*
- ⊖ Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or paediatrician*
- ⊖ Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel.*
- ⊖ Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, paediatrician or paediatric diabetes nurse specialist*
- ⊖ Assistance with inhalers, cartridges and nebulisers*
- ⊖ Emergency treatments covered in basic first aid training including airway management*
- ⊖ Tracheostomy care including suction using a suction catheter*
- ⊖ Emergency change of tracheostomy tube*
- ⊖ Oral suction with a yanker sucker*
- ⊖ Assistance with prescribed oxygen administration including oxygen saturation monitoring where required*
- ⊖ Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank*
- ⊖ Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.*
- ⊖ Bolus or continuous feeds via a nasogastric tube*
- ⊖ Bolus or continuous feeds using a pump via a gastrostomy tube*
- ⊖ Bolus or continuous feeds using a pump via a jejunostomy tube*
- ⊖ Intermittent catheterisation and catheter care*
- ⊖ Care of Mitrofanoff*
- ⊖ Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter where the stoma has been established for less than 6 months*
- ⊖ Replacement of gastrostomy button devices in non-urgent and urgent situations once stoma has been well established for more than 6 months and there have been no problems with the stoma*



Form A – Agreement to Administer Medicine

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

| | |
|--|--|
| Name of School/Setting | |
| Name of Child | |
| Group/Class/Form | |
| Name and strength of Medicine | |
| Date received | |
| Dose and frequency of medicine (or as printed dosage schedule) | |
| Quantity received (Number/Dose/Volume) | |
| Quantity returned | |
| Date returned | |
| End date of course of medication | |

It is agreed that (*name of child*) _____ will receive

(name & dosage of medicine) _____

At the following time/s _____

Medication will be given or supervised by _____

Agreed review date _____

Signature (Headteacher Or Manager of Provision) _____ Date: _____

Signature of named Person/s _____ Date: _____

Signature of Parent/Carer _____ Date: _____

Signature of Child/Young Person _____ Date: _____



Form B – Record of Medicine/s Administered

Name of School or Setting: _____

Child's Name: _____

| | |
|---|-------|
| Quantity received No. of Doses/Volume: | _____ |
| Date received: | _____ |
| Quantity returned: | _____ |
| Date returned: | _____ |

| Date | Time | Name and strength of Medicine | Dose given | Comments | Signature of Staff | Witnessed & checked by (signature of staff) |
|------|------|-------------------------------|------------|----------|--------------------|---|
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Form C - Health Care Plan (Managing Medicines)

| | |
|--------------------------------|--|
| Name of School/Setting | |
| Child's Name | |
| Group/Class/Form | |
| Date Of Birth | |
| Address | |
| Medical Diagnosis or Condition | |

Family information/Emergency Contact

| | |
|---------------------------|--|
| Name of Parent/Carer | |
| Phone No (Home) | |
| (Work) | |
| (Mobile) | |
| Name of Emergency Contact | |
| Phone No (Home) | |
| (Work) | |
| (Mobile) | |
| Name of Health Contact | |
| Phone No | |
| Name of GP | |
| Phone No | |

Outline medical needs and give details of child's symptoms

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| |

List any regular medication taken by the child

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Daily management of medication (including emergency care e.g. before sport/at lunchtime)

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Additional advice from relevant health care professionals (e.g. specialist nurse etc)

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Form copied to:

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This form will be completed by the PHSN of the relevant department in conjunction with class staff/parents.



Section 2 - Authorisation for the administration of emergency medication

To be completed where administering of emergency medication may be required

| | |
|---|--|
| Name of School or Setting | |
| Child's Name | |
| Date of Birth | |
| Home Address | |
| Name of G.P. | |
| Name of Hospital Consultant (if applicable) | |
| Details of administration of medication | |

Doctor's Signature: _____ Date: _____

Parent/carer Signature _____ Date: _____



Form D – Individual Epilepsy Plan

To be completed where there is a known history of epilepsy

| | |
|---------------------------|--|
| Name of School or Setting | |
| Child's Name | |
| Date of Birth | |

| Emergency Contact | |
|--------------------------|--|
| Name | |
| Relationship to child | |
| Phone No. | |

| |
|---|
| <u>Are there any triggers or warnings prior to a seizure?</u> |
|---|

| |
|---------------------------------------|
| <u>Description of usual seizures:</u> |
|---------------------------------------|

| | |
|---|--|
| <u>Frequency of seizures – Please specify</u> | |
|---|--|

Usual Care during a seizure

- Observe time at start of seizure
- Stay with (name)_____ and reassure them
- Summon help
- Protect head from injury
- Maintained privacy & dignity through removing other students from the area
- Other care

| |
|-----------------------------------|
| Emergency care/medication: |
|-----------------------------------|

(please write name of medication and individual action i.e. when to give, when to repeat dose)

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hours period.

Post Seizure

Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

Note: Place in recovery position if sleepy

This plan may also be used.

Individual Epilepsy Plan

Name: _____ **Date of Birth:** _____ **School:** Beacon Hill
Trust No: _____ **NHS No:** _____

Emergency Contact

Name: _____ **Relationship:** mum & dad
Contact Numbers **Home:** _____ **Mobile:** (Mum)
(Dad)

Name of GP _____ **Allergies:** None known

Any triggers or warnings prior to a seizure:

Frequency of seizures

Usual care during a seizure: Observe time at start of a seizure
Stay with and reassure
Summon help
Protect head from injury
Maintain privacy and dignity

Emergency Medication

Description of Seizure

Emergency Care/

→

→

Post Seizure:

Signature of Doctor.....
Date.....
Signature of Parent/Carer
Date.....

CC: CCN GP PHSN/HV School/Nursery Playscheme Respite Northumbria GNVH
Review Date.....

Guidance note on completion of Health Care Plan (Form C)

When identifying what information plans should record, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements



Form E – request for child/young person to carry his/her own medicine

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

| | |
|-------------------------------|--|
| Name of School/Setting | |
| Name of Child | |
| Group/Class/Form | |
| Name and Strength of Medicine | |

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary

Signature Of Parent/Carer: _____ Date: _____

Signature Of Young Person: _____ Date: _____

Note: if more than one medicine is to be given then a separate form should be completed for each one.



Form F – Individual Staff training record

| | |
|---------------------------|--|
| Name of school or Setting | |
| Name | |
| Type of training received | |
| Date training completed | |
| Training provided by | |
| Profession & title | |

I confirm that _____ (name of member of staff) has received the training detailed above and is competent to carry out necessary treatment aligned to this training. I recommend the training is updated (please state how often).

Trainer's signature: _____ Date: _____

Update of training: _____

I confirm that I have received the training detailed above

Staff signature: _____ Date: _____

Suggested review date: _____

Details of staff who have been trained and the dates for the renewal of this will also be collated by the person responsible for CPD.