



# Blatchington Mill School

## Administration of Medicines Policy

Based on the Brighton & Hove City Council Model Policy

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Date of last amendment:	
Date to be reviewed:	October 2020

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## 1. Introduction

Blatchington Mill School aims to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We also ensure that all children are given the opportunity to participate fully in all aspects of school life, including Physical Education (PE), Science, Design, educational visits, outings, field trips and extracurricular activities. This is in line with our policies on Special Educational Needs and Disabilities, and on Equalities

**It is the policy of Blatchington Mill School to administer medicines/ prescribed medication only to pupils where doing so will enable the individual to participate fully in all aspects of school life.**

Any medicines stored and administered within school are handled in a safe and monitored environment. This policy has been written using guidance from the DFE [‘Supporting pupils with medical conditions at school’ guide](#) and Brighton and Hove City Council Administration of Medicines Standard HS–S-32.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs e.g. finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled asthma, epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

## 2. Known Medical Conditions

Parents / Carers have the prime responsibility for their child’s health and as such, should provide Blatchington Mill School with information about their child’s medical condition, either upon admission or when their child first develops a medical need. Where a pupil is identified as having a chronic or long-term medical condition, a health care plan will be drawn up in conjunction with parents/carers and all health care professionals involved.

### **Communicating Medical Conditions to Relevant Staff**

The following methods will be used to ensure all relevant staff are aware of the pupils medical condition (with appropriate consideration of pupil confidentiality and data protection):

- A list of all children within the school with any known medical condition is maintained by the First Aid Lead it is stored on the school portal (BMS 360) which is accessible to all school staff, a link to this is sent by email to all staff. The list also has information of what to do in an emergency. This is updated when there are changes or annually at the least.
- Students’ electronic files include information about significant medical conditions.
- Cover work set for agency and supply staff will include information on the students in the class and this will refer to significant medical needs.



### **3. Roles and Responsibilities**

#### **School Staff**

At Blatchington Mill School the person responsible for the management of meeting the medical needs of pupils/ administration of medication is the First Aid Lead, this position is line managed by the School Business Manager. The head teacher maintains the overall responsibility for implementing the policy.

The following staff have a role in the management of medication at the schools:

Role	Name and Job Title
Administration of medication	First Aid Lead
Managing storage of medication	First Aid Lead, SENCO
Returning medication to parents/ guardians for disposal	First Aid Lead
Checking that medication has been removed at the end of each half term	First Aid Lead

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it, however some staff may have it included within their job description. Where staff do undertake to agree to administer medication:

- Each request should be considered on individual merit and staff have the right to refuse to be involved
- Staff should understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise
- Regular training relating to emergency medication and relevant medical conditions should be undertaken

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### Parents / Carers

- Parents should not send a child to school if they are infectious or not well enough, the app Study Bugs can provide guidance from Health Bodies in relation to whether or not a student should attend with a specific condition.
- Where medication is required to be administered by school staff, this must be agreed and the Parent / Carer **must sign a Consent Form** (verbal instructions cannot be accepted)
- If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the Parent / Carer (verbal instructions cannot be accepted)
- All medicines must be in their original packaging with the pharmacists dispensing label
- Parents / Carers need to ensure there is sufficient medication and that the medication is in date
- An appropriate medicine spoon, medicine pot or oral medicines syringe must be provided by the Parent / Carer
- Medication must be replaced by Parents / Carers at the request of relevant school/health professional
- Parents should collect medicines held by the school at the end of each term and are responsible for ensuring that expired or out of date medicines are returned to a pharmacy for safe disposal

## 4. Procedures for the Administration of Medicines

### Storing Medicines

- All medicines will be stored in a lockable cabinet during the day or a fridge in the first aid room.
- There are some occasions when (non controlled) medication is kept in a room more convenient to the needs of the student, it must be kept in an appropriate locked cabinet or drawer and the logging of the medicine and its administration must be managed by the First Aid Lead.
- When items such as asthma inhalers and automatic adrenaline injectors (AAIs) need to be readily available to pupils at all times, these will be kept in the child's bag, Where children need to have an AAI on their person at all times (as advised by healthcare professionals) they will use a clear box, or pencil case type bag kept in their bag/ or ruck sack

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- Controlled medication (e.g. Class 1 and 2 drugs such as “Ritalin” prescribed for Attention Deficit Syndrome) are kept in the safe in the medical room, and a written stock record is kept to comply with the Misuse of Drugs Act legislation.

### Administering Medication

- The dose of a liquid medicine must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent
- Tablets or capsules must be given with a glass of water
- The record of medication administered will be completed each time medication is given including the time and dose given.

### Prescribed Medicines

- Medicines should only be taken to school where it would be detrimental to a child’s health if the medicine were not administered during the school day
- Blatchington Mill School can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration – the following must be clearly shown on the label as follows:
  - Child’s name, date of birth
  - Name and strength of medication
  - Dose
  - Expiry dates whenever possible
  - Dispensing date/pharmacists detail
- Some medicines, such as antibiotics, must be taken at a specific time in relation to food – this will be written on the label, and the instructions on the label must be carefully followed
- The Parent / Carer should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. The medication in/ out log will be completed to document that medication has been removed/ disposed of.
- Medicines will not be handed to a child to take home unless agreed as in Self-Management below

### ‘Spare’ Emergency Medication

Schools are now permitted to keep a salbutamol inhaler and/or an automatic adrenaline injector (AAI) on their premises, bought from a pharmaceutical supplier without prescription to use in emergencies when a child cannot access their own inhaler or AAI. The following arrangements are in place to manage the spare medication in the school:

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Where the salbutamol inhaler / AAI will be stored	Additional Inhalers/AAI are placed at West wing, Student services and the Medical room. These are accessible to staff in an emergency and are locked away when the area is unattended.
Who checks the salbutamol inhaler / AAI to ensure it is in date and when	First Aid Lead Termly
Who will administer it in an emergency	First Aiders/staff trained in using AAI Lists of staff trained in the use of AAIs are displayed at points around school.
How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler / AAI	All staff have access to a list of the student's with medical conditions. The medical information is also on SIMS under Medical (7)
Who is responsible for disposing of and replacing the salbutamol inhaler / AAI	First Aid Lead

#### **Non- Prescribed Medicines**

- The requirements for consent and the procedure for administering non-prescribed medication is the same for prescribed medication with the exception of the need for a pharmacy dispensing label.
- Dosing and frequency of the medication must be instructed in writing by the parent and documented on the consent form. The dosage and frequency of dosing will follow that outlined on the original packaging of the medication.
- School staff will not administer non-prescription medication outside of the dosing and frequency periods given by the parent/ carer.
- On occasions a dose of Paracetamol will enable a student to stay at school. Only students for whom the school has parent/carer's permission can receive Paracetamol. It is only the First Aid Lead who can administer this and this must be logged. The First Aid Lead will call home before Paracetamol is administered.

## **5. Staff Training**

- Any staff required to administer medicines will receive appropriate training. The school nurse trains staff annually on how to use AAI. First Aid training takes place every 3 years from an appropriate provider.
- Where applicable (e.g. for some intimate medical interventions) a nurse/ medical practitioner will deliver the training and sign off a 'Confidence to practice' statement (See the councils 'Delivery of Medical Interventions by Non Medical Staff Guidance' available on the health & safety resource pages on BEEM for further information)
- Staff will receive annual refresher training where required (e.g. as indicated in the care plan or confidence in practice statement).



## 6. Self-Management

Older pupils with a long-term illness should, whenever possible, assume complete responsibility for their medication, under the supervision of their Parents / Carers.

It should be noted, however, that children develop at different rates and so the ability to take responsibility for and to manage their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made.

There may be circumstances where it is not appropriate for a child of any age to self-manage. Health Professionals need to assess, with Parents / Carers and children, the appropriate time to make this transition.

Where it is appropriate for pupils to self-manage, Parents / Carers will be required to complete a "Self-Management" form which will detail where the medicines are to be stored during the school day. This will normally be the medical room but arrangements may be made for the year office or Student Support to store the medicines, the logging of medicines held on site will continue to be the responsibility of the First Aid lead.

## 7. Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but this will be recorded on the 'Record of medication administered' and the parents /carers will be informed as soon as possible, on the same day. If a refusal to take medicines results in an emergency then our emergency procedures will be followed

## 8. Educational Visits

In line with the requirements of the Equalities Act, Blatchington Mill School will make reasonable adjustments so far as is reasonably practicable, to enable children with medical needs to participate fully and safely on visits. Educational Visits include any outing from school, both residential and non-residential, for the purposes of this policy.

- Risk assessments will be undertaken and will allow for children with medical needs. Where necessary an individual pupil risk assessment will be completed.
- Staff supervising excursions will be aware of any medical needs and the relevant emergency procedures that need to be followed.
- A copy of any Health Care Plans will be accessible on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School Health Service and/or the child's GP/ specialist (in consultation with the parent/carer.

## 9. Sporting Activities

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In line with the Equalities Act, Blatchington Mill School will make reasonable adjustments to enable children with medical needs to participate fully and safely in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- There should be sufficient flexibility for all children to participate in ways appropriate to their own abilities
- Any restrictions on a child's ability to participate in physical activity and sport should be recorded in their individual Health Care Plan
- The school is aware of issues of privacy and dignity for children with particular needs
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as Asthma inhalers.

## 10. Equality, Diversity and Inclusion

At Blatchington Mill School, we aim to ensure that no member of the school community experiences harassment, less favourable treatment or discrimination within the learning environment because of their age; any disability they may have; their ethnicity, colour or national origin; their gender; sexuality, their religion or beliefs.

We value the diversity of individuals within our school and do not discriminate against anyone because of 'differences'. We believe that all our children matter and we value their families too. We give our children every opportunity to achieve their best by taking account of our children's range of life experiences when devising and implementing school policies and procedures.

## 11. Confidentiality

Medical information will be kept secure in line with Data Protection requirements and sensitive information will only be shared with those staff that need to know. However, in a large school with a complex timetable as well as multiple extra curricular activities it has been decided to share medical information with all staff to ensure that all are best equipped to act appropriately in an emergency.

Medical information will be kept secure but readily accessible in the event of an emergency.

## 12. Policy Review

This policy will be regularly reviewed by the Governing Body and updated in line with Blatchington Mill School's Policy Schedule.

## 13. Appendices

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[A Health care plan](#)

[B Sample protocol for schools administering medicines](#)

[C Parental consent form](#)

[D Parental consent form for child carrying own medicines](#)

[E Record of Medicine Administered to Children/Young People](#)

[F Example agreement for administering medicines](#)

[G Example staff training record](#)

[H Instruction for the administration of rectal Diazepam](#)

[I Medicines in/out log](#)

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**A HEALTH CARE PLAN**

<b>Name of Child</b>	
<b>Date of Birth</b>	
<b>Condition</b>	
<b>Date</b>	
<b>Class/Form</b>	
<b>Review Date</b>	

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**Contact Information**

**Family/Carer Contact 1**

<b>Name</b>	
<b>Phone: Work</b>	
<b>Mobile</b>	
<b>Home</b>	
<b>Relationship</b>	

**Family/ Carer Contact 2**

<b>Name</b>	
<b>Phone: Work</b>	
<b>Mobile</b>	
<b>Home</b>	
<b>Relationship</b>	

**Clinic/Hospital Contact**

<b>Name</b>	
<b>Tel. No</b>	

**GP**

<b>Name</b>	
<b>Tel. No.</b>	

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**Describe condition and give details of pupil's individual symptoms:**

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**Daily care requirements (e.g. before sport/at lunchtime):**

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**Describe what constitutes an emergency for the pupil and the action to take if this occurs:**

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**Follow-up Care (e.g. after a medical episode such as a seizure, fainting, vomiting etc):**

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**Who is responsible in an emergency: (state if different on off-site activities):**

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### B SAMPLE PROTOCOL FOR SCHOOLS ADMINISTRATION OF MEDICATION

#### 1 Background

(Insert child's name) has been diagnosed with/has the following condition(s) and therefore may require access to the following medication:

Medical Condition	Medication
Add medical condition	List medication
Allergens	Resultant behaviour/ physical appearance/ reaction
Add allergen	Describe the pupils reaction(s)

The arrangements set out below are intended to assist (insert child's name), their parents/carer and the school in achieving the least possible disruption to their education but also to make appropriate provision for their medical requirements.

The Head teacher will arrange for all relevant staff (e.g. class teacher, teaching assistants, first aid lead and catering staff where applicable) to be briefed about (insert child's name) condition and necessary arrangements as outlined in this document.

#### Pupils with Allergies (Delete or add details as necessary)

Where the pupil has a food allergy/ sensitivity whether through digestion or touch etc, the School staff will take all reasonable steps to ensure that (insert child's name) does not come into contact with/ eat those identified allergens. All necessary information including emergency procedures/ location of emergency medication will be shared with the schools catering staff.

(insert child's name) parents/carers will remind them regularly of the need to refuse any food items which might be offered to them by other pupils.

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Whenever the planned curriculum involves cookery or experiments that may involve (insert name of allergen(s)) prior discussions will be held between the school and parents/carers to agree measures and suitable alternatives. Where necessary, an individual pupil risk assessment will be undertaken.

During the planning for offsite visits/ trips, prior discussions will be held between the school and (insert child's name) parents/ carers to assess the risk of the pupil coming into contact with the allergen(s) and what measures will be needed on the trip.

### Pupil Requiring Medication (Delete or add details as necessary)

The school will hold, under secure conditions, (add pupils name) medication. The Medicine(s) will be provided by the parent/ carer in their original packaging and all prescribed medication must have a dispensing pharmacy label which lists the dose, frequency of dosing and any instructions for administration. All medication will have an expiry date and only medication in date will be administered.

The medication is stored: (add location).

The parents/carers accept responsibility for maintaining appropriate supplies of medication.

## 1 Emergency Response

When a pupil displays known symptoms relating to their condition that requires an emergency response, the appropriate medication will be administered following staff training/ instruction (e.g. use of an asthma inhaler or automatic adrenaline injector (AAI),

In the event of (insert child's name) showing any physical symptoms for which there is no obvious alternative explanation, their condition will be immediately reported to (insert name

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of person nominated to take control of the situation - this person could be the class teacher, first-aider or head teacher).

On receipt of such a report, this person, if agreeing that their condition is a cause for concern will instruct a member of staff to contact (in direct order of priority):

- AMBULANCE – Emergency Services 999  
Message to be given – (name of child) (insert medical condition)
- Parents/ carer  
Name – number (insert)

Whilst awaiting medical assistance, (insert name of nominated person) will assess (insert child's name) condition and **administer the appropriate medication** in line with perceived symptoms and following their training/instructions and as detailed on the consent form.

The administration of this medication is safer for (insert child's name) than doing nothing - even if it is given through a misdiagnosis (we don't know this)

On the arrival of a qualified medical staff, the nominated person will tell them of the medication given to (insert child's name). All used medication will be handed to the medical staff.

After the incident, a debriefing session will take place with all members of staff involved this will be minuted and kept on the child's record. Parents/carers will replace any used medication.

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### Staff Training

A training session was held by (school nurse) which was attended by (insert names of staff/trained in procedure.) (insert name) was nominated as the key person to take control of a situation and (insert name) was nominated to perform this role in the event of their absence.

The training included details of (insert name of child) condition, the symptoms of (insert medical condition); the stages and procedures for the administration of medication and emergency procedures to follow.

Further advice is available to the school staff at any point in the future if they feel the need for further assistance. In any case, the medical training will be repeated every (add frequency e.g. six months.)

### Staff Indemnity

In order to give staff reassurance about the protection their employment provides, Brighton & Hove City Council agrees to fully indemnify its staff at the school against claims of negligence from (insert child's name) parents/carers providing the staff are acting within the terms of this protocol. In practice, the indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parent and the employer (the Council).

### Agreement

A copy of these notes will be held by the school and the parents/ carer and a copy sent to (insert child's GP/doctor's name and address) and (insert school nurse's name and address) for information.

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Any necessary revisions will be the subject of further discussions between the school and the parents/ carers and appropriate medical practitioners.

On a termly basis, any changes in routine will be noted and circulated.

Agreed & Signed on behalf of the school:

Head teacher:

Date:

Parents/Carer:

Date:

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### C PARENTAL CONSENT FORM

**TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD TO WHOM DRUGS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF.**

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery. Please complete in block letters.

<b>Name of Child</b>		<b>Doctor's Name</b>	
<b>Date of Birth</b>		<b>Doctor's Phone No.</b>	
<b>School</b>		<b>Doctor's 24hour contact No.</b>	
<b>Home Address</b>		<b>Doctor's Address</b>	

**The Doctor has prescribed (as follows) for my child:**

a) Regularly:

<b>Name of Drug/Medicine to be given</b>	<b>How Often (e.g. lunchtime, after food?)</b>	<b>How much? (e.g. 5ml/ 1 tablet)</b>

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b) In special circumstances:

<b>Describe what circumstances would require the administration of the medicine(s) or treatment details of the necessary dosage:</b>

c) Special Procedures

<b>Describe under what circumstances medical/ intimate (including tube feeding, catheter care, tracheotomy care or nasopharyngeal suctioning etc) procedures will be undertaken:</b>
<b>List any necessary equipment:</b>

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with any necessary medical equipment and the drugs, medicines, food my child requires in properly labelled containers and keep the school

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informed of any material facts or information which may affect medication being given to the child. I will dispose of unused equipment, drugs and/ or medication at the end of each term or sooner if the drugs/ medication has expired..

I accept that whilst my child is in the care of the School, the **School staff stand in the position of the parent** and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

<b>Name of Parent/ Carer</b>	
<b>Signature of Parent/Carer</b>	
<b>Date</b>	
<b>Home telephone number</b>	
<b>Daytime telephone number</b>	
<b>Relationship to child</b>	
<b>Phone number</b>	

I undertake to provide advice if any changes in medication/ medical procedures are necessary.

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<b>Name of Doctor/Consultant Paediatrician</b>	
<b>Signature</b>	
<b>Date</b>	

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### D PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION

**This form must be completed by parents/carers**

Please complete in block letters

<b>Name of child:</b>	
<b>Class:</b>	
<b>Address:</b>	
<b>Condition or illness:</b>	
<b>Name of Medicine(s):</b>	
<b>Procedure to be taken in an emergency:</b>	

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### Contact Information

<b>Name:</b>	
<b>Daytime telephone number:</b>	
<b>Relationship to child:</b>	

I would like **add pupil name** to keep their medication on them for use as necessary.

**Signed:**

**Date:**

**Relationship**

**to**

**child:**

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Childs Name										
Date										

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### F EXAMPLE HEADTEACHER/ HEAD OF SETTING AGREEMENT TO ADMINISTER MEDICINE

Dear

I agree that (name of child) will receive (quantity and name of medicine) every (add time medicine to be administered, e.g. lunchtime or afternoon break).

(Name of child) will be given/supervised whilst they take their medication by (name of member of staff).

This arrangement will continue until (either end date of course of medicine or until instructed by parents).

Date:

Signed:

(Headteacher/ Settings Manager)

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### G EXAMPLE OF FORM FOR RECORDING MEDICAL TRAINING FOR STAFF

<b>Name</b>	
<b>Type of Training received</b>	
<b>Date Completed</b>	
<b>Training Provided By</b>	

I confirm that **add name** has received the training detailed above and is competent to carry out **add details of medication and/or procedure**.

<b>Trainer's Signature</b>	
<b>Date</b>	

I confirm that I have received the training detailed above.

<b>Staff Signature</b>	
<b>Date</b>	

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<b>Suggested Review Date</b>	
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**H INSTRUCTIONS FOR THE ADMINISTRATION OF RECTAL DIAZEPAM**

Guidelines for the administration of rectal Diazepam in epilepsy and febrile convulsion for non-medical/ non-nursing staff.

<b>NAME OF CHILD/YOUNG PERSON:</b>	
<b>D.O.B</b>	

<p><b>SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM</b> Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc.</p>	
<b>USUAL DURATION OF SEIZURE</b>	
<b>OTHER USEFUL INFORMATION</b>	
<b>DIAZEPAM TREATMENT PLAN</b>	
<p><b>WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED</b> Include whether it is after a certain length of time or number of seizures. e.g. For a tonic/clonic seizure lasting 5 minutes or 2 tonic/clonic seizures without recovery in-between</p>	
<b>INITIAL DOSAGE:</b> How much rectal Diazepam given initially	
<b>USUAL REACTION(S) TO RECTAL DIAZEPAM</b>	
<b>ACTION TO TAKE IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM</b> e.g. constipation or diarrhoea	
<b>CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN</b>	
<b>IF YES, AFTER HOW LONG CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN</b> (State the time to have elapsed before re-administration takes place)	
<b>HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE</b>	

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<b>WHEN SHOULD THE PERSON'S USUAL DOCTOR BE CONSULTED</b>	
<b>WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP</b> e.g. if the full prescribed dose of rectal Diazepam fails to control the seizure	
<b>WHO SHOULD WITNESS THE ADMINISTRATION OF RECTAL DIAZEPAM?</b> (e.g. another member of staff of the same sex)	
<b>PRECAUTIONS - UNDER WHAT CIRCUMSTANCES SHOULD RECTAL DIAZEPAM NOT BE USED</b> e.g Oral diazepam already administered within the last X minutes.	
<b>DETAILS OF WHO/WHERE NEEDS TO BE INFORMED</b> e.g. Prescribing GP/ Parents/ carers	

**All occasions when rectal Diazepam is administered must be recorded.**

**THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:**

	<b>Signature</b>	<b>Date</b>
<b>PRESCRIBING DOCTOR</b>		
<b>AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM</b>		
<b>PARENT/CARER</b>		
<b>HEAD OF SCHOOL/SETTING</b>		

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