

Handsworth Grange Community Sports College

Supporting Pupils with Medical Conditions Policy

(Incorporating the Asthma Policy)



Current Policy as of: September 2018

LT Responsibility: Nick Parker

Governor Committee: Pupil Wellbeing

1) INTRODUCTION

INTRODUCTION:

The Minerva Learning Trust (MLT) asks all partner schools to adopt and use this policy unless a partner school and the Minerva Learning Trust have discussed and agreed alternative procedures that they both agree would better suit the partner school's particular circumstances.

Any reference in this policy to the Governing Body or the school relates to the independent governing bodies and schools of all Minerva Learning Trust partners. Partner schools and their respective Governing Bodies have full delegated powers from the Trust and have responsibility for the operational implementation of the policies and their associated procedures. They are encouraged to seek advice and support from Minerva Learning Trust on matters of policy and procedure in circumstances where decisions may potentially impact on the Trust as a whole, e.g. dismissing staff or making staff redundant. In such circumstances, at least one member of the relevant panel should be a member of the Trust.

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

N.B. Paragraph numbers refer to the DfE publication '*Managing Medicines in Schools and Early Years Settings*' and is line with the Sheffield LA Guidance '*Managing Medicines in Schools and Settings*' 2007.

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 to school if it is detrimental to the child's health not to have the 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 make changes to prescribed dosages. *Paragraph 26*
- 1.4 The school will **not administer** medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. *Paragraph 25*
- 1.5 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's 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
 - Expiry date*Paragraph 51*
- 1.6 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 a prescribed controlled drug in their possession. The school will keep controlled drugs in a locked non-portable container, to which only 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.

1.7 The school will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

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 in line with the DfES 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.

Paragraph 64

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 schools, 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 minimum of two people to be responsible for the administering of medicine to a child.

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 agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as **Form 5 or 6** 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.

3.6 National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.'
(Paragraph 35)

3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

3.8 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 policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. 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.

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

4.1 It is the parents/carers' responsibility to provide the headteacher with sufficient **written** information about their child's medical needs if treatment or special care is needed.

4.2 Parents are expected to work with the headteacher, or designated person, 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 headteacher, or designated person, 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.

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 The school will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
Paragraph 119

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:

- Headteacher or designated adult
- Parent or carer
- Child (if appropriate)
- 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

Paragraphs 131 – 193

6. Off-site Education or Work Experience for Secondary School Pupils

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 placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site. *Paragraph 127*

6.2 The school will refer to the DfE guidance Work Related Learning and the Law DfES/0475/2004, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding e.g. Increased Flexibility Programme.

6.3 The school is also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. The school will comply with LEA policy on the conduct of risk assessments before a young person is educated off-site or has work experience.
Paragraph 126

6.4 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs.

6.5 Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers. *Paragraph 128*

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*

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 headteachers to ensure that their staff receive the training. The headteacher or designated adult will agree when and how such training takes place, in their capacity as a line manager. The head of the school 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.
- 8.5 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 training and advice.

9 **Record keeping**

- 9.1 Parents/carers should tell the school or setting 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.

Paragraph 50

- 9.2 The school will use **Form 3/5** 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 3/5** 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. It is not the school's responsibility.
- 9.5 **Form 3/5** should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.

Paragraph 52

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 - paying particular note to temperature and in the original container in which dispensed.
- 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 Non-healthcare staff will never transfer medicines from their original containers. *Paragraph 107*
- 10.6 Children will be informed where their own medicines are stored and who holds the key.
- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 10.8 Schools may allow children to carry their own inhalers. This school will do so.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
Paragraph 108
- 10.10 A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

Paragraph 109

- 10.11 Access to Medicines - Children need to have immediate access to their Medicines when required. The school will make special access arrangements for 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

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 term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. ***This process should be documented.***
Paragraph 112
- 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

Whole school Policy Document: Asthma

From DfES Guidance – "*supporting Pupils with Medical Needs* "

Handsworth Grange Community Sports College will:

- Welcome all young people with Asthma
- Encourage and help young people with asthma to participate fully in all aspects of school life.
- Recognise that asthma is an important condition affecting many young people of school age.
- Recognise that immediate access to inhalers is vital.
- Strive to make sure that the school environment is favourable to young people with asthma.
- Help other young people understand, so that they can support their friends.
- Have a clear understanding of what to do in the event of a child having an asthma attack.
- Work in partnership with parents, school governors, health professionals, school staff and young people ensuring successful implementation of school asthma policy

Management of Inhalers

- Many asthmatics may not need to take their reliever inhaler whilst they are in school, as they are well controlled, but it should be readily available to them in the event of an attack.
- Relievers' inhalers are normally blue and most acute attacks respond very well to prescribed inhalers when given immediately.
- (Preventor inhalers are coloured brown orange or burgundy and are not normally needed in the school day and are prescribed in the morning and evening)
- Parents with an asthmatic son / daughter in school should inform the school in writing of their treatment whilst at school and this recorded in school, available to those who responsible for the young person.
- Young people should be encouraged to be independent and allowed to keep their reliever inhaler with them at all times in their bags and administer their own asthma medicines when they need to.
- Any inhalers kept by the school should be clearly labelled with the young persons name in easy assessable place available at all times.
- Do not cause delay by locking the inhaler away.
- It is parents' responsibility to ensure inhalers remain within the expiry date and provide new inhalers as they empty.
- Make sure inhalers are always taken on school outings and residential trips where also additional preventors' inhalers may need to be taken

How to involve children who have asthma in sport and exercise

Most young people with asthma are able to take part in all sporting activities without any problems. Young people who have had serious attacks of asthma in the past should enjoy sporting activities when they are well and are just as able as their non- asthmatic friends on the sports field.

- Make sure everyone in physical education is aware of the needs of children with asthma.
- Ensure that young people who have exercise induced asthma use their inhaler before they start exercise.
- It may also be necessary that have to take the inhaler during or after exercise.
- Make sure the young person always takes their inhaler to the gym, sports field or swimming baths.
- Young people who have symptoms of coughing wheezing or breathlessness should take their inhaler and wait at least five minutes or until they feel better before resuming exercise.

What to do in the event of asthma attack

A young person having an asthma attack will normally respond quickly to their reliever treatment. However severe attacks of asthma need urgent medical attention.

In rare cases, asthma can prove fatal and so must never be underestimated.

All school staff needs to know how to help in an attack and what to do in an emergency.

- Keep calm- this encourages the young person to keep calm
- Encourage the young person to sit up and slightly forward- do not lie them down
- Ensure 2 puffs of the reliever is promptly taken, this will open up the air ways.
- Loosen the clothing & reassure
- A member of staff should stay with the young person throughout the attack

If no improvement

- One puff of the inhaler should be given every minute for five minutes or until symptoms improve (you cannot overdose on the inhaler)
- If the young person is too breathless or exhausted to talk
- If the lips are blue
- Call 999 if symptoms do not improve within 5-10 minutes or if you are in any doubt
- Unconscious –if person is unconscious and not breathing, mouth to mouth resuscitation will be required.

Liaison with Parents/ guardians

Parents/guardians and the school nurse should be notified if the following occurs:

- Excessive use of the reliever inhaler
- No reliever kept in school
- Excessive symptoms of breathlessness , wheeziest or coughing
- Excessive low attendance due to asthma

How to make the policy work

- Ensure the asthma policy is available to parents, staff and governors.
- Training session should be offered to all staff, teaching and non teaching so they are confident implementing the policy.

Appendices: pp.8-10

FORM 1

Contacting Emergency Services

Put a completed copy of this form by the telephone

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

1. Your telephone number
2. Give your location as follows
[insert school setting address]
3. State that the postcode is
4. Give exact location in the school/setting
[insert brief description]

5. Give your name

6. Give name of child and a brief description of child's symptoms

7 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

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

FORM 2

Health Care Plan (this should be regularly reviewed)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

/ /
/ /
/ /

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms

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

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 (*state if different for off-site activities*)

Form copied to

FORM 3A

Parental agreement for school/setting to administer medicine (short-term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

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

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

Date

Signature(s)

FORM 3B

Parental agreement for school/setting to administer medicine (long-term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	[name of member of staff]

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

Parent/carer's signature _____

Print name _____

Date _____

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

FORM 4

Head teacher/Head of setting agreement to administer medicine

Name of school/setting

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers].

Date _____

Signed _____

(The Head teacher/Head of setting/named member of staff)

FORM 5

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent/carer	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent/carer _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

FORM 7

Request for child to carry his/her own medicine

This form must be completed by parent/carers/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting

Child's name

Group/class/form

Address

Name of medicine

Procedures to be taken in an
Emergency

Contact Information

Name

Daytime phone no.

Relationship to child

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

Signed _____

Date _____

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

FORM 8

Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	/ /
Training provided by	
Profession and title	

I confirm that [name of member of staff] 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 _____

Authorisation for the administration of buccal midazolam

Name of school/setting	
Child's name	
Date of birth	/ /
Home address	
G.P.	
Hospital consultant	

should be given buccal midazolam mg.

If he 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.

(*please enter as appropriate)

Doctor's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:

Trainers name and post

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

COLUMN 1 – STAGE 1

*REFER TO CYPD
POLICY DOCUMENT IS
THE ACTIVITY
INCLUDED*

YES



*HAVE STAFF
RECEIVED
APPROPRIATE
TRAINING*

YES



*IS THE ACTIVITY
APPROPRIATE FOR A
NON-HEALTH CARE
PROFESSIONAL TO
UNDERTAKE*

YES



GO TO COLUMN 2

COLUMN 3 – STAGE 3

COLUMN 2 – STAGE 2

IS THE MEDICATION PRESCRIBED,
ORAL & NOT REQUIRED FOR MORE
THAN 7 DAYS



OR

IS THE MEDICATION PRESCRIBED,
ORAL AND FOR 8 + DAYS IN LINE
WITH A HEALTH CARE PLAN (HCP)



OR

IS IT NON PRESCRIBED IN LINE
WITH A HCP **AND NOT ASPIRIN OR
IBUPROFEN BASED**



AND

HAS ANY HCP BEEN DRAWN UP IN
CONSULTATION WITH A NURSE OR
GP, SPECIFYING LEVEL OF
COMPETENCY REQUIRED TO
ADMINISTER MEDICATION



AND

IS THERE A PROCESS IN PLACE TO
SAFELY STORE MEDICINES &
RECORD CONSENT,
ADMINISTRATION AND REFUSAL

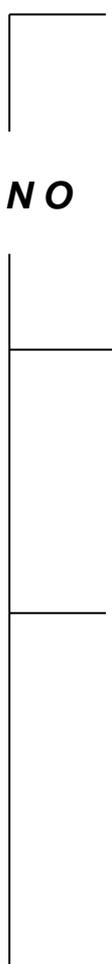


IF NO TO ANY OF ABOVE

**IF
YES**

CONSULT HEALTH CARE PROFESSIONAL IF IN DOUBT ABOUT THE
ADMINISTRATION PROCESS

NO





Approved by

Governor:**Date:**

Signature: