

The Gifted Education Centre

To Go Beyond the Known



POLICY ON UNWELL CHILDREN AND ADMINISTRATION OF MEDICATION AT ONE DAY SCHOOL™

RATIONALE

Children need to attend One Day School whenever possible so as to enable maximum learning and to develop an attitude of regular work attendance. This attendance must not present a risk to the health of themselves or other children.

PURPOSE

1. To help provide a safe and healthy environment for children at One Day School.
2. To ensure that students do not pose a health risk to themselves or their classmates.
3. To assist children with medical needs which do not pose a health risk to themselves or others to participate fully and with satisfaction at One Day School.
4. To clarify the responsibilities of parents/caregivers and Centre staff in respect of the health of One Day School participants.

DEFINITIONS

For the purpose of this policy:

- "medication" means any oral or intravenous preparation that is intended to have some therapeutic benefit, including, but not limited to, intra-muscular prescription, prescription only and over-the-counter pharmaceutical and complementary medicines, such as cough medicines, analgesics, homoeopathic remedies, etc.
- "long term" means for a period exceeding one month.

RELEVANT PRINCIPLES

The Centre shall adhere to the following principles in respect to the administration of medication:

1. To help provide a safe and healthy environment for children at One Day School.
2. Parents'/caregivers' choices in respect to medication for their child are to be respected.

GEC and GEC staff retain the right to not be involved in the administration of medication.

GUIDELINES

1. This policy is applicable to any One Day School child who prior to class is, or during class becomes, unwell and all instances where medication may be required to be taken (or administered) at One Day School.
2. All parents/caregivers have a responsibility to keep their child from attending One Day School if the child is unwell so as to pose a significant health risk to themselves or their classmates.
3. One Day School teachers have a responsibility to identify children who become unwell (so as to pose a significant health risk to themselves or their classmates) and to take appropriate action in such circumstances.
4. The Director, and through the Director the Trust Board, has overall responsibility to ensure that this policy is implemented consistently.
5. The final authority for adherence to this policy lies with the Director and through the Director, the Trust Board.

PROCEDURES

1. Advising relevant parties about GEC's policy on unwell children and the administration of medication at One Day School.

Members of the School's community (including staff, contractors, Trust Board members and parents/caregivers etc) must be aware of GEC's policy on unwell children and the administration of medication at One Day School. Accordingly the Centre shall:

- make reference to this policy in student, staff and Trust Board introductory information packs;
- ensure this policy is set out in full on the Gifted Education Centre website; and
- make reference to this policy at least once annually in a school newsletter (ideally at the start of winter).

2. Unwell children and children with a potential need for SHORT TERM administration of medication.

- a) Parents/caregivers have a responsibility to keep their child from attending One Day School if the child is unwell so as to be a significant health risk to themselves or their classmates.
- b) If a child becomes unwell while at One Day School the child's parents/caregivers may be contacted to collect the child.
- c) If a child is well enough to be at One Day School (ie they do not pose a significant health risk to themselves or their classmates) but they are either required to take medication or it is contemplated that the child may take medication in certain circumstances then the parents/caregivers need to complete a Medication Administration and Consent Form and give it to the class Teacher along with all medication.
- d) The Medication Administration and Consent Form:
 - advises the Teacher of the potential for the administration of medication,
 - identifies the medication, dose, frequency etc,
 - advises whether the child will self-administer or whether the Teacher is requested to administer the medication,
 - gives permission for the child to be administered medication, and
 - outlines an action plan should the child's condition deteriorate.
- e) All medications must be labelled with the child's name, handed to the Teacher and kept by the Teacher in a safe place. All medications shall be collected from the Teacher by the parent/caregiver at the end of each school day.
- f) The One Day School Teacher will administer medication on a voluntary basis only.
- g) The One Day School Teacher will not administer medication at One Day School unless the Medication Administration and Consent Form has been completed.
- h) The first dose of any medication must not be taken/given at One Day School.
- i) Any staff administering medication will record the child's name, the name of the medication administered, the date, time and affix their signature to the Medication Administration and Consent Form.

3. Procedure - Administration of PAMOL/Paracetamol for short term relief

- a) PAMOL/Paracetamol is the only medicine that a GEC ODS Teacher may administer to a child without being in receipt of a Medication Administration and Consent Form signed by the child's parents.
- b) PAMOL/Paracetamol shall only be administered if it is required for fever or pain relief etc and only if a PAMOL/Paracetamol Administration Consent Form has been completed and returned to the GEC ODS Teacher in respect of the child.

4. Children with a potential need for LONG TERM administration of medication (NOT INTRA-MUSCULAR)

- a) If a child is well enough to be at One Day School (ie they do not pose a significant health risk to themselves or their classmates) but they are either required to take medication long term or it is contemplated that the child may have a long term need to take medication in certain circumstances (eg in the event of an asthma attack) then the parents/caregivers need to complete a Medication Administration and Consent Form and give it to the class Teacher along with all medication.

- b) The long term use of medication requires written notification from a General Practitioner or Specialist. This notification needs to be verified annually. The parents/caregivers have the responsibility to obtain such a notification and provide it to the school annually.
- c) The Medication Administration and Consent Form:
 - advises the Teacher of the potential for the administration of medication,
 - identifies the medication, dose, frequency etc,
 - advises whether the child will self-administer or whether the Teacher is requested to administer the medication,
 - gives permission for the child to be administered medication, and
 - outlines an action plan should the child's condition deteriorate.
- d) All medications must be labelled with the child's name, handed to the Teacher and kept by the Teacher in a safe place. All medications shall be collected from the Teacher by the parent/caregiver at the end of the school day.
- e) The One Day School Teacher will administer medication on a voluntary basis only.
- f) The One Day School Teacher will not administer medication at One Day School unless the Medication Administration and Consent Form has been completed and the administration is agreed to by the Director (or if unavailable, the Deputy Director, One Day School or the Assistant Director).
- g) The first dose of any medication must not be given/taken at One Day School.
- h) Any staff administering medication will record the child's name, the name of the medication administered, the date, time and affix their signature to the Medication Administration and Consent Form.

5. Children with a potential need for INTRA-MUSCULAR administration of medication

- a) If a child is well enough to be at One Day School (ie they do not pose a significant health risk to themselves or their classmates) but they are either required to take intra-muscular medication long term, or it is contemplated that the child may have a long term need to take intra-muscular medication in certain circumstances (eg in the event of an allergic reaction), then the parents/caregivers need to complete an Intra-Muscular Medication Administration and Consent Form (in consultation with their GP) and give it to the class Teacher along with all medication. **NO CHILD REQUIRING INTRA-MUSCULAR MEDICATION CAN START AT ONE DAY SCHOOL WITHOUT AN INTRA-MUSCULAR MEDICATION ADMINISTRATION AND CONSENT FORM HAVING BEEN COMPLETED AND RELEVANT STAFF HAVING BEEN TRAINED (see below).**
- b) Long term use of intra-muscular medication will initially require written notification from a General Practitioner or Specialist. Notification should be verified annually. The parents/caregivers have the responsibility to obtain such a notification and provide it to the school annually.
- c) Long term use of intra-muscular medication will require the parent/caregiver to arrange for the Teacher and any other GEC staff members who may be called upon to administer the medication to discuss his/her role with, and receive training in his/her role from, the child's General Practitioner (GP) or other suitably trained health professional. The parents/caregivers have the responsibility to arrange training as necessary and to ensure adequate GEC staff are trained to administer the medication.
- d) The child's GP or other suitably trained health professional should provide prior education and training to relevant staff regarding how, when, where and why to administer the medication to a named pupil. This should also include instruction on the use of the particular device of adrenaline/insulin being used eg pre-loaded pens, ampoules and syringes, etc. One Day School will work with the parents and health professional to ensure this training occurs.
- e) The Intra-Muscular Medication Administration and Consent Form:
 - advises the Teacher of the potential for the administration of medication,
 - identifies the medication, dose, frequency etc,
 - advises whether the child will self-administer or whether the Teacher is requested to administer the medication,
 - gives permission for the child to be administered medication, and
 - outlines an action plan should the child's condition deteriorate.

- f) The parents/caregivers shall deliver to the Teacher in-date medication and any administration device, each of which shall be labelled with the child's name and instructions for administration and dosage and kept by the Teacher in a safe place.
- g) The One Day School Teacher shall store the medication in a secure place, away from heat, light and moisture. Relevant GEC staff shall be informed of the storage location. Access to the medication should only be available to trained Centre staff.
- h) The One Day School Teacher will administer medication on a voluntary basis only.
- i) The One Day School Teacher will not administer medication at One Day School unless the Intra-Muscular Medication Administration and Consent Form has been completed and the administration is agreed to by the Director (or if unavailable, The Lead Teacher or the Assistant Director).
- j) The first dose of any medication must not be given at One Day School.
- k) Any staff administering medication will record the child's name, the name of the medication administered, the date, time and affix their signature to the record and then follow the instructions in the action plan.
- l) GEC will notify the parents/caregivers when medication (and any other necessary administration devices) need replacing following use.

6. Records and confidentiality

All completed forms are to be retained on file with emergency contact details in the classroom. A copy of the Intra-Muscular Medication Administration and Consent Form must be forwarded to Head Office. Records are confidential to the parents/caregivers and Centre staff and must be kept in a secure place in the classroom or office.

CONCLUSION

Children should be able to have reasonable medication needs met at One Day School to allow their attendance at class, provided their attendance does not threaten the health of themselves or their classmates.

Date Reviewed: April 2010

Next review before April 2013



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MEDICATION FORMS

Attached are two forms regarding administering medication at One Day School (ODS).

If you are happy for the ODS teacher to give Pamol to your child for pain or fever, please complete the **PAMOL/Paracetamol Administration Consent Form** and hand it to the ODS teacher along with your Emergency Info Sheet. The ODS teacher will not give your child PAMOL without receipt of this form.

The **Medication Administration and Consent Form** is to be used when you wish the ODS teacher to give, or to supervise the taking of, other medications, e.g. antibiotics, cough medicine, antihistamines, or any long-term medicines such as Ritalin, Epilim or Tegratol.

Should your child require intra-muscular medication, please obtain a Consent Form for this from Head Office (Ph 09 845 4176) or download it from our website - www.giftededucation.org.nz

The Centre's Policy on Unwell Children and Administration of Medication is also available on our website.

PAMOL / PARACETAMOL ADMINISTRATION CONSENT FORM

I/We give permission for the Gifted Education Centre ODS teacher to administer PAMOL/Paracetamol (in the appropriate dosage) to:

_____ (Child's name) if required for short term fever or pain relief.

I accept that the Gifted Education Centre ODS teacher will take due care with the administration of this medication but I release the teacher and GEC from any responsibility associated with administration.

Parent/Caregiver's full name: _____

Signature: _____

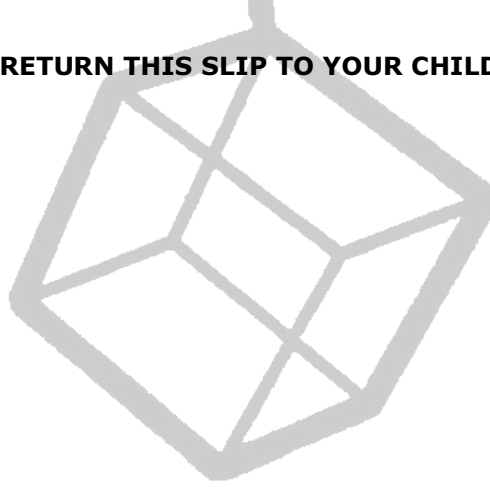
Date this consent runs from: _____ to _____

I do not consent to the GEC ODS teacher administering PAMOL/Paracetamol to my child

Parent/Caregiver's full name: _____

Signature: _____

PLEASE COMPLETE AND RETURN THIS SLIP TO YOUR CHILD'S ODS TEACHER



MEDICATION ADMINISTRATION AND CONSENT FORM

Date: _____

Child's Name: _____ Date of Birth: _____

One Day School Class: _____

Parent/Caregiver Names: _____

Daytime Contact Numbers: _____

My child requires the following medication at One Day School:

Name of medication given, reason	Expiry date	Dosage	Date	Time given	Signature

Is the medication required long term? Yes / No

Is written notice from the child's GP required? Yes / No

GP details _____

If yes, has written notification from the child's GP been obtained? Yes / No

Date of GP's notification: _____

GP's notification must be verified again on: _____

Action Plan completed for my child's illness (see page 5) Yes / No

My child needs supervision with taking his/her medication Yes / No

My child requires an adult to give the medication Yes / No

I accept full responsibility for maintaining supplies of medication, having my child's name, the name of the medication and the correct dose on the container, and that the supplies will not have passed their expiry date. I give permission for Gifted Education Centre staff to administer the medication according to my child's needs as indicated above and accept that this may not be the same staff member each time. I accept that the Gifted Education Centre will take due care with the administration of the medication but I release the Gifted Education Centre and its staff from any responsibility associated with the administration of the medication. I will inform Gifted Education Centre in writing if there is any change in the above medication information. The Gifted Education Centre will accept responsibility for keeping this information in a safe place and communicating this information to all relevant staff.

Full name of parent/caregiver: _____

Signature: _____ Date: _____

Consent of Director obtained by _____ on _____ (date)

**MEDICATION ADMINISTRATION RECORD
(FOR MEDICATION ADMINISTERED BY GEC STAFF)**

Name of medication given, reason	Expiry date	Dosage	Date	Time given	Signature





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INTRA-MUSCULAR MEDICATION ADMINISTRATION AND CONSENT FORM

Date: _____

Child's Name: _____ Date of Birth: _____

One Day School Class: _____

Parent/Caregiver Names: _____

Daytime Contact Numbers: _____

My child requires the following intra-muscular medication at One Day School:

Name of medication given, reason	Date given	Expiry date	Dosage	Start date	End date	Signature

Is the medication required long term? Yes / No

Is written notification from the child's GP required? Yes / No

GP details _____

If yes, has written notification from the child's GP been obtained? Yes / No

Date of GP's notification: _____

GP's notification must be verified again on: _____

Action Plan completed for my child (see over page) Yes / No

My child needs supervision with taking his/her medication Yes / No

My child requires an adult to give the medication Yes / No

ACTION PLAN FOR INTRA-MUSCULAR MEDICATION

CHILD'S NAME: _____

Medication storage location: _____

When to administer medication: _____

Where to administer medication: _____

How to administer medication: _____

What to do after administration of medication: _____

Notify parent/caregiver Yes / No

Call ambulance Yes / No

Transport child to GP Yes / No

Transport child to A & E Yes / No

I accept full responsibility for maintaining supplies of medication, having my child's name, the name of the medication and the correct dose on the container, and that the supplies will not have passed their expiry date. I give permission for Gifted Education Centre staff to administer the medication according to my child's needs as indicated above and accept that this may not be the same staff member each time. I accept that the Gifted Education Centre will take due care with the administration of the medication but I release the Gifted Education Centre and its staff from any responsibility associated with the administration of the medication. I will inform Gifted Education Centre in writing if there is any change in the above medication information. The Gifted Education Centre will accept responsibility for keeping this information in a safe place and communicating this information to all relevant staff.

Full name of parent/caregiver: _____

Signature: _____ Date: _____

Consent of Director obtained by _____ on _____ (date)



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MEDICATION ADMINISTRATION RECORD (FOR MEDICATION ADMINISTERED BY GEC STAFF)

Name of medication given, reason	Expiry date	Dosage	Date	Time given	Signature

Action taken after administration of medication: _____

Parent/caregiver notified and advised of:

- Action taken
- Location of child

Yes / No

Yes / No

Any replacement medication or device required by GEC? Yes