
Administration of Medicines Policy

Revision and Terminology

Please refer to the Policies Review Schedule, or in line with any changes in regulations.

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1. POLICY STATEMENT

The purpose of this policy is to ensure safe storage and administration of medication to students by competent members of staff.

2. CONSENT AND COMPLIANCE

a. Consent

Before starting at the School, parents will complete a comprehensive medical questionnaire outlining any past medical history, current medical issues and treatment, any known allergies, and past immunisations (see Appendix 1) and requested to sign a medication administration consent form (see Appendix 2). Teikyo School staff will not be able to administer any medication to a student without having first received a signed consent form. The consent form will be signed by both student and parents. Where there are siblings at the School, they will have separate consent forms.

b. Compliance

All staff will familiarise themselves with the Administration of Medicines Policy. Any staff who will be responsible for administering medication will complete the online training course *Administration of Medications in Schools* as well as undergo a competency assessment (see Appendix 3) with the Welfare Team. Once the course and competency assessment have been completed, they will be able to administer medications to students strictly in line with the Policy. The competency assessment will be completed annually.

3. STORAGE

All medications are kept in a locked cupboard in the Welfare Office - a room not accessible to unsupervised students. They are also kept in lockable cupboards in each boarding house. Medication that requires refrigeration should be kept in a lockable medical fridge in the Welfare Office. The temperature of the fridge is checked daily by the Welfare Team and the temperature recorded. A stock check will be taken of all medication and recorded.

4. CONTROLLED DRUGS (CD's) (for definitions see appendix 4)

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as a medicine for use by students. It is permissible for schools to look after a controlled drug where it is agreed that it will be administered to the student for whom it has been prescribed. If a student has been prescribed a controlled drug they may legally, have it in their possession if they are competent to do so. Passing it to another student for use is an offence. Monitoring arrangements may be necessary, and each student will be assessed on an individual basis. All CD's must be in the original packaging, with a pharmacy label including name and correct dosage. Students bringing CD's with them also need to have a

consultant's letter written in English stating diagnosis, medication prescribed and dosage. For boarding students, this must be done before they come to the boarding house. Only authorised and trained members of staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

Controlled drugs are subject to safe custody and must be stored in a locked cabinet with limited access. CD's at Teikyo School are stored in the Welfare Office in a locked CD cabinet, not accessible to students. Only authorised staff members have access to the key. When required, they may be stored in boarding houses in a locked safe to which only a limited number of trained staff have access. A student who has been prescribed CD's may legally have it in their possession if deemed 'Gillick Competent' (see Appendix 5). However, Teikyo School does not allow students to self-administer CD's to ensure the safety of themselves and the whole School.

There are legal requirements for the record keeping of controlled drugs.

- CD's must be administered in a timely fashion in line with relevant legislation and local standard operational procedures.
- The Controlled Drug Register (CDR) will be kept in each individual student's file in a locked cabinet. Each entry must be legible and written in black indelible ink. If a mistake is made, then it should be crossed through with a single line so that it can still be read.
- CD's must be disposed of by returning them to the pharmacy and a record of the returns kept in the CDR.

5. PRESCRIBED MEDICATIONS (for definitions see appendix 4)

Medicines should only be used when essential; where it would be detrimental to a student's health if the medicine was not administered during term time. The School will 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 and dosage. All medicines provided by parents will be securely stored in a locked cabinet in the Welfare Office or in the boarding house.

Prescription medication should be administered according to the instructions on the individual medication and must only be given to the named student and not shared with others. A record is kept in individual medical records of any prescribed medication that a student is taking. For medicines prescribed by the doctor during the School term, students will be encouraged to involve their parents whilst respecting their right to confidentiality.

Gillick Competent (see Appendix 5) should be followed for under 16s without parental consent.

The Welfare Team will liaise with parents and the GP to ensure that all students' routine vaccinations are up to date. Flu vaccinations are arranged annually by the School for those who wish to have them. Parental consent will also be required for administration of vaccines.

6. OVER THE COUNTER MEDICATIONS (for definitions see appendix 4)

Over the counter medicines provided by the School (see Appendix 6) will only be administered if a student is unwell or if this affects class attendance. Parents must provide written consent for their child (see Appendix 2) to receive such medication. All medication given will be recorded in the medical record. Over the counter medicines provided by the School are kept in a locked cabinet in the Welfare Office. In the boarding houses, a limited number of medicines (paracetamol and strepsils) are kept in a lockable cabinet. The stock of over-the-counter medicines in the Welfare Office and in the boarding houses are checked by the Welfare Team on the first of each month, with a record of quantities used, dates of use and expiry dates.

7. MEDICATION BROUGHT INTO SCHOOL BY THE DAY STUDENTS

Parents/Guardians of day students should inform the Welfare Team of any medication that a student may need to bring into School. If a student is using medication that they have brought with them and that may interact with the over-the-counter medication provided by the School, they will not be allowed to use the medication provided by the School. The Welfare Team must check the BNF (British National Formulary) before two different medications are administered to check for any interactions.

A record is kept of any medications that the day students bring into School.

8. MEDICATION BROUGHT INTO SCHOOL BY THE BOARDING STUDENTS

Boarding students and their parent(s)/guardians are asked not to bring medication to the School, except for medicines legally prescribed by a doctor, dentist, nurse, or pharmacist for a chronic or acute illness for which they are currently receiving treatment. No over the counter or prescription medicines will be accepted as a precaution except in special circumstances. All medicines brought into the School must be accompanied by a medical information form and instructions for administration from the prescriber in English and Japanese and must be supplied to the School in their original containers, dispensed by a pharmacist. All medication provided by parents will be stored securely in the Welfare Office or in a locked cabinet in the boarding house. Parents will be asked to consent to the sharing of medical information forms submitted to the School with GP.

9. SELF-ADMINISTRATION OF MEDICINES For Boarding Students

Boarding students may self-medicate non-controlled medicines if it is in their best interests to do so, with the permission from the Welfare Team and the parent(s)/Guardians.

All boarding students who will self-administer their medication will undergo a competency assessment with the Welfare Team to ensure they are capable and safe to do so. This will be recorded on the self-administration form. (see Appendix 8) When self-administering medicines in the boarding room, the medicines must be in their original containers and kept in a lockable safe.

10. ADMINISTERING MEDICATION

Medicine must never be crushed, broken, or mixed with food and drink unless it is designed for that purpose or specific instructions have been given to do so in writing by the prescriber.

All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. A 5ml purple oral syringe or plastic measuring spoon should be used. For any doses under 5ml, an oral syringe must be used.

For medicines with a limited expiry, containers of the medicine should be marked with the date of opening and/or date of expiry e.g., eye drops, creams, liquids.

Medicine must not be left unattended with a student. The trained staff member should remain with the student until administration is complete.

For application of creams and ointments, disposable gloves must be worn. Medicine should never be pre-dispensed or dispensed for another person to administer. The Welfare Team must be informed of any unusual incidents e.g., Medicine given out of the time frame, refusal etc.

11. THE SIX RIGHTS OF ADMINISTRATION THAT MUST ALWAYS BE ADHERED TO

1. **RIGHT STUDENT:** The identity of the student must be ascertained.
2. **RIGHT MEDICINE:** The name, form and strength of the medicine must be checked during the administration process.
3. **RIGHT TIME:** Medicine should be given at the correct time, as stated on the prescription label, doctors instructions or in the written consent by parents.
4. **RIGHT DOSE:** The dose of medicine must be administered in accordance with the prescribers' instructions. If in any doubt, contact the Welfare Team.
5. **RIGHT ROUTE:** Each medicine must be administered in its prescribed form e.g., Tablet, capsule, patch, inhaler etc. and by the prescribed route e.g., Oral, sublingual, topical etc.
6. The student's **RIGHT to REFUSE** must be respected.

12. MEDICATION SHOULD NOT BE GIVEN IF:

- The consent form is not completed.
- The pharmacy label is missing or is difficult to read.
- A significant change in the physical or emotional condition of the student is observed.
- The 6 rights of administration cannot be verified.
- The student has queries about the medicines e.g., colour, size, shape, consistency of liquids etc.
- There are any doubts or concerns. In these situations, the medicine should not be given until advice has been sought from the Welfare Team who then may need to contact the original prescriber.

13. COVERT ADMINISTRATION

Disguising medicines in food and drink is generally not permitted. In exceptional circumstances, covert administration of medicines may be necessary, but it is only permissible where the student lacks capacity AND it is in the student's best interest (refer to the Mental Capacity Act Code of Conduct). Before covert administration of medicines can proceed, there must be an assessment of capacity undertaken by a qualified physician followed by a best interest meeting. A decision will then be made on whether to administer the medicines covertly. If this is agreed, a plan should be developed on how to safely administer the medicines covertly. A date should be set for review. The decision, action taken, and details of all parties concerned should be documented in a care plan and reviewed at appropriate intervals. A signature from the GP must be obtained, the Pharmacist must be updated of the intention to administer the medicine covertly and those with a duty of care must be informed. It should be noted that if a student requests that their medicine is added to food or drink, this is not "covert" as they are fully aware that the medicine is being administered to them.

14. ADVERSE REACTIONS

Drugs can cause adverse reactions in some people. If a student experiences an adverse reaction to a medication no further doses should be given until instructed to do so by a doctor. If a serious reaction occurs, medical attention should be sought immediately. A medical incident form must be completed.

An adverse reaction is to be reported by the Welfare Team to the Medicine and Healthcare products Regulatory Agency (www.mhra.gov.uk)

15. MEDICINES GIVEN IN ERROR

If an error is made with any medication medical advice is to be sought immediately. During the School day, staff should contact Threeways Surgery (01753 643445). If it happens out of hours, during the night or at the weekend, staff should contact NHS 111.

A medical incident form should be completed, explaining the error, and detailing any action taken. The error should also be recorded on the student's medical record.

All medicine errors must be reported to the Welfare Team initially and forwarded to the Head of School.

All staff should be encouraged to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. The member of staff who made the error must also have a conversation with the Welfare Team about the incident and a reflection (see Appendix 7) completed. All medicine errors, incidents and near misses must be fully and carefully documented by the Welfare Team to determine the root cause and action taken as appropriate.

If the Welfare Team believes the error/incident could be a safeguarding issue, they should report to the local safeguarding team.

A safeguarding issue in relation to managing medicines could include:

- deliberate withholding of a medicine without a valid reason;
- incorrect use of a medicine for reasons other than the benefit of the student;
- deliberate attempt to harm through use of a medicine;
- accidental harm caused by incorrect administration or a medicine error.

This list is not exhaustive.

16. DISPOSAL OF MEDICINES

Any unused medications, including CD's, prescribed, and OTC's and any out-of-date medicines will be returned to the Pharmacy for safe disposal and a record kept of all medications returned. Students must bring any unwanted/unused medications to the Welfare Office and a member of the Welfare Team will ensure the safe disposal to a pharmacy. No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.

17. ADMINISTRATION TO SAVE LIFE

In extreme emergencies e.g., an anaphylactic reaction, certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. In an extreme emergency a medication e.g., adrenalin would be given. (Article 7 of the Prescription Only Medicines (Human Use) Order 1997).

18. ADRENALINE PEN/ANAPHYLACTIC EPISODES

A separate Allergy and Anaphylaxis Policy should be referred to. Students who have previously experienced a severe allergic reaction, may be prescribed with an adrenaline auto-injector pen. In secondary schools' adrenaline (also known as epinephrine) auto-injectors e.g., EpiPen, are best carried by the student with a spare auto-injector device stored in School (Welfare Office and boarding house). There must be clear written dated

instructions specifying dose, when to give and further action to be taken. These instructions should be kept with the medication with a spare copy kept by the School. Parents should be asked to ensure that dosage requirements are regularly updated and new, dated instructions issued to the School when necessary.

A spare auto-injector pen is also kept on the Welfare Office, clearly labelled with instructions.

19. ASTHMA

A separate Asthma policy should be referred to. Students who have been diagnosed with asthma must always have a reliever inhaler available in School. Students should carry their own reliever inhaler.

20. RECORD KEEPING

This is an extremely important part of the administering of medication. Signatures are kept of every staff who is deemed competent to administer medication and competency forms (see Appendix 3) completed by the Welfare Team. Once a member of staff has given medication, they must document it accurately either on a 'Routine Medication Administration Record' (see appendix 9), the online boarding record or the Welfare Office record. The online boarding records are shared with the Welfare Team to prevent the risk of students being given medication in duplicate. If a boarding student is given medication in the Welfare Office during the day, the Welfare Team will report this at the start of the boarding duty's shift. Medical records are checked frequently by the Welfare Team. When appropriate, significant incidents of a medical nature are reported to a student's parent, together with any medication given or further treatments advised. The Head of School is aware of the methods used to keep records but does not review the records himself.

As it is a legal requirement to do so, all medical records are kept until the student has reached 25.

保健調査書 Medical Record

(年は西暦での記入をお願いします)

Name: 氏名:	記入日 Date: 日 / 月 / 年 血液型 Blood Type () Rh + /
誕生日 DOB: 日 / 月 / 年 満才 Age	

<予防接種歴 Immunisation Records>

予防接種名 Name	予防接種実施年月日 Date (DD/MM/YYYY)			
ジフテリア・百日咳 破傷風 DPT	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
ポリオ Polio	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
麻疹 Measles	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
風疹 Rubella	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
流行性耳下腺炎 Mumps (注)	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
日本脳炎 Japanese encephalitis	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
水痘瘡 Chickenpox (注)	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
B型肝炎 HepB (注)	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
A型肝炎 HepA (注)	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
インフルエンザ 菌B型 Hib	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
ロタウイルス Rotavirus	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
小児用肺炎球菌 PCV	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年
ヒトパピローマウイルス HPV	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年	日 / 月 / 年

<アレルギーについて Allergy Status>

学園での管理・配慮が必要な場合は、別紙「学校生活管理指導表(アレルギー-疾患用)」を提出して下さい。

薬物アレルギー Medicine	薬品名: Name	薬品名: Name
食物アレルギー Food	食品名: Name	除去: <input type="checkbox"/> 必要(Y) <input type="checkbox"/> 不要(N) Removal
	食品名: Name	除去: <input type="checkbox"/> 必要(Y) <input type="checkbox"/> 不要(N) Removal
その他アレルギー Others	<input type="checkbox"/> ラテックス Latex <input type="checkbox"/> アルコール Alcohol <input type="checkbox"/> 犬 Dog <input type="checkbox"/> 猫 Cat <input type="checkbox"/> 蜂 Bee <input type="checkbox"/> 花粉 Pollen () <input type="checkbox"/> ハウスダスト House dust	
アレルギー疾患 Allergic diseases	<input type="checkbox"/> 気管支喘息 Asthma 最終発作 (月 / 年) <small>Last attack</small>	<input type="checkbox"/> アトピー性皮膚炎 Atopic dermatitis
	<input type="checkbox"/> アレルギー性結膜炎 Allergic conjunctivitis	<input type="checkbox"/> アレルギー性鼻炎 Allergic rhinitis

<現病歴・既往歴について Medical History>

運動について、学園での管理・配慮が必要な場合は、別紙「学校生活管理指導表」を提出して下さい。

血液系 (貧血など) Hematology	疾患名 Disease name	発症年齢と現在の状況 Age at onset and current situation
内分泌系 (糖尿病・甲状腺疾患など) Endocrinology		
精神・神経系 Psychiatry/Neurology (睡眠障害・脳膜炎・てんかんなど)		
眼・耳・口腔系 Eye/Ear/Mouth		
メガネ・コンタクトの使用 Glasses/Contact Lenses	メガネ Glasses 月 / 年 ~ 月 / 年	コンタクト Contact Lenses 月 / 年 ~ 月 / 年
歯科矯正 Orthodontics	月 / 年 ~ 月 / 年	月 / 年 ~ 月 / 年
循環器系 (心臓・血圧など) Cardiology		
呼吸器系 (気胸など) Respiratory		
泌尿器系 (ネフローゼなど) Urology/Nephrology		
消化器系 (過敏性腸症候群など)		
筋骨格系 Orthopedic Surgery (骨折・脊柱側弯・オスグットなど)		
手術・入院歴 History of surgery and hospitalization		
先天・遺伝・発達系 Congenital/Genetic/ Developmental		

健康に心配がある Health Concern □はい(Y) □いいえ(N)	はいの場合 (If Yes) 理由 (Reason):	対処方法: (What action taken)
便秘がちである Constipation □はい(Y) □いいえ(N)	はいの場合 (If Yes) 頻度: (Frequency)	対処方法: (What action taken)
下痢がちである Loose bowel □はい(Y) □いいえ(N)	はいの場合 (If Yes) 頻度: (Frequency)	対処方法: (What action taken)
頭痛をおこしやすい Headache □はい(Y) □いいえ(N)	はいの場合 (If Yes) 頻度: (Frequency)	要因: (Reason) 対処方法: (What action taken)
乗り物酔いがある Travel Sickness □はい(Y) □いいえ(N)	はいの場合 (If Yes) 対処方法: (What action taken)	初潮: 月 / 年 (歳 Y ヶ月 M) 周期 Cycle: (日 D) 期間 Duration: (日間 Days) 月経痛 Pain: □あり(Y) □なし(N) (対処方法 What action taken:)
月経について(女子のみ) Menstruation (Girls only)		

The personal information will only be used for the purpose of managing your health during your time at Teikyo School.



MEDICAL CONSENT FORM 医療に関する同意書

Student's Name _____
(生徒氏名)

Please sign your name in English if you understand and agree to the following information about medical care at the School. This consent form must be signed in English, as it will be presented to the clinic or hospital in the UK, when necessary.

学園生活での医療について、以下の内容をご理解の上、同意される場合には、英語にてご署名下さい。こちらの同意書は、必要時、イギリスの医療機関に提示する必要があるため、英語でのご署名をお願いいたします。

●Permission to act on behalf of parents in the event of an emergency

緊急時に保護者の代理として学園が行動するための同意

I give permission to the Head of School or designated representative to give consent to necessary emergency medical treatment, including anaesthetics, blood transfusions, and/or operations to me/my child while at School or on a school trip if the School is unable to contact parent/guardian. 私は、私/私の子どもが研修旅行を含む学園生活中に、病気やけがによって緊急治療を要し、保護者に連絡が取れない場合には、学校長もしくは指定された責任者が私の代理として、麻酔、輸血または手術を含む緊急医療行為へ同意することを了承します。

Signed (Student) _____
生徒署名

Date _____
日付(日/月/西暦の順)

Signed (Parent/Guardian) _____
保護者署名

Date _____
日付(日/月/西暦の順)

●Permission for the treatment

子供の手当てに関する同意

I give permission to the Welfare Team or appropriately trained member of staff to provide treatment to me/my child.

私は、保健担当者ならびにトレーニングを受けた教職員が私/私の子どもの手当てを行う事に同意します。

Signed (Student) _____
生徒署名

Date _____
日付(日/月/西暦の順)

Signed (Parent/Guardian) _____
保護者署名

Date _____
日付(日/月/西暦の順)

●Consent for hospital visits and use of prescribed medicines

病院受診と処方薬使用に関する同意

I agree I /my child will be taken to a GP or hospital in the judgement of the Welfare Team or appropriately trained member of staff and use the medicines prescribed by qualified medical staff.

私は、保健担当者ならびにトレーニングを受けた教職員の判断で私/私の子どもが家庭医もしくは病院を受診し、医療者によって処方された薬を使用する事に同意します。

Signed (Student) _____
生徒署名

Date _____
日付(日/月/西暦の順)

Signed (Parent/Guardian) _____
保護者署名

Date _____
日付(日/月/西暦の順)

●Permission to use and administer medication

薬の使用と管理に関する同意

I agree for me/my child to be given the following checked ☒ stock medicine from the School in the judgement of the Welfare Team or appropriately trained member of staff.

私は、私/私の子どもが、保健担当者ならびにトレーニングを受けたスタッフの判断で、学園に用意されている以下のチェック ☒ を行った薬を使用することに同意します。

Agreement 同意	Product name 商品名	Usage 用法	Use for 用途
<input type="checkbox"/>	Paracetamol	Oral 内服薬	Antipyretic/Painkiller 解熱・鎮痛
<input type="checkbox"/>	Ibuprofen	Oral 内服薬	Antipyretic/Painkiller/Anti-inflammatories 解熱・鎮痛・抗炎症
<input type="checkbox"/>	Ibuprofen Gel	External 外用薬	
<input type="checkbox"/>	LEMSIP	Oral 内服薬	Cold (Over 16 years old) 感冒 (16 歳以上)
<input type="checkbox"/>	Strepsils	External 外用薬	Sore Throat 咽喉痛
<input type="checkbox"/>	Diffam Sore Throat Rinse	External 外用薬	
<input type="checkbox"/>	Biofermin ビオフェルミン	Oral 内服薬	Probiotics 整腸
<input type="checkbox"/>	EpiPen (Anaphylaxis aid treatment) アナフィラキシー治療薬	Injection 注射薬	Symptomatic relief from allergic reactions アレルギー反応の対症療法
<input type="checkbox"/>	Anthisan Cream	External 外用薬	
<input type="checkbox"/>	Claritin	Oral 内服薬	
<input type="checkbox"/>	Piriteze	Oral 内服薬	
<input type="checkbox"/>	Anti-bacterial eye drops 抗菌目薬	External 外用薬	Anti-biotic 抗菌
<input type="checkbox"/>	Dolmaisin ointment ドルマイシン軟膏	External 外用薬	
<input type="checkbox"/>	Cetaben	External 外用薬	dry, itchy, and eczema-prone skin 皮膚の保湿
<input type="checkbox"/>	Kyvelis	Oral 内服薬	Motion sickness 酔い止め

Signed (Student) _____
生徒署名

Date _____
日付(日/月/西暦の順)

Signed (Parent/Guardian) _____
保護者署名

Date _____
日付(日/月/西暦の順)

I agree that my/my child's medication will be administered in accordance with Administration of Medicines Policy and that I/my child will be responsible for any detriment caused by my/ my child's failure to comply with the Policy.

私は、私/私の子どもの薬が学園の「医薬品管理に関する方針」に則って管理され、私/私の子どもがその方針を遵守せずにそれによって不利益が生じた場合に、その責任は私/私の子どもにある事に同意します。

Signed (Student) _____
生徒署名

Date _____
日付(日/月/西暦の順)

Signed (Parent/Guardian) _____
保護者署名

Date _____
日付(日/月/西暦の順)

APPENDIX 3

Administration of Medication Competency Record

Name of staff member:

Date:

Name of qualified person assessing the competence:

Task	Rational	Date/Sign
Washes hands in preparation to give medication	Infection control	
Assembles all the correct equipment to administer the medication safely (including a fresh glass of water, if applicable), documentation and the medicines required	Safety and efficiency	
Observes cleanliness, care and safety in the preparation of all medication and necessary equipment	Infection control	
Correctly identifies the student and checks date of birth against prescription label if applicable	Safety	
Ensures the correct medication	Safety	
Gains informed consent	Ethics	
Checks for any allergies and warnings	Safety	
Understands what the medication is used for	Safety and Ethics	
Checks expiry and direction (e.g., route, dose, time, with food etc)	Safety	
Documents administration in line with policy	Safety	
Stores medication appropriately according to manufacturer's guidelines	Safety	
Ask the candidate if they are comfortable and confident enough to administer medications to students. Yes No Sign	Safety and Ethics	

Is the member of staff competent to administer medication? Yes

No

Signed:

Date:

APPENDIX 4

DEFINITIONS

Controlled Drugs (CD's):

Controlled medicines include some strong painkillers, such as morphine, and some tranquillisers and stimulants. Medicines that help with addiction, such as methadone, are also controlled. Strict legal controls are needed for certain medicines. This is because they may cause serious problems like dependence ('addiction') and harm if they are not used properly. Sometimes people use these medicines illegally for reasons that are not medical (drug misuse), and so extra safety measures are needed to ensure they are prescribed, supplied, used, and stored safely and legally.

Prescription Medication:

A prescription medication is a pharmaceutical drug that legally requires a medical prescription from a licensed doctor, dentist, nurse prescriber, or pharmacist to be dispensed.

Over the Counter Medication (OTC):

Over-the-counter medicine is also known as OTC or non-prescription medicine. All these terms refer **to medicine that you can buy without a prescription**. They are safe and effective when you follow the directions on the label and as directed by your health care professional.

APPENDIX 5

GILLICK COMPETENCY

Gillick competency applies mainly to medical advice, but it is also used by professionals in other settings. For example, if a child or young person:

- would like to have therapeutic support but doesn't want their parents or carers to know about it;
- is seeking confidential support for substance misuse;
- has strong wishes about their future living arrangements which may conflict with their parents' or carers' views.

Medical professionals need to consider Gillick competency if a young person under the age of 16 wishes to receive treatment without their parents' or carers' consent or, in some cases, knowledge.

If the young person has informed their parents of the treatment, they wish to receive but their parents do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent.

There is specific guidance for medical professionals on using Gillick competence.

Assessing Gillick competence

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity, and mental capacity;
- their understanding of the issue and what it involves - including advantages, disadvantages, and potential long-term impact;
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

If you don't think a child is Gillick competent or there are inconsistencies in their understanding, you should seek consent from their parents or carers before proceeding.

In complex medical cases, such as those involving disagreements about treatment, you may wish to seek the opinion of a colleague about a child's capacity to consent (Care Quality Commission, 2019).

Young people also have the right to seek a second opinion from another medical professional (General Medical Council, 2020).

Refusal of medical treatment

Gillick competency can be used when young people wish to refuse medical treatment. However, if a young person refuses treatment which may lead to their death or severe permanent harm, their decision can be overruled by a doctor. More information about this is available in the guidance for medical professionals in each UK nation.

Child protection concerns

The child's safety and wellbeing are paramount.

When you are assessing Gillick competency if you have any concerns about the safety of the young person you should check whether previous child protection concerns have been raised and explore any factors that could put them at risk of abuse.

You must always share child protection concerns with the relevant agencies, even if this goes against a child's wishes.

For more information, please use this link.

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top>

APPENDIX 6
LIST OF MEDICINES STOCKED AT TEIKYO SCHOOL

Name	Indication	Dose
Paracetamol 500mg	Symptomatic relief from mild to moderate pain or fever	1 or 2 tablets no more than every 4-6 hours as required, and no more than 4 doses in any 24-hour period.
Ibuprofen 200mg	Symptomatic relief from mild to moderate pain, inflammation, or fever DO NOT GIVE TO SOMEONE WITH ASTHMA OR ACTIVE CHICKENPOX	1 or 2 tablets with or after food , no more than every 4 hours as required and no more than 3 doses in any 24-hour period.
Ibuprofen 5% w/w Gel	Symptomatic relief from mild to moderate pain, inflammation DO NOT GIVE TO SOMEONE WITH ASTHMA OR ACTIVE CHICKENPOX	1-4cm each time. Apply the gel as a thin layer over the affected area. Up to 3 times a day.
Strepsils	Symptomatic relief of mouth and throat infections and dry, irritating cough associated with the common cold and nasal congestion	Dissolve 1 lozenge slowly in the mouth every 2-3 hours. No more than 12 lozenges in any 24-hour period.
Lemsip DO NOT GIVE WITH PARACETAMOL	Symptomatic relief of cold and flu symptoms including aches and pains, headache, congestion, and fever	1 sachet every 4-6 hours as required. No more than 4 sachets in any 24-hour period.
Biofermin	Symptomatic relief for abdominal discomfort including cramping, constipation, and diarrhoea	3 tablets 3 times a day after meals
Anthisan Cream	Symptomatic relief from pain, itching and inflammation caused by insect stings, bites, and nettle rash	Apply 2-3 times per day for up to 3 days. Apply directly to the sting, bite, or nettle rash.
Clarityn	Symptomatic relief of allergy symptoms	1 per day
Piriteze	Symptomatic relief of allergy symptoms	1 per day
EpiPen 0.3mg	Emergency treatment of acute anaphylaxis	Inject the single-dose EpiPen (0.3mg adrenaline) into the anterolateral aspect of the thigh, through clothing if necessary. Give a second injection after 5-15 minutes if no response.
Diffiam 0.15%w/v Oral Rinse	Symptomatic relief of painful inflammatory conditions of the mouth and throat	Rinse or gargle with 15 ml (approximately 1 tablespoonful) every 1½ to 3 hours as required
Antibiotic Eye Drop	Symptomatic relief of stye, conjunctivitis, itchy eye, and Blepharitis	2 to 3 drops at a time, 5 to 6 times a day.
Dolmycin Ointment	Prevention and treatment of suppurative of external wounds and burns, Impetigo, Folliculitis, Eczema, Skin diseases caused by infection of	Apply directly to the affected area or on gauze, 1 to 3 times daily.

	gram-positive and -negative bacteria, Infectious dermatitis, Skin ulcer	
Certraben Cream	Symptomatic relief of dry, itchy, and eczema-prone skin	Topical Application as required
Kwells	Preventive and control of travel sickness	1 tablet every 6 hours, as required. No more than 3 times in any 24- hour period.

APPENDIX 7

Reflective Account

Name of person doing the reflection:

Date:

What happened? What do you want to reflect on? - Describe the situation

Reflection-in-action – Thinking ahead, analysing, experiencing, critically responding (in the moment)
What were you thinking at the time?

What was influencing that thinking? E.g., distractions/hurry

Reflection-on-action – Thinking through subsequent to the situation, discussing, reflective journal.
What is your thinking about the event now?

How did you and how will you learn from this?

How have you been affected by this?

Signed:

Approved by name:

Sign:

APPENDIX 8

Assessment for Students to self-administer medication

Name of Student:

DOB:

Name of Assessor:

	Competent Y or N	Nurse/Welfare Officer sign	Student Sign
Can correctly state what the name of the medication is			
Can correctly state what the medication is used for			
Can understand the instructions on the label or information leaflet			
Can correctly state the correct dose and time/s of the medication			
Can correctly state the correct route for the medication			
Can correctly state any special instructions for the medication e.g., with food			
Can correctly state the common side effects of the medication if applicable			
Can open the medication container correctly			
Can demonstrate safe and appropriate storage of medication			
Can correctly measure out the dose of the medication			
Can correctly document the medication administration			
Can correctly administer eye drops			
Can correctly administer topical treatment			
Can correctly administer sub cutaneous injection			
Can correctly administer transdermal patch			
Can correctly use an inhaler			
Can correctly use an EpiPen			

Student is competent to self-administer medication: Y or N

Signed:

Date:

APPENDIX 9

Routine Medication Administration Record

Name: _____
 DOB: _____
 Medication Name: _____

Allergies: _____
 Dose: _____
 Route: _____

Month/Year: _____
 Frequency: _____

Code: **R**-Refused **A**-Away **O**-Ommitted

Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Time/Code																
Duty Sign																
Student Sign																
Date:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time/Code																
Duty Sign																
Student Sign																