

Britain Yearly Meeting Children and Young People's Work



Event & Activity Management Policy Procedures & Guidance 19

This policy applies to all Britain Yearly Meeting centrally managed work with children and young people (see <http://www.quaker.org.uk/event-and-activity-management>)

Guidelines on the provision of medication

Permitted medication

Permitted medicines are those which parents/guardians have noted on the participants information and consent form as acceptable to be given for the relief of pain or flu. These are Ibuprofen, Paracetamol and Flu Relief. Aspirin is not a permitted medication. Consent will be obtained prior to the event from the participant if over 18 or the person with parental responsibility if under 18.

Permitted medications should be stored securely away from the First Aid Kit, either in the CYP office or staff accommodation (where no office is available).

Before any medication is given to the participant the adult team member must check:

- The participant's information and consent form to confirm that permission has been given for the requested medication.
- The permitted medications forms to check what medication has already been given out (stored alongside the medication in a file).

The team member should then:

- Complete the permitted medications form and store in the folder alongside the medication.
- Make a note in the pastoral concerns folder recording what has been given, why it was given and when.
- These records will be stored securely for the period required by BYM policies.

Prescribed medication – emergency situations

Staff and volunteers should not give participants prescribed medication except in an emergency (e.g. giving an EpiPen for anaphylactic reaction when a young person is unconscious) or where arrangements have been agreed in advance of the event.

Consent will be obtained prior to the event from the participant if over 18 or the person with parental responsibility. This consent is for situations where the participant may require the administration of medication in an emergency (e.g. EpiPen).

At the start of the event:

- Team members should familiarise themselves with the medication and how it should be administered in an emergency. The prescribed medications form can be used to enable this to happen (see below).
- They should be clear about where the participant stores this medication (it should be kept with them at all times).

In the event of an emergency:

- The first aider should be contacted immediately, and as required the emergency services.
- The prescribed medications form should be used to record any medication administered.

Prescribed medications – general

Participants should be responsible for the storage and administration of any prescribed medication they have to take during an event. Where this is not appropriate or possible:

- An adult team member can be responsible for the storage of prescribed medication; and if necessary monitor the participants self administration. This should be agreed in advance of any action with the staff member responsible for pastoral care.
- No adult team member should be responsible for monitoring prescribed medication to more than one participant (with the exception of an emergency).
- The same adult should maintain this service throughout the event – this should be agreed and noted on the prescribed medications record before the event begins (by a staff member, the parent/guardian if possible and where relevant a team member).

A staff member should be responsible for accepting from and returning the medication to parents/guardians or participant. The team member who is to administer the medication should be present. The staff member should:

- Record the quantity received, its expiry date and when it was received.
- Confirm that they have all the relevant information in relation to the participant's needs and medication using the prescribed medication form.
- The first page of the 'Prescribed Medications' record form should be signed by them and confirmed by another adult (if parents/ guardians are unavailable this should be an adult team member).
- During the event the second sheet should be used to record when medication has been administered (and how).
- At the end of the event they should record the quantity returned and when. This should be initialled by themselves and where possible by another adult (if parents/ guardians are unavailable this should be an adult team member).



Permitted Medicines Record

Before any medication is given to the participant the adult team member must check the participant's information and consent form to confirm that permission has been given for the requested medication.

Participant Details

First Name _____
 Last/Family name _____
 Base Group _____
 Accommodation _____

Date	_____	_____	_____
Form checked	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Medication	_____	_____	_____
Time	_____	_____	_____
Dose	_____	_____	_____
Staff initial	_____	_____	_____
Participant initial	_____	_____	_____
Noted *	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

* Make a note in the pastoral concerns folder recording what has been given, why it was given and when.

Date	_____	_____	_____
Form checked	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Medication	_____	_____	_____
Time	_____	_____	_____
Dose	_____	_____	_____
Staff initial	_____	_____	_____
Participant initial	_____	_____	_____
Noted *	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

* Make a note in the pastoral concerns folder recording what has been given, why it was given and when.

Date	_____	_____	_____
Form checked	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Medication	_____	_____	_____
Time	_____	_____	_____
Dose	_____	_____	_____
Staff initial	_____	_____	_____
Participant initial	_____	_____	_____
Noted *	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

* Make a note in the pastoral concerns folder recording what has been given, why it was given and when.

Britain Yearly Meeting

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Prescribed Medicines Record

Participant Details

First Name _____
Last/Family name _____
Base Group _____
Accommodation _____

Medication

Name/type of medication _____

Where it is not appropriate/ possible for the participant to be responsible for the storage, or administration of their medication please complete the following:

Date received _____
Quantity received please initial _____ Expiry date _____
Quantity returned please initial _____ Date returned _____

Self-administration: can the participant administer the medication themselves?

yes no yes, with supervision by:

Adult team member's name _____

Please check that the participant's consent and information form (additional sheet) contains the following information regarding the stated medication (if not provide details):

Dose and method of administration?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	n/a	<input type="checkbox"/>
When it is taken (time of day)?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	n/a	<input type="checkbox"/>
Are there any side effects we need to know about?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	n/a	<input type="checkbox"/>
Are there any storage requirements?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	n/a	<input type="checkbox"/>
Any signs that this medication should not be given?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	n/a	<input type="checkbox"/>
If relevant what to do in an emergency.	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	n/a	<input type="checkbox"/>

Adult team member signature

Print name

Confirmatory Signature

(if possible by parent/ guardian, otherwise an adult teammember

Print name

Record of Medication Given

Date	_____	_____	_____	_____
Time	_____	_____	_____	_____
Dose	_____	_____	_____	_____
Self administered	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Adult team member initial	_____	_____	_____	_____

Date	_____	_____	_____	_____
Time	_____	_____	_____	_____
Dose	_____	_____	_____	_____
Self administered	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Adult team member initial	_____	_____	_____	_____

Date	_____	_____	_____	_____
Time	_____	_____	_____	_____
Dose	_____	_____	_____	_____
Self administered	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Adult team member initial	_____	_____	_____	_____

Date	_____	_____	_____	_____
Time	_____	_____	_____	_____
Dose	_____	_____	_____	_____
Self administered	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Adult team member initial	_____	_____	_____	_____

Date	_____	_____	_____	_____
Time	_____	_____	_____	_____
Dose	_____	_____	_____	_____
Self administered	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Adult team member initial	_____	_____	_____	_____
