



# Breakaway

## Medication Policy

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### Policy Summary:

Regulation 10, 23 of the Children's Homes Regulations 2015 including the Quality Standards



A hands-on approach to help children in Slough be

..... Safe, Secure and Successful

## **Introduction**

This policy will be split into two sections, the first covering accountability, medication records, the procedure for reporting and managing mis-administration of medication and management monitoring.

With the second part taking workers through the administration and verifying process, booking medication into and out of the home, auditing medication, preparing a new drug sheet, omissions, refusals, school supplies and young people who self administer.

## **Section 1**

### **Accountability**

- 1) The delegated keyworker is responsible for ensuring that their key-children have accurate, in date (within 1 year) Parental Medical Consent forms signed by a parent/carer.
- 2) The Manager or Team Leader will ensure that staff have clear guidance and training in delivering medication and dealing with medical conditions (i.e. Epilepsy, anaphylaxis, etc).
- 3) All staff must familiarise themselves with this document and other relevant procedures.
- 4) All staff that verifies and/or administers medication will have completed the Induction process, have been in post for no less than a two month period and will have been deemed competent in their role as verifier/administrator by the Manager/Team Leader/staff authorised to do so by management.
- 5) Staff will ensure that no child who is prescribed regular medication (including PRN medication) will be admitted for short break care/longer term care without:
  - i) Signed and up to date Parental Medical Consent form/s or relevant authority from the Social Work team responsible.
  - ii) If the child has a diagnosis of Epilepsy then there must be an Epilepsy Care Plan on file signed by the medical professional who wrote it, the parent/carer and by the staff the Nurse has passed as competent. Refer to epilepsy management policy
  - iii) Accurately labelled medication, i.e. the original pharmacist label that states name of the child, name and strength of medication, frequency and dosage of medication
  - iv) The right amount of medication for the stay (check expiry date, beware that this could say discard after so many days after opening)

### **Medication Records**

Prior to the commencement of a service at Breakaway, the delegated keyworker will have met with parents to complete all paperwork; this would have included any Parental Medical Consent forms should their son/daughter require medication during their stays (appendix 1).

The Medical Consent forms are kept in the child's section of the Medication file which is kept in the main office at Breakaway.

The Parental Medical Consent form is a 'live' record, in that should medication change or as additional medication is prescribed a new Consent Form must be completed by the parent/carer. If no alterations are necessary then new Consent Form will be updated annually. Once updated the staff member countersigning the new Consent Form is responsible for cancelling the out of date form, (they need to put two lines through it, writing 'cancelled' and then sign and date it). The cancelled forms are then filed in the 'Medical' section of the young person's main file. A cancellation stamp with date is also supplied to staff to use for cancelling a form.

All medication records must be clear, accurate and up to date as they could be used at anytime in investigations and/or statutory matters. Visual medication check sheet to be completed for each child who has medication.

### **Procedure for Reporting and Managing a Misadministration of Medication**

All misadministration and/or recording errors must be reported immediately to the Manager and/or Team Leader or the out of hours manager identified as being 'On Call'.

The parents/carers must be contacted as a matter of urgency or in their absence the relevant GP/NHS Direct/Hospital must be contacted for advice and a joint decision taken concerning appropriate action.

If a child is presenting adverse/serious symptoms the Shift Leader has to take a decision that hospital admission is essential.

All staff have a responsibility to report errors in administration of medication to management even if they are not the administrator or verifier. See also Whistle Blowing Policy.

If there is an error it will be investigated either by Breakaway management or another manager within Slough Children First. This will be decided by the Head of Service. If the investigation is by Breakaway management they will initiate the Medication Investigation 'medication error' process. Appendix 9.

### **Monitoring**

The Manager or Team Leader will undertake weekly records/administration/verifying duties to ensure workers are following procedures.

For newly trained members of staff there will be spot checks for a month from them being deemed competent to ensure that all recording etc. is correct.

Breakaway management will also monitor staff's competency by way of annual competency tests Appendix 2

The Regulation 44 monthly inspections will monitor the procedure and staff member's understanding of it.

External Inspections occur at least yearly and are undertaken by OFSTED.

### **Section 2**

The Role of the Verifier and Administrator of Medication (*only Slough Children First staff*)

The role of the Verifier –

- 1) To check Medication Administration Record sheets against the parental medication consent form and book the medication in, sign appropriate boxes with the Administrator.
- 2) To check that the medication is as the Medication Administration Record sheet states, check measured dosage, ensure that you have the correct young person to whom medication is to be given. To countersign the box to say that the medication has been administered.
- 3) As Verifier you are as responsible for any inaccuracies and mistakes, you must highlight them to the Administrator and notify management.

Should medication (e.g. Buccolam, Epipen) be required to be given in the night, the waking night staff member, providing they are deemed competent/had training in administering Buccolam/Epipen, becomes the Administrator. If the staff member has not gone through the Breakaway medication training process then the worker must wake the sleeping in staff member so that they can administer the medication with the waking night staff member being a witness.

The role of Administrator (not necessarily the Shift Leader, but other designated competent person) is to:

1. Place the Child's medication into their respective medication wallet. This is a see through zip wallet with a laminated picture of the child attached to ensure that the correct child receives the correct medication. All medication must be checked, validated then locked in the medication cabinet on arrival at Breakaway. Children's bag/belongings will be checked for medication as is outlined on the Shift Planner clothing list appendix 3.
2. Book in as soon as is safe to do so. This may require management being called on to shift while the booking in process takes place.
3. Check Medication Administration Record sheets against the medication and the Parental Medical Consent Form and book the medication in, completing and signing the relevant form.
4. Check the medication against the Medication Administration Record (MAR) sheet prior to measuring dosage and giving that medication to the correct child. To sign in the appropriate box to say that medication has been administered. If the medication cannot be administered staff are obliged to fill out the MAR Sheet to reflect the reason why with the appropriated code, (all codes are on the back of all MAR Sheets). This must also been logged on the additional information section on the back of the MAR Sheet. Appendix 4
5. Log out the 'Emergency Medication Bum-Bag' on the MAR Sheet to the allocated member of staff who will be responsible for the associated child.
6. The PRN medication (Buccolam, Epipen, etc) must be handed over and signed by the shift leaders on the shift planner. Staff must carry the care plan along with PRN medication in a bum bag at all times whilst the child is in Breakaway's care.

#### **Becoming a Verifier**

The worker will firstly observe the medication process. They will observe the medication being booked into the home by the Administrator and Verifier. They will observe the process of giving medication, including checking the medication against the Medication Administration Record sheet and then the actual administering to a child.

Once they have done this, the Manager/Team Leader will observe them in the role as Verifier on at least three different occasions, to include liquids, tablets, completing forms, booking in, non prescribed nightly checks and complete the Verifier Competence form (Appendix 5). The staff member must then complete written questions relating to the role of verifier as provided by the Manager/Team Leader.

#### **Becoming an Administrator**

Once a worker is deemed competent as a Verifier and has been in this role for a period that exceeds one month or has completed observations for administering duties, process of becoming an Administrator begins. The Manager/Team Leader will observe them in the role as administrator on at least three different occasions, to include liquids, tablets, completing forms, booking in and complete the Administrator Competence form (Appendix 6). They must also complete written questions relating to the role of Administrator and undergo a practical refresher test or observation (after 1 year), as provided by the Manager/Team Leader. A copy of the Competence forms is to go in the Medication Administration file.

The identified Administrator and Verifier for each shift must be recorded on the handover sheet.

The individual visual medication checks sheet must be completed when taking/ handing the medication. There is a joint AVS – breakaway visual medication handover sheet which deals with medication exchange with school.

## **The Process of Booking Medication into the home**

All staff have a duty to make the presence of medication known to the Administrator/shift leader. Two staff (administrator and verifier) must check and validate the child's medication as they come in, then complete the visual medication check sheet. The medication must then be placed in allocated zipped wallet with child's picture and locked in a medication cabinet. Staff are expected to familiarise themselves with the Breakaway Shift Planner and Clothing List Appendix 3.

### **The Booking in Process, What you Need:**

- Medication
- Parental Medical Consent Form (in date)
- Medication Administration Record (MAR) sheet
- Door Sign indicating "medication process is in progress".
- Parental Medical Consent Forms and MAR Sheets must correspond.

The MAR sheet is always typed up from the consent form and is not to be copied from completed, previous medication record sheets.

The medication is checked against the Parental Medical Consent Form, to ensure it is correct and then against the MAR sheet. The expiry date must be checked and recorded in the SIGN IN box on the associated MAR Sheet. The medication is then booked in by the Administrator and Verifier. The MAR Sheet SIGN IN box will be signed by both Administrator and Verifier.

Should medication be out of date or incorrectly labelled arrangements must be made for these to be rectified. It is the role of the Administrator/Shift Leader to do this. It could be a call to parents to ask if they have any more of the medication that is in date/correctly labelled and they would need to bring that in before the medication was due or their child/young person would need to go home. If an incorrect label then sometimes a call to the GP may be required and they could email staff of what is correct.

Should a child come in for respite without their medication / medication out of date / not appropriate to administer, Administrator/Shift Leader must contact their parent/carer immediately. The parent/carer must bring the medication in before it is due to be administered or the child would need to go home. Two people, i.e. Administrator and Verifier, must witness the phone call. If the parent/carer states that the medication is non-essential, the worker must repeat this for the other person to hear. The parent/carer must be asked for this to be put in writing by the GP, to be received before the child's next stay and be informed that Breakaway is required to inform the social worker.

All conversations must be witnessed and accurately recorded.

Creams and Lotions – some creams/lotions used for dry skin e.g. Vaseline, body lotion, etc may come in a child's wash bag to be used after personal care. These don't have to be booked in as medication and can stay in child's wash bag, locked in staff's office when not in use.

No homeopathic or herbal remedies to be administered to a child unless there is a letter of authorisation on their file from their GP so as to avoid contra indications. The medication must have a prescription label.

### **Covert Medication**

Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising the medication in food or drink. Covert medication is only permitted if it is the only way a child will take medication and it is necessary for the child's physical or mental health. Prior consultation will be needed between parents/carers and the child's medical practitioner/ Prescriber and all involved parties must be in agreement that it is in the child's best interests and there are no contra indications by having their medication

covertly. There must be written confirmation of the agreement either on file or on ICS. The parent and GP must give written consent for medication to be used covertly.

In each child's file there is a Record of Sickness form (Appendix 7) and should a child become ill when receiving a short break this must be completed and placed in the first aid folder.

If advice is sought and given over the telephone this must be recorded on ICS in the child's file. Parents/carers must be kept informed of their child's health.

There is also a Record of Seizures form (Appendix 8) which needs to be completed should a child have a seizure.

### **Preparing a new Medication Administration sheet**

MAR sheets are kept in an electronic folder on the main Breakaway drive.

It will be the responsibility of the key workers to ensure that each month new MAR sheets are ready for their respective key children / co key children by the last week of the previous month.

### **Step by Step**

Top of MAR Sheet:

- Child's name
- DOB
- Allergies (if the young person has no allergies 'NONE KNOWN'/NK must be written)
- Month/Year
- Name of Medication
- GP Information
- Dose & Directions - strength of drug, how administered i.e. orally, topically, inhaled etc
- Frequency
- Parental Medical Consent Form Date

Body of Prescribed Medication MAR Sheet:

- The full calendar month is along the left side of the MAR Sheet.
- 'Sign IN' box is identified with a red strip.
- Both staff to sign in the associated box and to input the balance received and the expiry date.
- '1<sup>st</sup> Dose Sign' is for the recording of the dose administered 1<sup>st</sup> following the commencement of the C&YP's stay at Breakaway. This must have both administrator and verifier signatures, the time administered, and the remaining balance recorded.
- If appropriate the '2<sup>nd</sup> Dose' column is to be completed as above.
- The final column to the right of the MAR Sheet 'Sign OUT' is identified with a grey strip. This must be signed when the medication goes off site by both Administrator and Verifier, stating the expiry date and leaving the balance.

### **PRN MAR Sheet:**

- To be filled out in the same way as Prescribed Medication MAR Sheets.
- PRN MAR Sheets have additional columns for the signing in and out on the same day to include trips and the allocation of the 'Emergency Treatment Bag'.
- An additional column for PM check has been introduced for PRN medications MAR sheets for the resident children.

**IT IS THE RESPONSIBILITY OF THE SHIFT LEADER TO ENSURE THAT THE 'EMERGENCY TREATMENT BAG' HAS BEEN SIGNED TO THE ALLOCATED WORKER AND HANDOVER OVER TO NEXT SHIFT LEADER AT THE END OF THE SHIFT.**

### **Omissions/Refusal/School Supplies**

If it is noted that medication has been omitted over one hour since it was due, the Administrator to put the associated CODE in the signature box for the dose and state the reason why on the additional notes section at the back of the MAR Sheet. Managers (as in Business Continuity Procedure) and the child's parents/carers must be notified of this as soon as possible.

If the child refuses medication after every effort has been made to administer, the Verifier will enter R in the signature box for the dose and detail on daily log and handover sheet. The child's parents/carers must be informed as soon as possible as they may want to come in to the home to endeavour to administer or they may want to take their child home. This information must then be uploaded onto ICS.

Tablets, which have been refused and soiled during the attempt to administer, should be sealed in an envelope on which is written the child's name, the type and strength of medication. This should then be signed by both administrator and verifier and returned to the parent. In case of resident's child. Medication, it should be taken as soon as possible to the pharmacy (the Chemist) along with Breakaway medication disposal sheet where the pharmacist will sign.

For medication which is prescribed for administration during school hours – If school keep a supply for the child 'A' for Administered elsewhere can be entered into the signature boxes before they go off for the day. If Breakaway need to supply medication for school then the Administrator and Verifier must book out the medication and enter 'A' in the appropriate box on the Medication Administration Record sheet. On the child's return from school, the Administrator and Verifier on that shift must book the medication back in as policy.

### **Children and Young People who Self Administer**

A MAR sheet will still need to be compiled for the medication. "SELF ADMINISTERS" will be written in large letters across the top of the Medication Administration Record sheet. The key worker must assess their key child if they are able to self administer, provide support to the child if they are capable of.

The medication will be kept in the locked medication cabinet in the main office.

If a child is self administering the Administrator for the shift will check that the child has the correct medication and dosage, observed by the Verifier and will sign the MAR sheet to indicate that the medication is out for dispensing/administering. The child may then be left alone to self-administer as per his/her risk assessment. When the child says they have taken the medication they must then sign the MAR sheet to show it has been self-administered. If the child is observed to make any errors in measuring medication or appears uncertain or lacking in confidence the Manager and/or Team Leader and parents/carers must be notified and the situation resolved as to whether it is safe for the child to carry on self-administering.

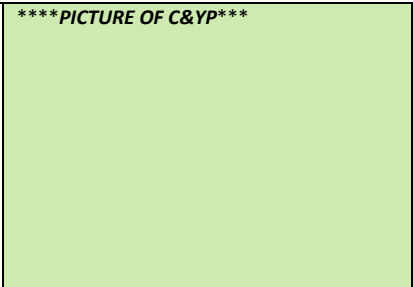
### **Appendices.**

1. Parental Medical Consent Form
2. Medication Refresher
3. Verifier Competence Form
4. Administrator Competence Form
5. Record of Sickness
6. Medication Investigation & Error Forms
7. Record of Epileptic Seizures

## Appendix 1

### PARENTAL MEDICATION CONSENT FORM

This form is the record of the medication to be administered to child/young person attending Breakaway

Name of C/YP: D.O.B: G.P. & Surgery: Tel. No: Medical Allergies/Other:	**** <i>PICTURE OF C&amp;YP</i> **** 
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### **CONFIRMATION OF MEDICATION DETAILS**

Name and Strength of Medication: What is Medication for: Dosage of Medication: Time of Medication: Method of Medication:
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Breakaway are not authorised to administer medication to children and young people if the medication does not have the associated parental medication consent form.

For all changes to medication Breakaway will require **written** authorisation from either a General Practitioner or a Pharmacist.

All medication bought into Breakaway **must have** the originals labels.

Medication must have the expiry date on it and must be in date. There must be enough medication for the duration of the child's stay.

If the medication label is different from that stated on the medical parental consent form or there are any discrepancies that will make staff legally unable to administer, then parents would be expected to come in and administer medication for their respective child in that circumstance.

Parent/Carer's Name: ..... Staff's Name: .....

Signature: ..... Signature: .....

Date: ..... Date: .....

Managers Name:.....

Signature:.....

Date: .....



**Appendix 2**

Medication Refresher

(Breakaway)

**Name:**

**Job Title:**

The above named person has been deemed competent to verify/ administer medication and all that this role involves at Breakaway following observation on:

Written Test Questionnaire:

Practical Examination:

**Manager**

Print Name: .....

Signature: .....

Date: .....

I have read the medication policy and have had the opportunity to discuss the Medication Procedure.

**Staff Member**

Print Name: .....

Signature: .....

Date: .....

Monitoring to continue through direct observation and supervision.

**Appendix 3**

**VERIFIER TO THE ADMINISTRATION OF MEDICATION**

.....has been deemed competent to act as Verifier to the Administrator of medication at Breakaway, following observations on:

	DATE	OBSERVATIONS
1		
2		
3		

The above named person has:

1. Read Breakaway's Medication Policy
2. Observed the verifying process three times, including liquids, tablets and creams
3. Been observed verifying medication on the above five occasions

**Manager**

Print Name .....

Signature .....

Date .....

**I have read the medication policy and have had the opportunity to discuss the Medication Procedure.**

**Staff Member**

Print Name .....

Signature .....

Date .....

Monitoring to continue through direct observation and supervision

**Appendix 4**

**ADMINISTRATION OF MEDICATION**

.....has been deemed competent to act as Administrator of Medication at Breakaway following observations on (dates below) and practical test:

	<b>DATE</b>	<b>OBSERVATIONS</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		

Practical Test completed on .....

**Manager**

Print Name .....

Signature .....

Date .....

**I have read the medication policy and have had the opportunity to discuss the Medication Procedure.**

**Staff Member**

Print Name .....

Signature .....

Date .....

Monitoring to continue through direct observation and supervision

**Appendix 5**

**RECORD OF SICKNESS**

PLEASE RECORD ALL INFORMATION IN FULL ON DAILY LOGS INCLUDING SIGNS/SYMPTOMS AND ANY ACTION TAKEN

NAME ..... DOB .....

KNOWN MEDICAL CONDITIONS (E.G. EPILEPSY, ALLERGIES, DIABETES)

.....

.....

FULL DETAILS OF SIGNS AND SYMPTOMS (I.E. PALLOR, BREATHING, PAIN, VOMITING, BOWELS/URINE, LETHARGY, SWEATING, BLEEDING)

.....

.....

.....

TEMPERATURE (AVERAGE BODY TEMP. 97F/37.4c)

DATE	TIME	READING	ACTION TAKEN: INC NON PRESCRIBED MEDICATION GIVEN

ANY OTHER COMMENTS

.....

.....

.....

.....

**ACTION SHEET**

**PARENTS/CARERS CONTACTED** YES/NO

**TIME** ..... **NAME OF STAFF** .....

**OUTCOME**

.....  
.....  
.....

**GP CONTACTED** YES/NO

**OUTCOME**

.....  
.....  
.....

**APPOINTMENT MADE TO VISIT THE SURGERY** YES/NO

**DATE** ..... **TIME** ..... **GP** .....

**OUTCOME**.....  
.....

**GP TO VISIT HOME** YES/NO

**DATE** ..... **TIME** ..... **GP** .....

**OUTCOME**

.....  
.....

**ANY MEDICATION PRESCRIBED/MEDICAL ADVICE GIVEN**

.....  
.....

**(CROSS REFERENCE TO MEDICATION ADMINISTRATION SHEET)**

**SIGNED** ..... **NAME** ..... **DATE** .....

## Appendix 6

### MEDICATION INVESTIGATIONS

All incidents of **MEDICATION ERRORS** are to be investigated to ensure there is every opportunity to learn and improve the care offered to Children/Young People who receive care at Breakaway.

If a child has been given the wrong medication: **IF MANAGEMENT ARE IN THE BUILDING LET THEM KNOW IMMEDIATELY, CONTACT THE child's GP – GIVING DETAILS OF MEDICATION TAKEN, CONTACT PARENTS/CARERS, CONTACT MANAGEMENT (if not in building as indicated on Breakaway Continuity Procedure), INFORM OUT OF HOURS MANAGER IDENTIFIED AS BEING 'ON CALL', child'S SOCIAL WORKER AND FULLY RECORD CONVERSATIONS**

1. All incidents of medication found in inappropriate places, not administered as per instructions are potentially serious. For example:

- a) The child does not receive medication as prescribed.
- b) Other child may administer medication that they find in inappropriate places.
- c) Wrong medication given.
- d) Incorrect/ omission to record

2. The Manager or delegated person will then investigate the facts which will include:

- a) What is the error/where was the medication found etc.
- b) What is the medication?
- c) How did error occur?
- d) If GP/NHS Direct (if out of hours) and/or Pharmacist have been contacted, what advice given?
- e) Which staff member administered the medication and who was the verifier?
- f) Has the medication been signed as given?
- g) Is it essential that the child has the medication?
- h) Did the child refuse to take the medication?
- i) Was the incident avoidable?
- j) Is there any action that can be taken to avoid a repeat of this incident?
- k) Any other action required?

3. Management will decide whether a full report needs to be placed on the child's file and on ICS. A full report must be placed on the staff member involved, on their file along with a copy of the incident form.

**1ST ERROR – MEDICATION FORM**

Where an error is found, discuss with the staff member/s involved and begin the error process as stated in the Medication Policy.

**Name of Staff Member:**

Details of Discrepancy must include:  
 Name of child, name/dosage of medication, date/time, and full details of the error made.

Date	Signature of Staff Member	Name of Manager/ Team Leader	Signature of Manager/ Team Leader

**1st Error** – Suspension from medication duties. Full report to be written (Depending on severity).  
 If the staff member has received medication refresher training and/or been deemed competent as a verifier and/or administrator refer to guidance as noted below under 3<sup>rd</sup> medication error.  
 If the staff member concerned has not received medication refresher training nor been deemed competent as a verifier or administrator within a 12 week period 3 medication assessments by Management followed by a competency review after 3<sup>rd</sup> assessment.

Assessment/Date	Comment	Management Signature
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
Competency Review		

**2ND ERROR – MEDICATION FORM**

Where an error is found, discuss with the staff member/s involved and begin the error process as stated in the Medication Policy.

**Name of Staff Member:**

Date	Signature of Staff Member	Name of Manager/ Team Leader	Signature of Manager/ Team Leader

2nd Error –Suspension from medication duties, full report to be written (Depending on severity).

If the staff member has received medication refresher training and/or been deemed competent as a verifier and/or administrator refer to guidance as noted below under 3<sup>rd</sup> error.

If the staff member concerned has not received medication refresher training nor been deemed competent as a verifier and/or administrator within a 12 week period

Medication competency test and medication training if felt necessary. After medication training, that includes medication refresher training. Staff can go back on medication duties but must be assessed by Management for 3 verifying days followed by 3 administration days. Competency review after 3<sup>rd</sup> administration assessment.

Observation Date	Comment	Management Name & Signature
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**VERIFYING**

1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

**ADMINISTRATION**

1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

Medication refresher training completed .....



**3rd ERROR MEDICATION FORM**

Where an error is found, discuss with the staff member/s involved and begin the error process as stated in the Medication Policy.

Details of Discrepancy must include: Name of child, name/dosage of medication, date/time, and full details of the error made.

**Name of Staff Member:** \_\_\_\_\_

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Date	Signature of Staff Member	Name of Manager/ Team Leader	Signature of Manager/ Team Leader

3rd Error –Suspension from medication duties, formal investigation, immediate supervision.

Dependent on the outcome of the investigation follow recommendations arising from the investigation which must include a minimum retraining for a 2 month period to include Administration of Medication course, Breakaway Verification and Administration competency and Medication refresher training.

This must be followed by weekly spot checks for a further month and consideration given to invoke disciplinary/capability procedures.

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Assessment/Date	Comment	Management Signature
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**VERIFYING**

1st			
2nd			
3rd			

**ADMINISTRATION**

1st			
2nd			
3rd			

Medication refresher training completed .....

**MEDICATION INVESTIGATION FORM**

<b>Child's Name:</b> _____ <b>D.O.B.:</b> _____ <b>Date:</b> _____		
<b>Describe the Incident</b>		
Can the medication be identified	YES/NO	
Name of the medication		
Contact GP and/or Pharmacist	YES/NO	Date
	Details (advice given)	
Contact parents/carers	YES/NO	
	Fully recorded on ICS	YES/NO
Was the medication signed as taken?	YES/NO	
Which staff member gave the medication?		
If they have not signed, why not?		
In your opinion was the incident avoidable? If yes what action do you need to take to avoid another similar incident?	YES/NO	
Is there any other action that needs to be taken to avoid this incident occurring again? Is there any learning from this incident that could improve care?		
Did incident require reporting to Ofsted? If so date reported	YES/NO	
Disciplinary/capability procedures invoked?	YES/NO	Date
Name Of Person completing the form		Date
Signature		

Appendix 7

**BREAKAWAY – RECORD OF EPILEPTIC SEIZURE**

Name of Child		D.O.B.	
Staff Name		Staff Sign.	
Date of Seizure		Time	Length
What was Child doing prior to seizure i.e. activity?			
What behaviour was being displayed i.e. lethargic, hyper, quiet, same as usual?			
Was seizure before or after taking anti-epileptic medication?			
Seizure Type Details of the seizure			
Location of Child when seizure occurred			
First Aid Required/ Any Injuries			
Emergency Medication administered (Name & dosage)			
Call to 999			
What did Child do after seizure i.e. sleep (how long), quiet, disorientated?			

This record must be uploaded on ICS once completed  
Staff to follow epileptic Care Plan for the Child