

Polisi Rheoli Moddion
Policy for Managing Medicines



Ysgol Cae Top

Dyddiad Cymeradwyo/Date Adopted: 27/11/2023

Dyddiad Adolygu/Review Date: Tachwedd 2024 / November 2024

Llofnodwyd ar ran Cadeirydd y Llywodraethwyr:
Signed on behalf of the Chair of the Governors:

A handwritten signature in black ink, consisting of a large, stylized initial 'C' followed by a few loops and a horizontal stroke.

1. Darparu Meddyginiaeth

Dylid annog rhieni ofyn i'w meddyg teulu a ydyw'n bosibl amseru'r dognau o feddyginiaeth i'w cymryd tu allan i oriau arferol ysgol. Lle bynnag y bo modd, dylai rhieni disgyblion sydd angen meddyginiaeth yn ystod oriau ysgol fynychu'r ysgol i ddarparu'r feddyginiaeth i'w plant.

Mae'r pennaeth, gyda chefnogaeth corff llywodraethol yr ysgol, yn cytuno i ddarparu meddyginiaethau yn yr ysgol.

- 1.1 Mae unrhyw aelod o staff sy'n cytuno i ddarparu meddyginiaeth i ddisgyblion yn gwneud hynny ar sail wirfoddol.
- 1.2 Rhaid i staff sy'n gwirfoddoli i ddarparu meddyginiaeth dderbyn yr hyfforddiant cywir cyn cael caniatâd i roi meddyginiaeth i unrhyw ddisgybl.
- 1.3 Rhaid i ysgol dderbyn ffurflen wedi ei chwblhau gan rieni'r disgyblion yn gofyn am i'r ysgol ddarparu'r feddyginiaeth yn ystod oriau'r Ysgol ([Atodiad 1](#)).
- 1.4 Mae'n angenrheidiol i'r pennaeth gytuno'n ffurfiol â'r cais cyn y rhoddir unrhyw feddyginiaeth ([Atodiad 2](#)).
- 1.5 Rhaid i staff sy'n rhoi meddyginiaeth i ddisgyblion gofnodi'r holl fanylion ar ffurflen 'Darparu Meddyginiaeth' yr Ysgol ([Atodiad 3](#)).
- 1.6 Rhaid hysbysu'r rhiant o unrhyw sgîl-ffeithiau anffafriol a ddioddefodd y disgybl yn dilyn cymryd y feddyginiaeth (un ai yn syth, neu ar ddiwedd y diwrnod ysgol, yn dibynnu ar ddirifoldeb y sefyllfa).
- 1.7 Os yw'r disgybl yn gwrthod cymryd ei feddyginiaeth, ni ddylid ei orfodi i wneud hynny. Rhaid hysbysu'r rhieni os yw disgybl yn gwrthod cymryd meddyginiaeth. Os yw disgybl yn gwrthod meddyginiaeth mewn sefyllfa o argyfwng (e.e. pigiad adrenalin mewn achos o anaffylaxis), rhaid cael cymorth meddygol proffesiynol a hysbysu'r rhieni yn syth.
- 1.8 Dylai staff wneud eu gorau i sicrhau y caiff preifatrwydd a balchder y disgybl eu hamddiffyn, hyd yn oed mewn sefyllfa o argyfwng.
- 1.9 Os oes angen triniaeth bersonol neu ymyrgar ar ddisgybl, dylai dau aelod o staff fod yn bresennol; rhaid i un fod o'r un rhyw â'r disgybl.

2. Cadw Meddyginiaeth

Lle bynnag y bo modd, dylid gofyn i rieni ddarparu'r ysgol gyda faint bynnag o feddyginiaeth sydd ei angen am y diwrnod ysgol yn unig, yn hytrach na dod â photel llawn ffisig neu botel llawn tabledi.

- 2.1 Ni fydd yr ysgol yn derbyn unrhyw feddyginiaeth nad yw yn ei chynhwysydd gwreiddiol.
- 2.2 Rhaid labelu pob meddyginiaeth yn eglur gydag enw a dosbarth y disgybl.

- 2.3 Heb law am anadlwyr asthma, meddyginiaethau sy'n rhaid eu cadw yn yr oergell a meddyginiaethau a all fod yn angenrheidiol mewn argyfwng, rhaid cadw pob meddyginiaeth arall mewn cabinet/cynhwysydd wedi ei gloi.
- 2.4 Cyfrifoldeb y pennaeth yw sicrhau bod pob aelod o staff yn ymwybodol o ble cedwir yr allwedd i'r cwpwrdd meddygol.
- 2.5 Rhaid storio unrhyw feddyginiaeth sydd angen ei chadw yn yr oergell yn ystafell yr athrawon. Rhaid cadw'r feddyginiaeth mewn cynhwysydd seliedig sydd wedi ei labelu'n eglur gydag enw a dosbarth y disgybl.
- 2.6 Caniateir i ddisgyblion y credir eu bod yn ddigon aeddfed i gymryd cyfrifoldeb am eu hanadlwr asthma ei gario gyda hwy cyn belled â bod cais ffurfiol wedi ei wneud gan y rhiant. ([Atodiad 4](#))
- 2.7 Yn ystod gweithgareddau oddi ar y safle, dylid cario unrhyw feddyginiaeth angenrheidiol gan yr aelod o staff sy'n gyfrifol am y gweithgaredd neu aelod o staff gyda hyfforddiant cymorth cyntaf. Dylai disgyblion all fod angen eu meddyginiaeth ar frys fod mewn grwp sy'n cael ei oruchwylio gan yr aelod o staff sy'n cario'r feddyginiaeth. Dylai disgyblion yr ystyrir eu bod yn ddigon cyfrifol i gymryd cyfrifoldeb am eu meddyginiaeth asthma gael caniatâd i'w chario gyda hwy cyn belled â bod cais ffurfiol wedi ei wneud gan y rhiant.
- 2.8 Ni ddylai staff fyth drosglwyddo meddyginiaeth o'i gynhwysydd gwreiddiol i gynhwysydd arall oni bai bod y cynhwysydd gwreiddiol wedi malu. Mewn achos o'r fath, dylid labelu'r cynhwysydd newydd yn eglur gyda'r holl wybodaeth a gaed ar label y cynhwysydd gwreiddiol. Rhaid hysbysu'r rhiant o unrhyw ddifrod i gynhwysyddion.
- 2.9 Ni ddylai staff yr ysgol waredu unrhyw feddyginiaeth sydd heb ei defnyddio. Dyma gyfrifoldeb y rhiant. Rhaid i'r rhiant gasglu unrhyw feddyginiaeth sydd heb ei defnyddio ar ddiwedd pob hanner tymor. Pe na bai'r rhieni yn gallu dod i'r ysgol, gallai'r nyrs ysgol gynorthwyo i gael gwared ag unrhyw feddyginiaeth heb ei defnyddio a adawyd yn yr ysgol. Os yw meddyginiaeth disgybl yn gorffen neu ei dyddiad yn terfynu, cyfrifoldeb y rhieni yw ei hailgyflenwi.

Atodiad 1

CAIS I'R YSGOL ROI MEDDYGINIAETH

Ni fydd yr ysgol yn rhoi moddion i'ch plentyn oni bai eich bod yn cwblhau ac arwyddo'r ffurflen hon a bod y pennaeth yn cytuno y gall staff yr ysgol roi'r feddyginiaeth.

MANYLION Y DISGYBL

Cyfenw: _____

Enw(au) Cyntaf: _____

Cyfeiriad: _____ G/B: _____

_____ Dyddiad Geni: _____

_____ Dosbarth/Blwyddyn: _____

Cyflwr neu salwch: _____

MEDDYGINIAETH

Enw/Math o Feddyginiaeth (fel ag a ddisgrifir ar y cynhwysydd): _____

Am faint fydd eich plentyn yn cymryd y feddyginiaeth hon: _____

Dyddiad y paratowyd y feddyginiaeth: _____

Cyfarwyddiadau Llawn i'w Defnyddio:

Dogn a dull: _____

Amseriad: _____

Rhagofalon Arbennig: _____

Sgîl-effeithiau: _____

Hunan-weinyddu: _____

Sut i weithredu mewn argyfwng: _____

MANYLION CYSWLLT

Enw: _____ Rhif ffôn dydd: _____

Perthynas â'r Disgybl: _____

Cyfeiriad: _____

Deallaf bod yn rhaid i mi ddanfôn y moddion yn bersonol (i aelod cytunedig o staff) a derbyniaf fod hwn yn wasanaeth nad oes rheidrwydd ar yr ysgol i'w ysgwyddo.

Dyddiad: _____ Llofnod(ion): _____

Perthynas â'r Disgybl: _____

Atodiad 2

TREFNIANT I ROI MEDDYGINIAETH

Cytunaf y bydd: _____ (enw'r disgybl)

yn derbyn _____ (faint o ac enw'r feddyginiaeth)

bob dydd am _____ (amser rhoi'r feddyginiaeth, e.e. amser cinio).

Bydd: _____ (enw'r disgybl)

yn derbyn/yn cael ei g/oruchwylio tra bydd yn cymryd ei m/feddyginiaeth gan

_____ (enw'r aelod o staff)

Bydd y trefniant hwn yn parhau hyd: _____

(un ai dyddiad terfynu'r cwrs o feddyginiaeth neu hyd nes rhoddir cyfarwyddyd gan y rhieni).

Arwyddwyd (Pennaeth/Aelod Dynodedig o Staff):

Dyddiad: _____

(un ai dyddiad terfynu'r cwrs o feddyginiaeth neu hyd nes rhoddir cyfarwyddyd gan y rhieni).

Arwyddwyd (Pennaeth/Aelod Dynodedig o Staff): _____

Dyddiad: _____

Atodiad 3

COFNOD O FEDDYGINIAETH A RODDWYD YN YR YSGOL

Enw'r Ysgol: _____

| Dyddiad | Enw'r Disgybl | Amser | Enw'r Feddyginiaeth | Dogn a Roddwyd | Unrhyw Adweithiau | Llofnod Staff | Printiwch eich Enw |
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Atodiad 4

CAIS I'R DISGYBL GAEL CARIO EI FEDDYGINIAETH/MEDDYGINIAETH ASTHMA EI HUNAN

Rhaid cwblhau'r ffurflen hon gan y rhieni/gwarcheidwad.

Enw'r Disgybl: _____ Dosbarth/Blwyddyn: _____

Cyfeiriad: _____

Cyflwr neu salwch: _____

Enw'r Feddyginiaeth: _____

Trefn i'w dilyn mewn Argyfwng: _____

GWYBODAETH GYSWLLT

Enw: _____

Rhif ffôn dydd: _____

Perthynas â'r plentyn: _____

Dymunaf i'm mab/merch gadw ei feddyginiaeth/meddyginiaeth gydag ef/gyda hi i'w defnyddio fel bo'r angen. Derbyniaf gyfrifoldeb llawn am unrhyw golled neu gamddefnydd o'r feddyginiaeth.

Arwyddwyd: _____ Dyddiad: _____

Perthynas â'r Plentyn: _____

1. Administration of Medication

Parents should be encouraged to ask their GP if it is possible for the timing of doses of any medication be set for outside normal school hours. Wherever possible, the parents of pupils requiring medication during school hours should attend the school to administer the medication to their children.

The headteacher, with the support of the school governing body, agrees to the administration of medicines in school.

- 1.1 Any member of staff who agrees to administer medication to pupils does so on a voluntary basis.
- 1.2 Staff who volunteer to administer medication must receive correct training before being allowed to administer medication to any pupil.
- 1.3 The school must receive a completed form from the pupil's parent requesting the school to administer medication during school hours. ([Appendix 1](#))
- 1.4 It is necessary for the headteacher to formally agree to the request before any medication is administered. ([Appendix 2](#))
- 1.5 Staff who administer medication to pupils must record all details on the school's 'Administration of Medication' form. ([Appendix 3](#))
- 1.6 Any adverse effects experienced by the pupil following the administration must be reported to the parent (either immediately or at the end of the school day depending on severity).
- 1.7 If the pupil refuses to take his/her medication, then they should not be forced to do so. Parents must be informed if a pupil refuses medication. If a pupil refuses medication in an emergency situation (for example: adrenaline injection in the case of anaphylaxis), then professional medical help must be requested and the parents informed immediately.
- 1.8 Staff should ensure that the privacy and dignity of the pupil is maintained as best as possible, even in an emergency situation.
- 1.9 If a pupil requires intimate or invasive treatment, there should be two members of staff present, one must be the same sex as the pupil.

2. Storage of Medication

Wherever possible, parents must be asked to provide the school with the amount of medication required for the school day only, rather than bringing in a full bottle of medicine or full bottle of tablets.

- 2.1 The school will not accept any medication which is not in its original container.

- 2.2 All medication must be clearly marked with the pupil's name and class.
- 2.3 With the exception of: asthma inhalers, medication which needs to be kept refrigerated, and medication which may be needed urgently in an emergency, all other medication must be kept in a locked cabinet/container.
- 2.4 It is the headteacher's responsibility to ensure that all staff are made aware of where the key to the medicine cabinet is kept.
- 2.5 Any medication which requires refrigeration must be stored in the fridge in the staffroom. The medication must be kept in an airtight container which is clearly marked with the pupil's name and class.
- 2.6 Pupils considered mature enough to take responsibility for their asthma inhaler are allowed to carry them on their person provided that a formal request has been made by the parent. ([Appendix 4](#))
- 2.7 During off-site activities, any medication which may be needed should be carried by the member of staff in charge of the activity or a member of staff with first aid training. Pupils who may urgently require their medication should be in a group which is supervised by the member of staff carrying the medication. Pupils considered mature enough to take responsibility for their asthma medication should be allowed to carry them on their person provided that a formal request has been made by the parent.
- 2.8 Staff should never transfer medication from its original container to another container except in the event of the original container being broken. In such an instance, the alternative container must be clearly labelled with all of the information held on the label of the original container. The parent must be notified in the event of any damaged containers.
- 2.9 School staff must not dispose of any unused medication. This is the responsibility of the parent. Any unused medication must be collected by the parent at the end of every half term. In the event that the parents are unable to attend the school, then the school nurse will be able to assist with the disposal of unused medication left in school. If a pupil's medication runs out or expires, it is the responsibility of the parents to replenish it.

Appendix 1 Form: AM2

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____

Forename(s): _____

Address: _____ M/F _____

_____ Date of Birth: _____

_____ Class/Form: _____

Condition or Illness: _____

MEDICATION

Name/Type of Medication (as described on the container): _____

For how long will your child take this medication: _____

Date Dispensed: _____

Full Directions for Use

Dosage and Method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to Take in an Emergency: _____

CONTACT DETAILS

Name:

Daytime Telephone No.:

Relationship to Pupil:

Address:

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date:

 Signature(s):

Relationship to Pupil:

Appendix 2 Form: AM3

AGREEMENT TO ADMINISTER MEDICATION

I agree that _____ will receive _____
(name of pupil) (quantity and name of medication)

every day at _____ (time medication to be administered, e.g.
lunchtime).

_____ (name of pupil) will be given/supervised whilst s/he takes

his/her medication by _____ (name of member of staff).

This arrangement will continue until _____ (either end date of
course of medication or until instructed by parents).

Signed (The Headteacher/Named Member of Staff): _____

Date: _____

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

Name of School: _____

| Date | <i>Pupil's Name</i> | Time | Name of Medication | Dose Given | Any Reactions | Signature of Staff | Print Name |
|-------------|---------------------|-------------|---------------------------|-------------------|----------------------|---------------------------|-------------------|
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REQUEST FOR PUPIL TO CARRY HIS/HER
ASTHMA MEDICATION

This form must be completed by parents/guardian.

Pupil's Name: _____

Class/Form: _____

Address: _____

Condition or Illness: _____

Name of Medicine: _____

Procedures to be taken in an Emergency: _____

CONTACT INFORMATION

Name: _____

Daytime Telephone No.: _____

Relationship to Child: _____

I would like my son/daughter to keep his/her medication on him/her for use as necessary. I will take full responsibility for any loss or misuse of the medication.

Signed: _____

Date: _____

Relationship to Child: _____