



## **Federation of Cherry Oak School, Victoria School and Victoria College**

### **Policy for supporting children with medical conditions and managing medicines**

This policy has been structured based upon the most recent government advice "Supporting pupils at school with medical conditions" (DfE-Sept 2014), the "Medication Guidance for Birmingham Schools (BCH 2012), guidance from local Health Services, professional associations.

The Federation of Cherry Oak & Victoria Schools and Victoria College adheres to the duty as stated in the Children and Families Act 2014 that pupils with medical conditions will have the same right of admission to our school as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support pupils with medical conditions require. This will be done in partnership with parents and health professionals.

The prime responsibility for a pupils' health rests with parents. It is anticipated that parents / carers will ensure that appropriate information is provided for the school that enables proficient management and a good understanding of their child's medical condition; this includes working in partnership in the management of any medicines administered at school. The Federation takes advice and guidance from a range of sources, including the School Nursing Team, Paediatric Consultants, and other Health professionals in addition to the information provided by parents in the first instance. This enables us to manage support effectively and to minimise any disruption to learning.

#### **Key Personnel**

The designated person(s) (medical needs coordinators) with overall responsibility to implement this policy are: Amanda Jenkins, Caroline Lane, Rachel Walters. This person(s) will also ensure that staff are appropriately aware of the medical condition of children with whom they work and that any confidential information pertinent to the medical condition is entrusted to individual staff.

The people responsible for developing Individual Healthcare Plans are: Paediatricians & School Nurses.

The Governor with specific responsibility to oversee the arrangements to support pupils at schools with medical conditions is: Anne Barnes

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## **AIMS**

The school is committed to assisting children with long-term or complex medical conditions and working in partnership with their parents /carers.

1. To ensure that pupils at school with short or long term medical conditions, are properly supported so that they have full access to education, including off-site activities and residential visits.
2. Make arrangements for staff to ensure that they receive adequate and appropriate training for them to support children with medical needs.
3. To ensure that parents and children have confidence in the medical support arranged at school.
4. To work in partnership with Health Service colleagues.
5. To be fully compliant with the Equality Act 2010 and its duties.
6. To manage medicines within school in accordance with government and local advice.
7. To keep, maintain and monitor records as detailed in this policy.
8. To contribute to Individual Healthcare Plans where appropriate, in partnership with health professionals.
9. To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
10. To support pupils with complex medical conditions and or long term medical needs in partnership with Health professionals and parents to enable their access to education.
11. To adhere to the statutory guidance contained in "Supporting pupils at school with medical conditions" (DfE Sept 2015), and "Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People" (DSCB 2011) 1 as set out and agreed with the school's Governing Body.

## **THE GOVERNING BODY WILL:**

- ensure that arrangements are in place to support children and young people with medical conditions and that support is tailored to individual medical needs;
- make arrangements for this policy to be published on the school website;



- review this policy annually;
- ensure that staff are identified to implement the policy from day to day;
- monitor the arrangements associated with Individual Healthcare Plans so that they are managed appropriately, reviewed and maintained in partnership with Health professionals;
- ensure that staff receive appropriate training enabling them to provide bespoke and purposeful support to pupils with medical needs and that the training is refreshed regularly;
- ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;
- oversee the school's management of medicines to ensure that Health & Safety standards are met and that parents have confidence in the schools ability to support their child's medical needs;
- ensure that insurance arrangements cover staff in carrying responsibility for medical procedures;
- have 'due regard' to the rights of pupils who are disabled as set out in the Equality Act 2010;
- ensure that appropriate arrangements are made to include pupils with medical conditions on off-site activities;
- ensure that parents / carers are aware of the school's complaints policy.

## **INDIVIDUAL HEALTHCARE PLANS**

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent/carer, by a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between parents/carers, and the relevant healthcare professional, who can best advise on the particular needs of the child. For example school nursing services will contribute sections on feeding needs – gastrostomy, nasogastric. Plans for children with asthma and epilepsy will be overseen by a special school nurse. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which The Federation will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that the Federation assesses and manages risks to the child's education, health and social well-being and minimises disruption. The Individual Healthcare Plan will be linked to or become part of each child's Statement (until transfer to EHCP is completed) or Education Health and Social Care Plan (EHCP). Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the Federation will work with the local authority and Healthcare professionals to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

## **ROLES AND RESPONSIBILITIES**

### **Parents**

Parents are asked to provide the nurses (or in the case of Cherry Oak the school) with sufficient and up-to-date information about their child's medical needs so that

arrangements to manage their short or long term medical conditions can be implemented in partnership.

The schools nurses will administer medication which is required by the pupils/students more than twice a day. Parents/carers are responsible for ensuring that there is sufficient medication to be administered and that it is within the expiry date and in the original container from the pharmacy.

All medication must be clearly labelled with

- the prescribed dose and pharmacist's instruction, e.g., after meal.

Parents are expected to notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that adjustment can be made to Individual Healthcare Plans or previous agreement. It is important that the school is aware and informed by parents about other issues or symptoms their child may have experienced over night or before school; this is particularly important for asthma conditions.

It must be remembered that the prime responsibility for a child's health rests with parents / carers.

**Executive Head teacher/Head of School** will ensure the following:

- that Governors are informed about the implementation and effectiveness of this policy,
- that arrangements are made with staff supporting pupils with medical conditions, and for any medicines required in delivering that support to be stored safely and in line with guidance provided by the local authority;
- suitable arrangements are agreed in partnership and liaison with parents / carers to support the medical needs of pupils;
- that appropriate training has been provided for staff that enables them to carry out agreed procedures;
- that staff will not be directed to administer medicines - they can choose to volunteer to do so if they so wish (all staff will be advised to refer to advice from their professional associations before volunteering to administer medicines);
- liaison with governors in the review of this policy at appropriate intervals, in line with local and national advice;
- that all staff and parents/carers are aware of this policy and the procedures for dealing with medical needs at the Federation;
- make arrangements through the designated teacher to manage the following:
  - prescription medicines in school;
  - prescription medicines on trips and outings, including school transport;
  - accurate record keeping when administering medicines;
  - the safe storage of medicines;
  - procedures for access to medicines during emergency situations;
  - adhering to risk management procedures involving medicines;
- that risk assessments and arrangements for off-site visits are checked and that governors are informed of the details.

**The Designated Teacher will ensure the following:**

- staff work in partnership with parents/carers to ensure the well-being of child and young people;
- that interruption to school attendance for medical reasons will be kept to a minimum;

- staff who have agreed to administer medicines will receive the appropriate training;
- adherence to Individual Healthcare Plans;
- all cultural and religious views, made known to the school in writing, will be respected;

## **STAFF TRAINING AND SUPPORT**

Most medicines to be administered will not require professional training; however the school will ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered. Staff who maintain these records should be clear about what action to take, (such as referring to the Designated Senior Person for Child Protection) if they become concerned about the welfare of an individual pupil. If an Individual Healthcare Plan is applied to particular children / young people, additional training must be given by a nominated Health professional, e.g., use of a nebuliser, using Epipens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a health professional. Record of Training Forms must be completed and maintained. (See Template E: staff training record).

(Also see “Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People” (DSCB 2011); section 3.3 and 3.4 including Chart E.)

## **REASONABLE ADJUSTMENTS**

The school understands it's duties under the Equality Act 2010 to make reasonable adjustments and enable children and young people to have equitable access to education. Children and young people with complex or significant medical needs will be included in activities for as much as their health permits.

## **MANAGING MEDICINES ON SCHOOL PREMISES AND ON OFF-SITE ACTIVITIES**

We will ensure that:

- BCC guidance on First Aid is followed
- records are maintained detailing an accurate history of the administering of medicines as far as possible – this will not include self administering of over the counter medicines for older pupils for whom parents have requested permission using the appropriate Template;
- Templates C and/or D will be used to log administering of medicines;
- suitable back-up systems are in place to cover administering of medicines in the event of staff absence;
- if there are any doubts or confusion about arrangements for administering medicines, staff must consult with the parents and the designated member of staff;
- no child or young person under 16 will be given medicines or be permitted to self-medicate without their parents' written request.

## **STORAGE OF MEDICINES**

The school will adhere to the advice contained in “Guidance and Code of Practice - First Aid at Work” and local guidance provided by Birmingham County Council's Health & Safety Team and the local authority's Schools Nursing Service.

## **REFUSAL OR TOO UNWELL TO TAKE MEDICINES**

If a child refuses to take medicine as prescribed and as requested by parents the records (Template C or D) must state 'REFUSED' clearly and the parents/carer informed immediately. Children / young people will not be forced to receive medicine if they do not wish to do so.

If a child or young person is ill / injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents / carers immediately and advise the Executive Headteacher/head of School of their actions. If the child vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

## **SELF MANAGEMENT OF MEDICINES**

In some cases it might be appropriate that pupils self-administer medicines, e.g., inhalers, epipens. The school will encourage those with long term medical conditions to take responsibility for administering their own medication but continue to ask staff to supervise so that the appropriate records can be completed for safeguarding purposes.

## **OFF-SITE ACTIVITIES / SCHOOL TRIPS**

All arrangements for medicines, including the storage of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those children and young people with long term or complex health conditions. All plans and risk assessments will be discussed with parents/carers in preparation for the activity in advance of the departure day and agreed with the Executive Headteacher/Head of School (and Governors).

All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before receiving approval to go ahead from the Executive Headteacher/Head of School / Governors.

## **EMERGENCY PROCEDURES**

Care is taken to ensure that all pupils are safe. The Federation has 3 people at Victoria, 1 at Victoria College and 1 at Cherry Oak who are 'First Aid at Work' qualified first aiders. All teachers at Victoria have had a half day First Aid course. Staff who particularly work in the Forest School environment have also been trained in First aid and both Victoria and Cherry Oak have a member of staff trained in Paediatric First Aid.

Pupils with life threatening medical conditions or that require close monitoring / supervision may have Individual Healthcare Plans developed by Health professionals

that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy.

All pupils have emergency contact details held in the front office.

Asthma can also be life threatening; The Federation will follow the "Guidance on the use of emergency salbutamol inhalers in schools" issued by the Department of Health (September 2014).

Pupils who have emergency medication will have this provided to staff when going on school visits. If staff are trained to administer emergency medication then they can do so if needed, they should also call the emergency services and the special school nurses on 0121 466 5980 or 0121 466 5975 or via the school office.

Pupils who have emergency medication will have their authorization sheet , emergency care plan, and parent/carer details on the documentation which will be held in a plastic wallet for easy access.

## **BEST PRACTICE**

The Federation will endeavour to eliminate unacceptable situations by promoting best practice in supporting pupils with medical conditions. In doing so we will:

- ensure that pupils have access to the medicine they need as arranged with parents;
- manage each medical condition through an Individual Healthcare Plan;
- listen to the views of pupils and their parents and take advice from medical professionals in planning the support needed;
- ensure that pupils with medical conditions are supervised appropriately and not left alone when ill;
- support access to the full curriculum or as much as medical consultants recommend;
- work in partnership with health services to ensure swift recovery or access to treatment;
- facilitate opportunities to manage medical conditions with dignity;
- manage medical needs such that parents are not required to support their child in school;
- include all children in school on and off-site activities, meeting their medical needs in the best way possible.

## **LIABILITY AND INDEMNITY**

The Federation is covered by the local authority's medical malpractice insurance policy. This covers all staff in the arrangements made to support pupils with medical conditions for whom particular training has been given. Staff must follow the guidance, procedures and administering of medicines accurately.

## **COMPLAINTS**



The Federation holds a Complaints Policy details of which can be found on the website or requested through the school office. Should any complaint be received in respect of the support provided for individual medical conditions, it will be dealt with in accordance with the Complaints Policy.

## **EQUALITY STATEMENT**

The Federation is mindful of its Equality Duties; respecting religious belief and ensuring that support is provided for those with disability needs that might be affected by this policy. Where there are language or communication issues, and to avoid any misunderstanding, the parents / carers and Executive headteacher/Head of School will agree an appropriate course of action. The executive headteacher/Head of School will engage interpreters or signers when required to ensure that full understanding of a pupil's medical needs are determined accurately.

With regard to off-site visits and residential opportunities, The Federation will ensure that reasonable adjustments enabling pupils to be included are appropriate and made in consultation with parents/carers and medical professionals.

## **PROCEDURES**

### **INTRODUCTION**

The supervising or giving of medication to a pupil is a parental responsibility but teachers or school staff may be asked to perform this task if a member of the nursing team is unable to do. In Local Authority schools staff cannot be **directed** to undertake this role unless it is included in their job description, but may do so voluntarily after receiving appropriate training and in accordance with these Guidelines (Medication Guidance for Birmingham Schools 2012 BCH).

#### **1. GENERAL PRINCIPALS**

- 1.1 The Executive head teacher/Head of School and school staff must treat all medical information as confidential.
- 1.2 On the pupil's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements and any other relevant information. This information should be renewed annually.
- 1.3 Schools should normally only agree to administer prescribed medication.
- 1.4 Parents/carers should be encouraged to ask the pupil's clinician to prescribe medication which can be administered outside school hours, for example, asthma *preventer* inhalers, anticonvulsant medication and antibiotics.
- 1.5 There must be clear procedures, for the safe receipt, storage, administration and disposal of medication.



1.6 There must be **adequate** access to, and privacy for, the use of medication.

1.7 If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents / carers and / or a healthcare professional, documenting any action taken.

1.8 The names and contact details of the school nurse should be known by the appropriate staff in each school. Executive Head teacher/Heads of School/College

## **2. RESPONSIBILITIES**

### **Parents/Carers**

2.1 When a school does agree to administer medication during the school day parents/carers must provide a written request detailing all appropriate information. See appendix 1. This should be kept by the staff member who is to be responsible for administering the medication. Verbal instructions are not acceptable.

2.2 It is the parents/carers responsibility to provide the school/college with the medication required. The medication should be as dispensed, in the original container and must be clearly labelled with:

- name of pupil
- name of medication
- strength of medication
- how much to give i.e. dose
- when it should be given
- length of treatment / finish date, where appropriate
- any other instructions
- expiry date or where there is no expiry date the medication should have been dispensed within the last 6 months.
- Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe.
- If the medication and / or dosage needs to be changed or discontinued the school must be informed in writing by the parent / carer.
- It is the parents/carers responsibility to make sure that medication is replenished when needed.

**NB:** The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

### **2.3 Medication brought into school via schools transport**

2.3i Medication should be handed over to the guide on receipt of the child being picked up from home or respite;

2.3ii The medication should be handed over by the guide to a member of the schools nursing team at Victoria or Victoria College or administration team/ SLT at Cherry Oak;

2.3iii The medication will be checked and recorded using the Appendix 1 by the person receiving the medication.

#### **2.4 Medication brought into school via a parent/carer/guide**

2.4i Medication brought into the school/college by a parent/carer will be handed over to a member of the school/college nursing team at Victoria/Victoria College or administration team/SLT at Cherry Oak.

2.4ii The medication will be checked and recorded using the Appendix 2 attached by the person receiving the medication.

### **3. STORAGE OF MEDICATION**

3.1 Medication, when not in use, should generally be stored in a safe and secure place. This will normally be a locked cupboard or a locked non-portable container in a cool place at. The medication must be accessible to the appropriate members of staff at all times. **However there are some important exceptions:**

- All emergency medication should be stored safely but must be readily available to staff at all times. It should not usually be stored in a locked cupboard unless a risk assessment shows this to be necessary e.g. epilepsy rescue medication.
- Asthma "reliever" inhalers must be readily available at all times, including prior to and during exercise. Whenever possible pupils should be responsible for their own inhalers, but when this is not possible the inhaler should be kept in an easily accessible place e.g. on the teacher's desk. The need for a pupil to have ready access to their inhaler should override any concerns about misuse by others. ( These should be checked each month that they work and that they are not past the expiry date)
- Some medications may need to be refrigerated. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a closed plastic container with the lid clearly marked "Medication". This container should then be kept on a separate shelf in the fridge.
- For all out of school activities see section 6

3.2 A designated person (Medical Needs Co-ordinator) should check the medication cupboard at least once every term, to ensure that medication has not reached its expiry date. Medication which is no longer required should be disposed of in accordance with the school policy. See section 9.

### **4. ADMINISTRATION OF MEDICATION**

4.1 Staff agreeing to administer medication should have received training appropriate to the tasks they are asked to perform.



- 4.2 Facilities should be available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use.
- 4.3 Ideally, medication administration should take place in the same room as where the medication is kept. All the necessary paperwork should be available at the time of administering medication. This will include the written consent and school medication administration records. See appendices 1 and 2.
- 4.4 Medication should only be administered to one pupil at a time.
- 4.5 There should be a mechanism in place which enables staff administering medication to positively identify the pupil at the time of administration e.g. by confirming with the pupil where possible their name, date of birth and / or comparing with a recent photo attached to the medication administration record / consent form. When the pupil is not known or cannot give his or her details, then a second check with a member of staff who does know the pupil and comparison with a recent photo or some other way of checking identity should be implemented. Parental consent will be needed for photographs taken to go on medication records.
- 4.6 Before administering medication the member of staff should check
- the pupil's identity
  - that there is written consent from a parent/carer
  - that the medication name, strength and dose instructions match the details on the consent form
  - that the name on the medication label is that of the pupil being given the medication
  - that the medication to be given is in date
  - that the pupil has not already been given the medication
- 4.7 If staff have any concerns related to the administration of a medication they should **not administer the medication** but check with the parent/carer or a health professional, documenting any action taken.
- 4.8 Immediately after administering, or supervising the administration of medication, written records should be completed and signed. See appendix 2.
- 4.9 When a medication cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the parent/carer, following advice from a healthcare professional.
- 4.10 If a pupil refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents / carers should be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the school's emergency procedures must be followed.

## 5. RECORD KEEPING



- 5.1 A parental consent form must be completed each time there is a request for medication to be administered. See appendix 1. All relevant information must be supplied:
- pupil's name
  - pupil's date of birth
  - name, strength and quantity of medication provided
  - clear concise dosage instructions
  - emergency contact names and telephone numbers
  - parent/carer signature
- 5.2 A record of the administration of medication must be kept (see appendix 2) that includes the following:
- the name of the pupil
  - pupil's date of birth
  - the name and strength of the medication
  - dose given
  - route of administration e.g. by mouth
  - the date and time of administration
  - the person responsible for the administration
  - quantity of medication received or returned
- 5.3 Reasons for any non-administration of medication should be recorded and the parent/carer informed as soon as possible. Wasted doses (e.g. tablet dropped on floor) should also be recorded.
- 5.4 When a pupil is self-administering there should be a written request which states whether or not the self-administration needs to be supervised. If it is supervised a record should be kept as above.
- 5.5 When parents / carers request that their child self-administers medication, exemplar forms are available in the document "Managing Medicines in Schools and Early Years Settings" DfES/ DH 2005, updated November 2007.

These are downloadable from:

[www.education.gov.uk/schoolspupilsupport/pastoralcare/b0013771managing-medicines-in-schools](http://www.education.gov.uk/schoolspupilsupport/pastoralcare/b0013771managing-medicines-in-schools)

5.6 Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible. All actions should be documented.

## **6. OUT OF SCHOOL ACTIVITIES / EXTENDED SCHOOL DAY**

6.1 If medication is required during a school trip it should be carried by the pupil if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication, or the parent / carer if present. If a pupil requires a travel sickness remedy, parents / carers should provide written consent and it should be prescribed. The pharmacy label should include name, frequency and dosage to be administered.

- 6.2 Safe storage and accessibility of medication should form part of the risk assessment for all out of school activities.
- 6.3 If residential trips are being considered, parents / carers may need to seek advice from the pupil's clinician or pharmacist on the timings of medication.
- 6.4 Information on the carriage of medication including specific advice about the carriage of Controlled Drugs can be obtained from the Home Office and the Embassy of the country to be visited. See Annex A for contact details. In addition, you may need to contact your airline for advice on the carriage of medication in hand luggage particularly if liquid medication is involved.
- 6.5 It is essential to inform all members of staff who may have responsibility for the pupil during the day about the need for medication and what to do should a medical emergency arise. The accessibility of medication, particularly for use in an emergency, may need to be reviewed if the staff running the activity are different from the normal school staff responsible for the supervision or administration of medication e.g. in breakfast/after school clubs or during sports events.

## 7. PAIN RELIEF

- 7.1 Sometimes pupils may ask for pain relief at school e.g. paracetamol. Generally, school staff should not give non-prescribed medication to pupils. This is because they may not know whether the pupil has taken a previous dose or whether the medication may interact with any other medication being taken. If, however, a school does decide to allow the administration of pain relievers, it must have a written policy and procedures in place which:
- states the name of the medication
  - states the dose to be given
  - gives the circumstances in which it may be given
  - includes checking when previous doses have been taken / given
  - includes obtaining parental permission
  - adheres to the manufacturer's instructions and warnings which accompany the product to be used
  - includes a procedure for informing parents/carers when medication has been given.

*Schools should only ever administer Paracetamol unless a different medication has been prescribed by a GP.*

- 7.2 A parental consent form must always be completed. Parents / carers should confirm that the pupil has been given the stated medication without any adverse effect in the past.
- 7.3 The parent/carer should always be informed on the same day, when such medication has been given.



- 7.4 As with any medication, records must be kept of when pain relief has been administered (see section 5) and of the checks made.
- 7.5 If a pupil suffers from pain regularly the parents/carers should be encouraged to seek medical advice.
- 7.6 Pain relief should never be given to a pupil who has sustained a head injury.

## 8. MEDICAL EMERGENCIES

- 8.1 Each school should have an emergency aid policy.

All staff should know who is responsible for carrying out emergency procedures.

There should be specific guidance on:

- calling for an ambulance
- where emergency medication is stored
- who should administer the medication
- who should stay with the pupil
- supervision of other pupils nearby

- 8.2 Emergency medication must always be readily accessible. A copy of the pupil's individual management plan/authorisation form should be kept with the medication and should include clear precise details of the action to be taken in an emergency.
- 8.3 Whenever an ambulance has been called a "Medical Emergency Report" form should be completed after the event. This form (see appendix 3) should then be sent to the Nurse Advisers Medical Needs in Schools Service. Information will be treated confidentially and will help to ensure that the Nurse Advisers can offer appropriate advice and training.
- 8.4 If a school agrees to administer emergency medication, specific specialised training is required. **Staff who agree to administer emergency medication must have training from an appropriate health care professional (e.g. school nurse, nurse specialist, nurse educator or nurse adviser). This should be updated annually.**  
Records should be kept of all training received.
- 8.5 In secondary schools adrenaline (also known as epinephrine) auto-injectors e.g. EpiPen / Jext are, if possible, best carried by the pupil with a spare auto-injector device stored in school. 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/carers should be asked to ensure that dosage requirements are regularly updated and new, dated instructions are issued to the school.
- 8.6 Pupils who are at risk of prolonged seizures may be prescribed emergency rescue medication e.g. buccal Midazolam or rectal Diazepam. Ideally there should be two members of staff present when emergency rescue medication is being administered. When rectal Diazepam is administered one member of staff should preferably be the same gender as the pupil.

- 8.7 Pupils who have diabetes must have an emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most pupils will also have a concentrated glucose gel preparation e.g. Glucogel. These are used to treat low blood sugar levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

If blood glucose monitoring is undertaken in school, a clean private area with washing facilities should be made available. Staff agreeing to undertake this procedure must receive training from a Diabetes Specialist Nurse and be familiar with the Local Authority's Needle Stick Injury Policy which is available from the Local Authority Health and Safety Department. See Annex A for contact details.

- 8.8 Asthma can be a serious condition. All schools should have an asthma policy. Advice on developing an asthma policy can be obtained from your school nurse, nurse specialist, nurse educator or nurse advisers.

Pupils who are known to have asthma must have a reliever inhaler available at all times in school. Whenever possible pupils should carry their own reliever inhaler and ideally a spare reliever inhaler should be kept in school.

There are generic inhalers in school to be used in case of Emergency in line with Asthma UK Guidelines. Permission has been ~~sort~~ <sup>Sought</sup> from parents of pupils with asthma in line with published guidelines.

## 9. DISPOSAL/RETURN OF MEDICATION

- 9.1 There should be a written procedure covering the return or disposal of a medication. Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.

Medications should be returned to the pupil's parent/carer:

- when the course of treatment is complete
- when labels become detached or unreadable
- when instructions are changed
- when the expiry date has been reached
- at the end of each term (or half term if necessary)

- 9.2 At the end of every term a check of all medication storage areas should be made. Any medication which has not been collected by parents/carers and is no longer required should be disposed of safely by returning it to a community pharmacy.

- 9.3 All medication returned or disposed of, even empty bottles should be recorded.

- 9.4 **No medication should be disposed of into the sewage system or into the refuse.**

- 9.5 Sharps boxes should always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parents /carer on prescription from the pupil's GP or Consultant. Collection and disposal of the boxes should be

arranged with the Local Authority's environmental services. See annex A for contact details.

### **9.6 Medication returning home/respice from school/college via schools transport**

9.6i Medication should be handed over to the guide at the end of the day for the child/student being dropped off to home or respice by a member of the nursing team at Victoria/Victoria College;

9.6ii Medication should be handed over to the guide at the end of the day for the child/student being dropped off to home or respice by a member of the administration team/SLT at Cherry oak;

9.6iii At Cherry Oak the medication will be checked and recorded using the Record Template form by the person receiving the medication.

9.6iv At Victoria and Victoria College the nurses will input the medication received onto the Health Care documentation for the pupil/student

### **9.7 Medication being returned to the parent/carer via schools transport**

9.7i Medication should be handed over to the guide at the end of the day for the child/student being dropped off to home or respice to a parent/carer receiving the pupil/student

### **9.8 Medication being returned to the parent/carer collecting their child from school**

9.8i Medication should be handed over by a member of the nursing team at Victoria School/College at the end of the day for the child/student being collected by a parent/carer

9.8ii Medication should be handed over by a member of the administration team/SLT at Cherry Oak at the end of the day for the child/student being collected by a parent/carer

9.8iii Drugs are handed to classes/guides for pupils going on Home/School transport.





## ***Useful Contacts Continued***

### ***Local Authority Contacts:***

*Health and Safety:*            *CYPF Safety Services*  
*10, Woodcock Street*  
*Aston*  
*Birmingham*  
*B7 4BL*  
*0121 675 0364*

*Health Education Service:* *Health Education Services Training Centre*  
*Portland Centre*  
*Portland Road*  
*Edgbaston*  
*Birmingham*  
*B17 8LR*  
*0121 303 8200*

*Environmental Health:*      *Clinical Waste Department*  
*Contact Centre for enquiries and collection*  
*0121 303 1112*

*Governor Support Service:* *CYPS – Governor Support Services*  
*PO Box 16260*  
*Birmingham*  
*B2 2WU*  
*0121 303 4692*



**National Contacts:**

**The Home Office:** Direct Communications Unit  
2 Marsham Street  
London SW1P 4DF

Telephone: 020 7035 4848 (09:00-17:00 Mon-Fri)

Email: [public.enquiries@homeoffice.gsi.gov.uk](mailto:public.enquiries@homeoffice.gsi.gov.uk)

See also: <http://www.homeoffice.gov.uk/drugs/licensing/personal/>

**Further Useful Information**

Medical Conditions at School – a policy resource pack 2007 available  
at [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk)

Date accepted by Governors: ..... 12/7/17 .....

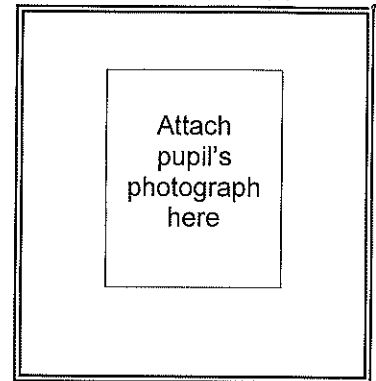
Signed: .....  ..... VICE CHAIR

Committee: ..... FGB .....

Review Date: .....



SCHOOL MEDICATION CONSENT FORM



Pupil's Name .....

D.O.B. ....

Class/Tutor Group .....

Name and strength of Medication .....

How much to give (i.e. dose to be given) .....

Route to be given e.g. by mouth.....

When to be given .....

Any other instructions .....

**Quantity given to school e.g. number of tablets.....**

NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

Telephone no. of Parent / Carer.....

Name of G.P. .... G.P.'s Contact Number .....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's signature ..... Date.....

**If more than one medication is to be given a separate form should be completed for each.**

**SCHOOL RECORD OF MEDICATION ADMINISTERED**

Name of pupil .....

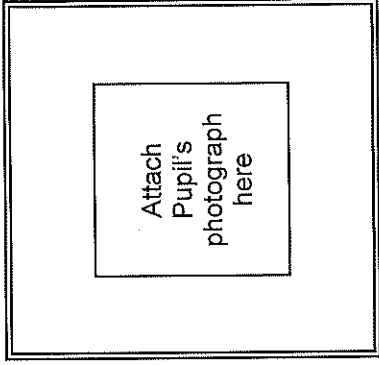
D.O.B..... Class.....

Name and strength of medication:  
.....

Dose and frequency of medication .....

Route to be given.....

Date			
Quantity Received			
Quantity returned			
Staff Signature			
Print Name			



Date																				
Time Given																				
Dose Given																				
Staff Signature																				
Print Name																				



**EXEMPLAR FORM FOR STAFF WORKING IN BIRMINGHAM  
SCHOOLS TO COMPLETE WHEN REPORTING A MEDICAL EMERGENCY  
TO THE MEDICAL NEEDS IN SCHOOLS SERVICE**

There are an increasing number of pupils in schools, who have a variety of medical conditions. The Medical Needs in School Service aims to provide training and support for school staff on managing these conditions and any medical emergency which may result.

The form overleaf is a way for you to record any medical emergency which has occurred in school.

The purpose of the form is to enable the Nurse Advisers to ensure that you are offered the appropriate training and support to manage such incidents.

The Medical Emergency Report form should be completed when

1. A pupil has had a medical emergency whilst at school and has been given prescribed emergency medication, for example; Epipen, Glucogel, Rectal Diazepam or Buccal Midazolam.

**or**

2. A pupil has been sent to hospital via an ambulance.

The completed form, should be sent direct to the Nurse Advisers, and will be treated with the utmost confidence. This form does not replace the official L.A. accident report form which still must be completed and sent to Education Safety Services.

**Please send this form to:**

**For Cherry Oak**

Nurse linked to Cherry Oak School  
Charlotte Road Health Centre  
B20 2BT  
0121 466 4505

**For Victoria and Victoria College**

School/College Nurses



# MEDICAL EMERGENCY REPORT

School: \_\_\_\_\_

Pupil's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## DETAILS OF INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

What happened e.g. allergic reaction minor or severe; seizure, hypoglycaemic attack (low blood glucose level) faint or collapse:

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Details of treatment given:

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Additional information and comments:

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Ambulance sent for: YES/NO

Name of person completing form: \_\_\_\_\_

Date form completed:

Medical Needs in Schools Service  
Children & Families Division  
Birmingham Community Healthcare  
NHS Trust  
March 2012  
Review date March 2014

