



Medication Guidance for Schools.

Revised and updated
March 2010

Birmingham Health Education Service

PSHE and Citizenship Education at the heart of school improvement

FOREWORD

This guidance has been developed to assist Head Teachers, School Governors, Staff and School Nurses on managing medication in Birmingham Schools.

We have included all the main areas that we have commonly been asked to provide advice on.

We hope that you will find this information useful. Please contact us if you would like any further advice, support or training. (See annex A for details)

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January 2010

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Nurse Advisers Medical Needs in
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This guidance should be read in conjunction with:

- ◆ **“Managing Medicines in Schools and Early Years Settings” DfES/DH, March 2005. Updated on Department for Children Schools and Families website Nov 2007**
<http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-1448-2005&>
- ◆ **“Asthma Guidance for Birmingham Schools” Birmingham Local Education Authority, 2004.**

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Further exemplars of forms relating to the administration of medication can be downloaded from: **www.teachernet.gov.uk/medical**

INTRODUCTION

The supervising or giving of medication to a child is a parental responsibility but teachers or school staff may be asked to perform this task. In Local Authority schools they cannot be **directed** to undertake this role but may do so voluntarily after receiving appropriate training and in accordance with these Guidelines.

As the employer, each school is responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.

Unless children are acutely ill they are encouraged to attend school. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds. Sometimes it may be necessary for children to take medication during school hours. The policy and procedures developed by the school should be primarily designed for the benefit of the child but should also maintain the safety of school staff and other pupils.

Children with medical needs which may require emergency treatment should have an individual management plan developed in partnership with parents, school staff, school nurses and medical advisers.

Children should be taught about illness and disability and should be encouraged to respect medication. Fostering such an attitude may help to avoid possible problems of misuse of medication.

This document contains guidance for all schools, however residential and special schools with on-site nurses may have additional requirements. Further advice may be obtained from your school nurse and the documents listed in this guidance.

Throughout the document we have used the term “parent/carer” to indicate a person with legal parental responsibility.

1. GENERAL PRINCIPLES

- 1.1 The head teacher and school staff should treat all medical information as confidential.
- 1.2 On the child'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 Parents/carers should be encouraged to ask the child's doctor to prescribe medication which can be administered outside school hours wherever possible, for example, asthma *preventer* inhalers, anticonvulsant medication and antibiotics.
- 1.4 There must be adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication.
- 1.5 There must be adequate access to, and privacy for, the use of medication.
- 1.6 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.
- 1.7 The names and contact details of the school nurse and school doctor should be known by the appropriate staff in each school.

2. RESPONSIBILITIES

- 2.1 Each school governing body is responsible for developing, and regularly reviewing, its own medication policy and related policies and procedures. A simple framework to assist in producing a medication policy is included in Appendix 3. Copies of the school medication policy should be available to all staff and parents/carers.
- 2.2 Due to the increase in numbers of children who have medical needs, schools are strongly encouraged to have a named member of staff whose responsibilities include overseeing medication procedures i.e. **a Medical Needs Co-ordinator**.
- 2.3 The school is responsible for ensuring that all staff involved in the administration of medication are familiar with the school's medication policy and procedures and that they receive support and training appropriate for the tasks they undertake. Staff should receive appropriate occupational health advice and know the action to be taken in the event of an incident involving medication, including the action to be taken in the event of a needlestick injury.
- 2.4 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.

- 2.5 Schools should normally only agree to administer prescribed medication. However, see also Sections 7, 8 and 10.
- 2.6 Medication brought into school should be handed over by the parent/carer to the head teacher or a named member of staff unless it has been previously agreed that the child can carry their own medication e.g. reliever inhaler. See section 3
- 2.7 It is the parents/carers responsibility to provide the school with the medication required. The medication should be as dispensed, in the original container and must be clearly labelled with:
- name of child
 - name of medication
 - strength of medication
 - how much to give i.e. dose
 - when it should be given
 - length of treatment /stop date, where appropriate
 - any other instructions
 - expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months)

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

- 2.8 Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe.
- 2.9 If the medication and/or dosage needs to be changed or discontinued the school must be informed in writing by the parent/carer. See also section 6.6.
- 2.10 It is the parents'/carers' responsibility to make sure that medication is replenished when needed.
- 2.11 The school is responsible for ensuring that the information on medication being used is the most up to date available.
- 2.12 Schools should work in partnership with parents/carers to ensure that medication is still fit to use, and that equipment and devices are in good working order.
- 2.13 Parents/carers must ensure that their child understands their responsibility if they carry their own medication, for example, an inhaler for asthma.

3. SELF MANAGEMENT

- 3.1 The age at which children are ready to take care of and be responsible for their own medication varies. Children in school should be encouraged to participate in decisions about their medication and supported to take responsibility for their own medication whenever possible. Following risk assessment they may either keep medication securely on themselves, or in lockable facilities.
- 3.2 Decisions about the level of supervision required and the custody of medication should be documented and receive parental consent. The school may ask the school nurse or prescriber to assess a child if medication is to be self-administered. The risk assessment should take into account the safety of other children.
- 3.3 With the exception of emergency medication e.g. buccal Midazolam, Controlled Drugs should be kept in lockable, non-portable, facilities. Where agreed, a child may be allowed supervised access to their own supply in order to self-medicate.

See also sections 4.2 and 11.2

4. STORAGE OF MEDICATION

- 4.1 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. The medication must be accessible to the appropriate members of staff at all times. **However there are some important exceptions:**
- All emergency medication must be stored safely but must also be readily accessible at all times, i.e. not locked in a cupboard.
 - Asthma “reliever” inhalers must be readily available at all times, including prior to and during exercise. Whenever possible children 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 child to have ready access to their inhaler should override any concerns about misuse by others.
 - 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.
- 4.2 There should be a policy which covers the issue and security of keys to medication storage cupboards. Records should be kept of the named staff who are authorised to have access to medication.
- 4.3 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 12.)

5. ADMINISTRATION OF MEDICATION

- 5.1 Staff agreeing to administer medication should have received training appropriate to the tasks they are asked to perform.
- 5.2 Facilities should be available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use.
- 5.3 Ideally, medication administration should take place in the same room as where the medication is kept. All the necessary paperwork should be assembled and available at the time of administering medication. This will include the written consent and school medication administration records. (See appendices 1 and 2)
- 5.4 Medication should only be administered to one child at a time.
- 5.5 It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. There should be a mechanism in place which enables staff administering medication to positively identify the child at the time of administration e.g. by confirming with the child where possible their name, date of birth and/or comparing with a recent photo attached to the medication administration record / consent form. When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo or some other way of checking identity should be implemented. (NB Remember that parental consent will be needed for photographs taken to go on medication records.)
- 5.6 Before administering medication the member of staff should check
 - the child's identity
 - that there is written consent from a parent/carer
 - that the medication name and strength and dose instructions match the details on the consent form
 - that the name on the medication label is that of the child being given the medication
 - that the medication to be given is in date
 - that the child has not already been given the medication
- 5.7 If there are any concerns about giving a medication to a child, then the member of staff **must not administer the medication** but should check with the parent/carer or a health professional, documenting any action taken.
- 5.8 Immediately after administering, or supervising the administration of medication, written records should be completed and signed. (See appendix 2)
- 5.9 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.
- 5.10 If a child refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents 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.

6. RECORD KEEPING

- 6.1 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 including:
- child's name
 - child's date of birth
 - name, strength and quantity of medication provided
 - clear concise dosage instructions
 - reason for the request
 - emergency contact names and telephone numbers
 - parent/carer signature
- 6.2 If staff take responsibility for the administration of a medication a record should be kept (see appendix 2) which includes:
- the name of the child
 - child's date of birth
 - the name and strength of the medication
 - dose given
 - the date and time of administration
 - the person responsible for the administration
 - quantity of medication received or returned
- 6.3 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.
- 6.4 When a child 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.
- 6.5 When parents request that their child self-administers medication, exemplar forms are available in the updated document "Managing Medicines in Schools and Early Years Settings" DfES/DOH 2005, updated November 2007.
These are downloadable from
<http://www.teachernet.gov.uk/docbank/index.cfm?id=8340>
- 6.6 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.
- 6.7 There are different requirements for medication records in residential special schools. Advice can be obtained from your school nurse.

7. OUT OF SCHOOL ACTIVITIES / EXTENDED SCHOOL DAY

- 7.1 If medication is required during a school trip it should be carried by the child 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 child requires a travel sickness remedy, parents/carers should provide written consent and a suitable medication in its original container.
- 7.2 If trips outside of the UK are being considered, parents may need to seek advice from the child's clinician or pharmacist on the timings of medication, especially those such as medication for epilepsy.
- 7.3 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.
- 7.4 **It is essential to inform all members of staff who may have responsibility for the child 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.

8. PAIN RELIEF

- 8.1 Sometimes pupils may ask for pain relief (analgesics) 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 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:
- names the analgesic
 - 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.

Consideration should be given to the choice of analgesia. A child under 16 should never be given aspirin unless prescribed.

- 8.2 A parental consent form, renewed annually, must always be completed, and this form should confirm that the child has been given the stated medication without any adverse effect in the past.
- 8.3 The parent/carer should always be informed on the same day, when such medication has been given.
- 8.4 As with any medication, records must be kept of when pain relief has been administered (see section 6) and of the checks made.
- 8.5 If a child suffers from pain regularly the parents/carers should be encouraged to seek medical advice.

9. MEDICAL EMERGENCIES

- 9.1 Each school should have an emergency aid policy.

All staff should know who is responsible for carrying out emergency procedures in the event of need.

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 child
- supervision of other pupils nearby
- supporting children witnessing the event

- 9.2 Emergency medication must always be readily accessible and never locked away. A copy of the child'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.
- 9.3 Whenever an ambulance has been called a Medical Emergency Report Form should be completed after the event. This form (see appendix 4) should then be sent to Chris Hale or Chris Rumney, Nurse Advisers, Medical Needs in Schools. Information will be treated confidentially and will help to ensure that the Nurse Advisers can offer appropriate advice and training.
- 9.4 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) which should be updated annually.** Records should be kept of all training received.
- 9.5 In secondary schools adrenaline (also known as epinephrine) auto-injectors e.g. Epipen, are best carried by the child 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 issued to the school when necessary.

- 9.6 Children who are at risk of prolonged seizures may be prescribed emergency medication e.g. buccal Midazolam or rectal Diazepam. When rectal Diazepam is administered there must always be two members of staff present, preferably one the same gender as the pupil.
- 9.7 Children 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 children 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)

- 9.8 Asthma can be a serious condition. Schools should have an asthma policy and advice on developing an Asthma Policy can be obtained from your school nurse, nurse specialist, nurse educator or nurse advisers.

Children who are known to have asthma must have a reliever inhaler available at all times in school. Older children should carry their own reliever inhaler and ideally should keep a spare reliever inhaler in school.

10. FOOD SUPPLEMENTS AND ALTERNATIVE MEDICATIONS (e.g. Homeopathic and Herbal Remedies)

- 10.1 It is strongly advised that schools only agree to administer food supplements and alternative medications which have been prescribed or supported in writing by a General Practitioner or Consultant.

11. TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- 11.1 When medication is prescribed for ADHD it is usually as part of a comprehensive treatment programme and **always** under the supervision of a specialist in childhood behavioural conditions. A lunch time dose of medication may be required to control the child's symptoms during the afternoon, thus allowing effective learning to take place.
- 11.2 Methylphenidate (e.g. Ritalin, Concerta XL, Equasym) is a stimulant medication that is used in the UK for the treatment of ADHD. Although methylphenidate is legally categorised as a Controlled Drug, in mainstream schools it should be treated in exactly the same way and with the same safeguards as any other medication which the school agrees to administer. However, even when a child is self managing their medication, Controlled Drugs should be kept securely in a locked non-portable container. Only named staff should have access to Controlled Drugs. Schools with residential facilities may have additional storage requirements. Further advice can be obtained from your school nurse.

12. DISPOSAL/RETURN OF MEDICATION

- 12.1 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 child'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)

- 12.2 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.

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

- 12.4 **No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.**

- 12.5 Sharps boxes should always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parent/carer on prescription from the child'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)

13. RESIDENTIAL SCHOOLS

Residential schools may have additional requirements for record keeping and storage. Further advice can be obtained from your school nurse.

"The Handling Medicines in Social Care" Royal Pharmaceutical Society of Great Britain 2007 may also provide useful information and guidance.

<http://www.rpsgb.org/pdfs/handlingmedsocialcare.pdf>

14. MISUSE OF MEDICATION

Schools should have a policy in place for dealing with drug misuse.

Advice can be obtained from the Local Authority Health Education Service.

(See annex A for contact details)

Misuse of a Controlled Drug, such as passing it to another child, is an offence.

All information issued in this document is provided on the understanding that it is the best available at the time of writing.

Previous editions of this guidance should be destroyed.

Revised January 2010

Review date: January 2012

Annex A

Useful Contacts

Further information, support and training is available from

Your own School Nurse: _____

Contact Number: _____

Base: _____

Health Contacts:

South/ Central schools: Chris Rumney, Nurse Adviser
Medical Needs in Schools and Early Years Service
Springfield Centre - 0121 627 8868

North/East/West schools: Chris Hale, Nurse Adviser
Medical Needs in Schools and Early Years Service
Eaton Wood Medical Centre - 0121 465 2827

ADHD: ADHD Team
Springfields Centre - 0121 627 1627 ext 53428

Asthma: Respiratory Nurses based at
Birmingham Children's Hospital - 0121 333 9248
Heartlands Hospital - 0121 424 3825

Diabetes: Diabetes Specialist Nurses based at
Birmingham Children's Hospital - 0121 333 9267
Heartlands Hospital - 0121 424 1176
Good Hope Hospital - 0121 424 7550
City Hospital and Sandwell – 0121 507 3476

Epilepsy: Bernie Concannon
Epilepsy Specialist Nurse
Birmingham Children's Hospital - 0121 333 8184

Lead Pharmacist: Melanie Dowden
Pharmacy, Community Health
University Hospitals Birmingham NHS Trust – 0121 627 8768

Health Protection Agency: Rea Alves
0121 255 0800

Local Authority Contacts:

Health and Safety: Frank Sparkes
Orphanage Road, Erdington
0121 303 2290

Health Education Service: Martin Donovan
Martineau Centre
0121 303 8200

Environmental Health: Clinical Waste Department
Redfern Road
0121 303 7368

Governor Support Service: Martineau Centre
0121 303 4692

National Contacts:

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

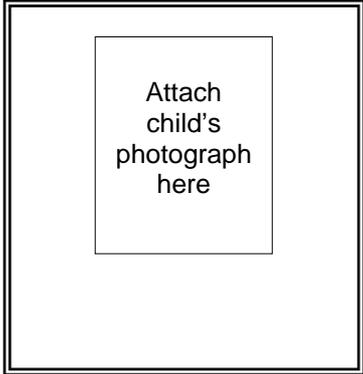
Telephone: 020 7035 4848 (09:00-17:00 Mon-Fri)

Email: public.enquiries@homeoffice.gsi.gov.uk

Further Useful Information

Medical Conditions at School – a policy resource pack 2007 available at
www.medicalconditionsatschool.org.uk

SCHOOL MEDICATION CONSENT FORM



Child's Name

D.O.B.

Class/Tutor Group

Name and strength of Medication

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

When to be given

Any other instructions

Number of tablets/quantity given to school

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 telephone 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**.....

Print Name:.....

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

SCHOOL RECORD OF MEDICATION ADMINISTERED

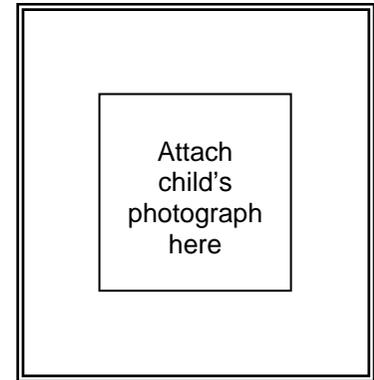
Name of child

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

Name and strength of medication:
.....

Dose and frequency of medication

Date		
Quantity Received		
Quantity returned		
Staff Signature		
Print Name		



Date										
Time Given										
Dose Given										
Staff Signature										
Print Name										

FRAMEWORK FOR DEVELOPING A SCHOOL MEDICATION POLICY

Introduction

- Each school should develop its own policy on the administration of medication, using: -
 1. Guidance on Managing Medication in Birmingham Schools - 2010
 2. Managing Medicines in Schools and Early Years Settings, DfES 2005 (Revised Nov 2007) available on line from www.teachernet.gov.uk/publications ensure it is the 2007 revised version.
- Once the school has agreed a policy, a statement outlining it should be printed in the school prospectus. This will enable parents/carers to be aware of the school's policy before they register their child.

For example:

Policy Statement

- We would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day.
- However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
- We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this Policy. i.e. we will only administer PRESCRIBED medication.

Children with Special Medical Needs

- Should we be asked to admit a child to school with medical needs we will, in partnership with the parents/carers, School Nurses and our Medical Advisors, discuss individual needs.
- Where appropriate an individual alert card will be developed in partnership with the parents/carers, School Nurse and/or Medical Advisors.
- Any resulting training needs will be met.

1. On Admission to School

All parents/carers will be asked to complete an admissions form giving full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements etc.

2. Administration & Storage of Medication in School

- 2.1 Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to the Headteacher or..... (designated member of staff).
- 2.2 The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.
- 2.3 The form 'School Medication Consent Record' (see appendix 1) should be completed by the parent/carer. This will be kept by.....
- 2.4 A record of the administration of each dose will be kept on the 'School Record of Medication' form (see appendix 2), which will be signed by the member of staff who administered the medication.
- 2.5 Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on that day. A child should never be forced to accept a medication. "Wasted doses" (e.g. tablet dropped on floor) should also be recorded.
- 2.6 Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible.
- 2.7 If medication needs to be replenished this should be done in person by the parent/carer.
- 2.8 Should the child be required or is able to administer their own medication e.g. reliever inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want to ask the School Nurse to check the child's technique before accepting full responsibility.

3 Storage & Disposal of Medication

- 3.1 All medication with the exception of Emergency Medication will be kept in a locked cupboard in.....
- 3.2 A regular check will be made of the medication cabinet at least termly, and parents will be asked to collect any medication which is out of date or not clearly labelled. If parents/carers do not collect this medication it will be taken to the local pharmacy for disposal.

Chris G Hale/Chris Rumney
Medical Needs in Schools & Early Years Service
Children & Families Division
South Birmingham PCT
Amended Jan 2010
Date for Review Jan 2012

EXEMPLAR FORM FOR REPORTING A MEDICAL EMERGENCY IN SCHOOL
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There are an increasing number of children in our schools, who have a variety of medical conditions. The Medical Needs in School Service aims to provide training and support for Education 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 may occur in school.

The purpose of the form is to enable the Nurse Advisers, Chris Hale and Chris Rumney, to ensure that you are given the appropriate training and support to manage such incidents.

The Medical Emergency Report form should be completed when

1. A pupil has 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, which should be sent direct to the Nurse Advisers, will be treated with the utmost confidence.

Please send this form to:

For schools in South or Central send to

Chris Rumney
Nurse Adviser - Medical Needs in School
Springfield Centre
Raddlebarn Road
Selly Oak
Birmingham B29 6JB Tel: 0121 627 8868

For schools in North, East or West send to

Chris Hale
Nurse Adviser - Medical Needs in School
Eaton Wood Medical Centre
1128 Tyburn Road
Erdington
Birmingham B24 0SY Tel: 0121 465 2827

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:

Details of treatment given:

Additional information and comments:

Ambulance sent for: YES/NO

Name of person completing form: _____

Date form completed: _____

Chris G Hale/Chris Rumney
Medical Needs in Schools & Early Years Service
Children & Families Division
South Birmingham PCT
Amended August 2008
Date for review August 2010



Medication Guidance for schools.

March 2010

Birmingham Health Education Service

PSHE and Citizenship Education at the heart of school improvement