



# **Administration of medication Policy**

**Priestley Smith Specialist VI School**

**March 2026**

Policy review date: March 2027

Responsible member of SLT: Joanna Garvey Headteacher

Reviewed by: Health and Safety Committee

## AIMS AND RESPONSIBILITIES

### 1. AIMS

Priestley Smith School is committed to the rights of the child as outlined in the UN Convention and is working towards Rights Respecting Schools Gold award. This belief influences everything the school does and impacts upon all our policies.

**Article 3** The best interests of the child must be a top priority in all things that affect children.

**Article 23** A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community.

**Article 24** Children have the right to the best health care possible.

The Board of Governors and staff of Priestley Smith School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so or where such action has been identified on a person's job description. It aims to equip staff to support students in order that they can access a broad, balanced, and enriching curriculum.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

**Education staff will follow guidance/policies set out in:**

- Supporting students at school with medical conditions – Statutory guidance DfE December 2015 updated August 2017 [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422222/supporting-pupils-with-medical-conditions-at-school.pdf)
- Every Child Matters – The Children Act 2004
- S.E.N.D code of practice – Sept 2014
- Code of Ethics
- Safeguarding Policy
- The Administration of Medicines in Schools and Settings Birmingham January 2026

## PREFACE

This guidance document has been written to supplement the Department for Education's statutory guidance **"Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" DfE December 2015 (reissued August 2017) (the Statutory Guidance) and both documents should be read together.**

Appropriate Authorities (governing bodies of maintained schools, proprietors of academies and management committees in Pupil Referral Units) must always have regard to the statutory guidance, i.e. take account of the guidance, consider it and comply with it unless there is good reason not to.

The Statutory Guidance states that schools must develop policies for supporting children in school who have a medical condition. This supplemental guidance aims to support schools with the development of one aspect of that policy, namely the management and administration of medication in school, and it has been reviewed at Children and Families clinical forum (Birmingham Community Healthcare NHS Foundation Trust)

This document will be available on the school safeguarding website ([www.birmingham.gov.uk/schoolsafeguarding](http://www.birmingham.gov.uk/schoolsafeguarding)) to all schools in Birmingham regardless of designation or status.

In this document the term:

- 'Child/CYP' refers to all children and young people.
- 'Pupil' refers solely to children and young people in schools.
- 'Parent' refers to parents, carers, legal guardians and may also include the Local Authority if a Care Order is in place for the child.
- 'Schools' policies' or a 'school's policy' refers to the school's policy on supporting pupils in school with medical needs, which should have a specific section which explains the schools stance and procedures on administering medication in school.

**\*\*IF IN DOUBT OR IN AN EMERGENCY ALWAYS SEEK MEDICAL ADVICE\*\***

## INTRODUCTION

The purpose of this document is to provide supplemental guidance to schools on managing medication in school, which is one aspect which must be considered when establishing effective systems to support pupils at school with medical conditions.

## THE LAW

Schools' 'appropriate authorities' (governing bodies of maintained schools, proprietors of academies and management committees in Pupil Referral Units) have a duty under section 100 of the Children and Families Act 2014 to make arrangements to support pupils at school who have medical conditions. Appropriate authorities must also have regard to the Statutory Guidance, which should be read alongside this document.

In addition, the Equality Act 2010 (the Act) prohibits discrimination on the grounds of a protected characteristic such as disability, defined under section 6 of the Act, which may include some children with medical needs.

The Public Sector Equality Duty (PSED), as set out in section 149 of the Act, came into force on 5 April 2011 replacing the Disability Equality Duty and requiring public bodies to have due regard in the exercise of their functions to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

There are a number of ways that the responsible bodies for schools **must not** discriminate against pupils or prospective pupils which are set out in section 85 of the Act. This will include **all aspects** of school life, i.e. it will also apply to activities outside delivery of the curriculum, such as school trips, school clubs, and activities. Schools must make reasonable adjustments for children with disabilities where they are likely to be at a substantial disadvantage compared with pupils who are not disabled, which may include making adjustments to their practices, procedures and school policies.

Some pupils with medical needs may also have special educational needs (SEN) and may have an Education, and Health Care Plan (EHCP) which sets out the pupil's health, social care and special educational requirements. For pupils with SEN, this guidance should also be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. Generally, if a pupil's EHCP is followed, schools will be able to demonstrate that they have complied with the SEND Code of Practice and the duty under section 100 of the Children and Families Act 2014.

Under the Health and Safety at Work Act 1974, employers, including Appropriate Authorities, must have a Health and Safety policy which, for schools, should incorporate, or refer to, their policy for supporting children with medical needs. Schools may wish to base their own Health and Safety policy on the corporate Health and Safety Policy. Schools' Health and Safety policy should explain the procedures for conducting appropriate risks assessments.

## SAFEGUARDING

Schools must ensure that policies, plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.

## WHAT THIS GUIDANCE DOCUMENT CONTAINS

Sections 1 to 9 offer general guidance on a variety of issues connected to administering medicines in schools. The 'Appendices' include:

- Good Practice Points/Guidance on administering medication to children with specific medical conditions;
- An example 'Consent Form to Administer Medicines', which must normally be filled in by the parent before staff can give any medication.
- An example record form to enable schools to record medication which has been administered.
- Example 'Individual Health Care Plans' (previously known as Health Care Plans or alert cards): Schools' policies about supporting pupils with medical needs should explain when the school will prepare a Health Care Plan for a pupil which will, generally, only be necessary if a pupil has a serious medical condition e.g. diabetes, epilepsy, severe asthma, allergies resulting in reactions that need medication to be administered or actions to be taken to manage the condition. The example Health Care Plans are a guide to the type of information schools may need to effectively treat children with particular conditions but should

be expanded as required following consultation with a healthcare professional, parents, the pupil and the school. The Birmingham School Health Support Service and Birmingham Special School Nursing Service will contribute to the preparation of Health Care Plans.

- A 'sample letter' to parents about their child's medication.
- An example training record, as it is good practice to keep a record of all training undertaken by staff which enables them to administer a particular type of medicine or deal with emergencies; and
- A checklist, designed to assist schools when they are assessing whether their policies meet the requirements of the statutory guidance, and this supplemental guidance.

This supplemental guidance document should be read alongside the Statutory Guidance, which was updated in September 2017.

The school nurses are available for advice, support and training.

## RESPONSIBILITIES & REQUIREMENTS

### 1.1 Governing body

The Governing Body must have regard to the Statutory Guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The Statutory Guidance contains specific advice about managing medicines in schools on pages 19 – 21. A contingency plan must be in place to address staff refusal to dispense medication.

Appropriate Authorities should request feedback from parents to inform their policies and establish if they are satisfied with the quality of support, guidance, and care provided by staff, including how well the school liaises with a hospital or hospital school while a child is receiving treatment.

### 1.2 The Employer

**Priestley Smith** has Employer's Liability Insurance through BCC which provides an appropriate amount of cover and includes cover for staff who provide support to pupils with medical conditions. Employers should talk to their insurer to make sure that they have the right type and amount of insurance cover in place to protect employees who administer medicines to pupils.

### 1.3 Local Authority as employer

Most of the time legal action brought by a parent alleging negligence will be brought against the employer rather than an employee directly.

In addition to any insurance cover which may be in place, Birmingham City Council (the Council) fully indemnifies its employees in maintained schools against the cost of claims brought against them which allege negligence providing that the action, or lack of action, complained of was carried out in good faith during the course of the employee's employment and the employee had participated in the appropriate training.

Therefore, employees who are trained to administer medicine to pupils with medical conditions will normally be indemnified meaning that the Council, not the employee, would pay the costs incurred and damages awarded if a claim for negligence is settled or is successful.

### 1.4 Parent/Carer

Priestley Smith will ask parent/Carers to complete a Consent Form to Administer Medicines if they want the school to agree to administer medication for their child. Verbal instructions should not be accepted. Only one parent with parental responsibility needs to consent to medicines being administered. The School's policies is clear that:

- Where possible, medication should be administered at home.
- Each request from a parent to administer medication to their child in school will be considered individually based on the circumstances.
- They will not unreasonably refuse the parent's request to administer medicine in school.
- The parent's written consent is required. Consent does not have to be obtained every time medication is administered, but the form should be updated regularly.

- In exceptional circumstances i.e. if the medicine has been prescribed to the pupil without the knowledge of the parent, it may be administered without parental consent, but the school will make every effort to encourage the child to involve their parents, whilst respecting the pupil's confidentiality.

If a pupil needs a Health Care Plan, this should be prepared in consultation with healthcare professionals, the parents, the pupil and the school. The health care plan should consider including the points at paragraph 14 of the Statutory Guidance, including the circumstances in which the school should administer emergency medication.

Health Care Plans will be reviewed at least annually, or more frequently if major changes occur, and report any changes to the School Nurse. Priestley Smith's Policy on supporting pupils with medical needs is that it is the parents' responsibility to notify schools of any changes required to the Plan e.g. treatment, symptoms, contact details.

Priestley Smith's policy is that it is the Parents / Carers who are responsible for:

- Ensuring that their child has a sufficient amount of medication which is in date.
- Replacing their child's supply of medication on request.
- Safely disposing of their child's date-expired medicines, for example by returning them to a pharmacy.
- Ensuring that all medication is provided in its original container with the label from the pharmacist; - if the medication is prescribed or information from the parent if it is over the counter, showing the:
  - Child's name, date of birth.
  - Name and strength of medication.
  - Dosage & frequency.
  - Any additional requirements, e.g. to take the medication with food etc.
  - Expiry date.
  - Dispensing date or date of purchase.

### 1.5 Pupils

The Statutory Guidance states that, following discussion with parents and when set out in Health Care Plans, children who are competent can be responsible for managing their own medicines and procedures.

### 1.6 School staff

In practice, agreeing to medication being administered in school, the head teacher should be satisfied that it is necessary for medication to be administered during school hours, for example because the pupil will otherwise miss school and lose teaching time.

If a staff member is required to administer medication to pupils, undertaking training to enable staff to administer medication to pupils is voluntary. Insurance is in place to cover this type of activity.

All staff, whether or not it is part of their contractual duties, should take into account the needs of pupils that they teach and be aware of whom to contact in an emergency.

It is possible that the contractual duties of some support staff may include the administration of medicines, which will have been considered during job evaluation for the role. The member of support staff still needs to receive appropriate training before undertaking relevant duties.

Priestley Smith's named person is the Headteacher who responsible for dealing with pupils who are unable to attend school because of medical needs, and the Deputy Headteacher can step into this role if the Headteacher is unavailable.

### 1.7 Ofsted

Ofsted Inspectors will consider the needs of pupils with chronic or long-term medical conditions so that they can report on how well the needs of these pupils are met. Priestley Smith will produce a copy of this policy on supporting pupils with medical needs and demonstrate how effectively it is implemented

### 1.8 Training

All staff volunteering to administer medication **must** first receive appropriate training through a school nurse or special school nurse or other suitably qualified professional e.g. a medical professional who is already working with the child.

Staff who do not have a contractual duty to administer medication, have the right to refuse to undertake training to administer medication, but it is important that those staff who volunteer to administer medication receive training which explains:

- The basic legal principles and potential legal liabilities involved.
- How to deal with emergency situations that may arise.
- How to appropriately and safely administer the medication in question.

Regular, i.e. at least annual, training relating to emergencies, medication and relevant medical conditions should be provided; advice about training can be obtained from the school nurse.

Priestley Smith will keep records of all training and whether it has been satisfactorily completed. Even after training has been received, staff may decide that they no longer wish to volunteer to administer medication or request further training if the member of staff feels that it is necessary, which schools should provide. Training should be regularly updated, at least annually and when there are changes to the medication that a pupil requires.

A first-aid certificate does not constitute appropriate training in supporting children with medical needs and staff who have not undertaken training must not dispense medication or undertake healthcare procedures.

## 1.9 Emergency Procedures

As part of a general risk management processes Priestley Smith will have arrangements in place for dealing with general emergency situations, for example children should know that if there is an emergency they should tell a member of staff and staff should know how to call the emergency services and who is responsible for carrying out emergency procedures.

In addition, Priestley Smith will explain how schools intend to deal with medical emergencies and pupils' Health Care Plans will give details of how to deal with specific emergencies relating to a pupil's medical needs, including when and what medication should be administered.

This policy makes it clear that **if in doubt an ambulance should always be called and staff will never be permitted take a child to hospital in their own car.** Schools' policies should also explain that if a parent/carer is unable to accompany their child to hospital, a member of staff will always accompany a child taken to hospital by ambulance and will stay with the child until their parent/carer arrives.

If a parent is not present then health professionals (e.g. paramedics, acute hospital staff), and not school staff, will be responsible for decisions about the medical treatment that the child requires. Staff accompanying a child to hospital should ensure that they have basic medical information about the child, for example their Health Care Plan if one is in place and identifying data e.g. full name and date of birth and their parents' contact details.

## 2. RECORD KEEPING

Priestley Smith will ensure that a 'Record of medicine administered to an individual child' form is completed and signed giving details of the date, time and dose of any medication administered in school. Parents should be informed on the same day and a record kept if, for any reason, medication that a child normally receives is not administered. Priestley Smith will keep a copy of the parent's Consent Form to Administer Medication and School Record of Medication Administered with the medication.

Priestley Smith will have a record of individual pupil's needs in their Health Care Plan, which may also form part of their Education, Health Care Plan if one is in place. Priestley Smith will review Health Care Plans regularly, at least annually and whenever there are changes to the pupil's condition or treatment. A new Health Care Plan may be required if a pupil moves schools.

Under the Data Protection Act 1998 documents which contain information about an individual's physical or mental health are 'sensitive personal data', or 'special category data' under the General Data Protection Regulation. Medical information about a pupil and their Health Care Plan, where one is in place, will be shared with relevant staff via the OneDrive, which is a secure area and only accessible by staff. Health Care Plans will not be displayed in a public place because of the sensitive information they contain, but this information will be shared and that it will be kept somewhere accessible in case of emergency.

Documents connected to a pupils medical needs and the administration of medication will be retained by school until the child is 25 years old in accordance with Department for Health requirements regarding the retention of medical and health records. This will also mean that records are available if a child, on reaching 18 years old, decides to pursue a claim of negligence against school. Records should be carefully reviewed by the school before they are destroyed at the end of the retention period.

It is school's responsibility to store health care plans and ensure that old health care plans are archived appropriately when the new health care plan is produced.

Medicines should be checked and administered by 2 members of school staff. When medicines are initially accepted into school they should be checked by two staff and signed for. Staff will ascertain that they have identified the correct medicine for the correct child or and that it is in date, displays clear instructions and that they are aware of the main side effects as indicated on the prescription and cross referenced with the information on the child's care plan. All medicines will be administered according to instructions and recorded as given on a drug administration sheet.

### 3. STORAGE OF MEDICATION

Non-emergency medication will be stored safely and securely, in a cool place which pupils cannot access by accident. A risk assessment will be conducted in relation to storage facilities to minimise the potential for harm to occur, which will include seeking advice from local pharmacists or the school nurse on how best to store medication.

Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator, although schools should consider how pupil's confidentiality can be maintained if the fridge is also used for other purposes. The temperature of the fridge will be monitored each school day and a written record kept of the temperature, time and date. Children should be able to access their medicines, particularly for self-medication, quickly and easily, but all storage facilities should be secure and in an area which cannot be accessed by children without the supervision of an adult.

The child's Health Care Plan will set out whether it is appropriate for the child to administer their own medication but generally pupils in the secondary department should be allowed to oversee their own medication, either by keeping it securely on their person (in the case of Asthma inhalers and diabetic pumps), or in lockable facilities at the school which they have access to.

Children in primary schools are less likely to be competent to manage their own medication but in all cases, it will depend on the child's age, maturity, parent's and medical professional's views and school consent. All emergency medication must be stored in a safe location known to the child and relevant staff, which is easily accessible in case of emergency.

If the safe location is locked, it is essential that the keys can be quickly and easily accessed. **\* Please Note: Buccalam should always be stored in a locked cupboard when the school is closed.**

Pupils without recognised medical needs will not be allowed to carry their own supply of medication, such as painkillers for general use, with them.

Members of staff who require medication must ensure that it is safely stored and cannot be accessed by pupils.

#### 3.1 Disposal of any sharp items (sharps)

Some medical conditions and medications require the use of sharp items (sharps), for example lancets for blood glucose monitoring, which carry the risk of accidents that could lead to infection with blood borne viruses, which are preventable with careful handling and disposal.

- The school will safely manage sharps bins: they will be in designated areas (the medical rooms in primary and secondary), in a safe position at waist height with a temporary closure mechanism for when the bin is not in use. **Sharps bins must never be kept on the floor.**
- That it is the personal responsibility of the individual using the sharp to dispose of it safely i.e. the pupil or the member of school staff assisting the pupil.
- That a suitable sized sharps bin must be brought to the point of use so that used sharps can be disposed of immediately.
- Sharp bins can be obtained and emptied, via BCC [https://www.birmingham.gov.uk/info/20009/waste\\_and\\_recycling/88/clinical\\_waste\\_collections#:~:text=swabs%20and%20dressings,Moving%20house](https://www.birmingham.gov.uk/info/20009/waste_and_recycling/88/clinical_waste_collections#:~:text=swabs%20and%20dressings,Moving%20house) or on prescription where needed. They should be emptied when two thirds full. Children should not be carrying used sharps bins to and from school themselves therefore arrangements for disposal should be outlined in the child's Health Care Plan.

#### 4. SCHOOL TRIPS, VISITS AND SPORTING EVENTS

Priestley Smith will consider what adjustments can reasonably be made to enable children with medical needs to participate safely and as fully as possible on school trips which, for best practice, should include a risk assessment. This information may be included in a child's Health Care Plan, but on an event-by-event basis may need to consult parents, pupils and a healthcare professional to ensure that pupils can participate safely.

If pupils do not normally administer their own medication, then a trained member of staff or parent should accompany the child on the off-site activity. The Consent Form to Administer Medicine should include off-site visits.

It is essential that schools inform staff members who run sporting activities and the school's own after school clubs, or extra-curricular activities, if specific pupils require medication and how they should deal with a medical emergency occur. Staff may require additional training, and should be aware of how to access the pupil's medication

It is the parents/carers responsibility to separately inform private wrap-around services (transport) about their children's health needs and update when changes occur

#### 5. OVER THE COUNTER MEDICINES (OTC) (NON-PRESCRIPTION)

The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Sometimes a pupil's medical condition may mean that they need to take OTC medication.

OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the head teacher in accordance with the school's policy and as set out in the pupil's Health Care Plan, if one is in place.

Parents should be informed if OTC medication has been administered that day, via email or Dojo and a record of this made on the drug administration form.

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time that the child took the most recent dose.

#### 6. SPECIFIC TYPES OF MEDICATION

##### 6.1 Analgesics (Painkillers)

For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only. School will not keep stock supplies of analgesics for potential administration to any child. Parental consent must be obtained.

Children under 16 should never be given medicines containing aspirin unless prescribed by a doctor.

##### 6.2 Controlled drugs – Methylphenidate (e.g. Ritalin, Metadate, Methylin)

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations.

### **Morphine, oramorph, codeine, pregabalin, gabapentine, fentanyl**

These medicines may be prescribed to children and young people for the management of pain (including severe or neuropathic pain), epilepsy, or other medical conditions. Some (such as morphine, oramorph, codeine and fentanyl) are opioid medicines, while others (pregabalin and gabapentin) are used to treat nerve pain or seizures and maybe prescribed under the direction of the palliative care team or hospital.

The supply, possession and administration of these medicines are controlled by the Misuse of Drugs Act 1971 and associated regulations. Where prescribed for a pupil, they must only be administered in accordance with the prescriber's instructions and the school's medicines policy.

Staff must be aware that these medicines can cause side effects, including:

- Drowsiness or sedation
- Dizziness or unsteadiness
- Nausea and vomiting
- Constipation
- Confusion or changes in behaviour
- Respiratory depression (slow or shallow breathing), particularly with opioid medicines
- Reduced concentration or alertness

All controlled medicines must be stored securely. Opioid medicines (e.g. morphine, oramorph and fentanyl) must be kept in a locked, non-portable container with access restricted to authorised staff. Pregabalin and gabapentin must also be stored securely in line with local procedures. Accurate records of administration must be maintained.

A record of when new supplies of any **controlled drug** are received and a record of when the drug is administered will be kept in the Controlled Drugs book. A pupil's unused controlled drug must be sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable schools to make a full reconciliation of supplies received, administered and returned home.

Controlled drugs that have been prescribed for a pupil should be kept securely stored in a non-portable container and only named staff should have access. Controlled drugs must **ALWAYS** be checked by 2 staff when administering and the controlled drugs book updated after every dose.

### **6.3 Antibiotics**

Parents / carers should be encouraged to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parents and carers should confirm that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. Parents / Carers should confirm that the pupil will be bringing the antibiotic into school in the morning and take it home again at the end of each day.

Children are most likely to have an adverse reaction to a new antibiotic after the second dose; therefore we recommend that parents administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container.

Schools must check the label on the antibiotic carefully as this will state.

- Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic.
- Whether it needs to be taken at a certain time and before, after or with food.
- The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

As identified in Section 2 appropriate records must be made which will include if the pupil does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

## 7. EMERGENCY MEDICATION

Individual Health Care Plans will explain their procedures for dispensing medication in an emergency. Anyone caring for children, including teachers and any other school staff in charge of children, have a common law duty to act like any reasonably prudent parent and ensure that children are safe and well cared for in school which will extend to taking action in an emergency, for example by calling emergency services or arranging for medicine to be administered. Consideration will be given to what information or training they need to provide to new or temporary staff to enable them to comply with this duty, particularly if there are children with specific needs.

Staff should be aware that, generally, the consequences of taking no action in an emergency are likely to be more serious than the consequences of trying to assist. Pupil's' emergency medication must be readily accessible in a location which staff and the individual pupil know about, because in an emergency, time is of the essence.

The most common types of emergency medication which schools may be asked to administer include: -

- Buccolam (midazolam), used to treat epilepsy.
- Adrenaline, under the brand names EpiPen or jext used to treat anaphylaxis caused by an allergic reaction.
- Glucose or dextrose tablets which may be branded Hypo stop, used to treat hypoglycaemia caused by diabetes.
- Inhalers, used to treat asthma (usually the blue 'reliever' inhaler).

Training is arranged for all staff on how to handle emergency situations which will be provided by Birmingham Community Healthcare NHS Foundation Trust service BCHC+ and can include training for the school staff who have volunteered to administer emergency medication.

## 8. RETURN OF MEDICATION

Medication will be returned the child's parent, for example whenever:

- The course of treatment is complete.
- Labels have become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent).
- The Health Care Plan is updated or changed and/or information about how to treat the child's medical condition is updated; or
- The medication's expiry date has been reached.

Return of the medication should be documented on the administration record held in the child's file and the parent should be advised to return unused medication to their pharmacist. Medication should preferably be returned home in a sealed envelope or bag.

In exceptional circumstances, e.g. when a child has left the school, unused medication can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

## 9. FIRST AID BOXES

First Aid boxes, identified by a white cross on a green background, are available in the workplace and contain adequate supplies for treating injuries that may occur based on the nature of the potential hazards identified by a risk assessment.

Only the expected First Aid supplies should be kept which should not contain creams, lotions or drugs, however seemingly mild, but may include saline or water sachets to irrigate wounds.

The location of First Aid boxes and the name of the person responsible for their upkeep should be clearly indicated on notice boards throughout the workplace.

First aid boxes must display the following information: -

- The name of the person responsible for their upkeep.
- The nearest alternative First Aid box, in case further supplies are required.
- A list of the contents of the first aid box and instructions for replenishing arrangements.
- The location of the school's accident book.

Authorised school personnel should maintain and restock First Aid Boxes promptly when necessary and the staff who are responsible for maintaining the First Aid Box should be aware of the procedure for re-ordering supplies.

#### **9.1 Minimum Expected First Aid box contents per 50 people:**

1 x Guidance Leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work*)

- 60 x Adhesive Plasters
- 6 x No 16 Eyepad
- 8 x Triangular Bandage
- 24 x Safety Pins
- 4 x First Aid Dressings (18 x 18cm)
- 12 x First Aid Dressings (12 x 12cm)
- 3 x Gloves (Pairs)
- 20 x Wipes

#### **9.2 As a guide the minimum contents of a travelling First Aid kit should contain:-**

- A leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work*)
- 9 x First Aid Dressings (12 x 12cm)
- 3 x First Aid Dressings (18 x 18cm)
- 6 x Triangular Bandages
- 12 x Safety Pins
- 4 x Eye Dressings
- 40 x Plasters
- 10 x Sterile Wipes
- 2 x Disposable Gloves (1 Pair)
- 1 x First Aid for Children Pocket Guide
- 1 x Pupil Accident Book

---

## APPENDICES

### Appendix 1 Good Practice Points for Asthma Care

**People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.**

A spare salbutamol inhaler is available in both departments for emergency use. A child diagnosed with asthma may need to use the emergency inhaler if their inhaler is not available. Parental permission is required for the emergency inhaler to be used, and school staff should make their own arrangements to record or obtain this consent. This could be in the form of an asthma plan, a list of children whose parents have consented for the use of the emergency inhaler or by means of a phone call to gain verbal consent. For further information and guidance, please see Guidance on the Use of Emergency Salbutamol Inhalers in Schools (Department of Health, 2015)

Priestley Smith will:

1. Keeping a register of children in school diagnosed with asthma together with copies of their parental consent forms enabling them to take medication, i.e. inhalers.
2. Preparing Health Care Plans for pupils whose asthma is so severe that it may result in a medical emergency.
3. Where to keep inhalers, including during offsite visits, so that they are stored safely but are readily available for children who need them. This may mean encouraging pupils of year 5 and above to carry their own inhalers if deemed appropriate. Arrangements should be considered on a case-by-case basis. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place.
4. all inhalers should be kept in classrooms, but accessible immediately, and should be administered by staff who have received training.
5. Parents should provide schools with a spare inhaler and spacer for students who require inhalers, to be kept safely at school in case the original is forgotten or lost. The spare inhaler must not expire before the school year ends; parents should replace it if necessary. Schools should regularly dispose of expired inhalers by returning them to parents or a pharmacist.
6. How they will ensure that all inhalers are labelled with the following information: -
  - Pharmacist's original label.
  - Child's name and date of birth.
  - Name and strength of medication.
  - Dose.
  - Dispensing date.
  - Expiry date.

Label children's spacer devices and coordinate with parents to ensure they are sent home for cleaning regularly, such as at the end of each term.

7. Take appropriate disciplinary measures, consistent with the school's Behaviour Policy and, where applicable, the Managing Substance Related Incidents Policy, if inhalers are misused by students or others. Inhalers are generally considered safe; if a student uses another student's inhaler, adverse effects are unlikely, but medical advice should be obtained as a precaution.
8. Where staff are administering the inhaler, inhaler usage will be monitored and parents notified if their child is using the inhaler excessively.
9. Make sure staff leading PE lessons and sports activities understand that physical activity can benefit students with asthma. However, these students may need to use their inhaler about 10 minutes before exercise. The inhaler must always be available during PE and games. If students are feeling unwell, they should not take part.
10. The measures that will be implemented to ensure pupils with specific asthma triggers, such as animal fur, glue, or nuts, are able to avoid exposure to these substances.

Further source of information:

Asthma UK

Tel: 0300 222 5800

Email: [info@asthma.org.uk](mailto:info@asthma.org.uk)

<https://www.asthma.org.uk/>

## Appendix 2. Good Practice Points for the Administration of Auto Adrenaline Injectors

**Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to the allergen, which may be a certain food or other substance, but may occur after a few hours.** Auto adrenaline injectors should only be administered by staff who have been trained by the appropriate health professional. Schools should have obtained parental consent and prepared a Health Care Plan for the child on becoming aware that the child has been prescribed this medication.

An auto adrenaline injector (AAI) is a preloaded pen device, which contains a single measured dose of adrenaline for administration in cases of anaphylaxis. It is not possible to give too large a dose from one device used correctly in accordance with the child's Health Care Plan, so even if it is given inadvertently, it is unlikely to do any harm. However medical advice should be obtained as soon as possible after the medication is administered. Auto adrenaline injectors should only be used for the person for whom it is prescribed.

National guidance on AAI's within school was released by the DfE in September 2017 and this should be considered as a supplement to this guidance. The DfE Guidance can be found at:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

In regard to spare auto adrenaline injectors in schools the following should be considered:

1. Where to safely store the AAI, in the original box, at room temperature and protected from heat and light, so that it is readily available. If the Health Care Plan records that the pupil is competent then the AAI can be carried on their person
2. What systems can be put in place to check, termly, the AAI expiry dates and discolouration of contents so that parents can be asked to dispose of and replace medication.
3. Ensuring that all staff know that **immediately after the AAI is administered, a 999 ambulance call must be made and parents notified.** If two adults are present, the 999 call should be made at the same time as the administration of the AAI. The used AAI must be given to the ambulance personnel.
4. The use of the AAI must be recorded on the School Record of Medication Administered, with time, date, and full signature of the person who administered it.
5. Please remind parents that if the AAI has been administered, it must be renewed prior to the child's return to school.
6. An adult trained to use the AAI must accompany the pupil on off-site visits, ensuring the AAI is always available and securely stored.

**Further source of information for administration of adrenaline:**

<https://www.epipen.co.uk/en-gb/patients/your-epipen/how-to-use-your-epipen>

<https://kids.jext.co.uk/about-jext/how-to-use/>

**Further source of general information**

The Anaphylaxis Campaign

Helpline: 01252 542029

Website: <https://www.anaphylaxis.org.uk>

Email: [info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)

## Appendix 3 - Good Practice Points for the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels because the pancreas does not make any or enough insulin, because the insulin does not work properly, or both.

There are two main types of diabetes:

**Type 1 Diabetes** develops when the pancreas is unable to make insulin. CYP with Type 1 diabetes need to replace their missing insulin either through multiple injections or an insulin pump therapy.

**Type 2 Diabetes** develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

### **Treating Diabetes**

Children with Type 1 diabetes manage their condition by the following: -

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day, and a pupil may need to do this at least once while at school.

### **Insulin therapy**

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake, and activity levels. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

### **Insulin pens**

The insulin pen should be kept at room temperature, but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is always available at school and on school trips.

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan will provide details regarding their insulin requirements.

### **Insulin pumps**

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin, and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

### **Medication for Type 2 Diabetes**

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

### **Administration of Insulin injections**

If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital paediatric diabetic nurses, as treatment is individually tailored. A Health Care Plan should be prepared.

### **Best Practice Points for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes**

Schools should offer all staff diabetes awareness training which will be provided by the paediatric diabetic nurses, if a child in the school has diabetes. Training should include how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Staff where appropriate, can also be trained in administering treatment for hypoglycaemic episodes.

Diabetes symptoms differ among individuals, so schools should create a Health Care Plan for each child with diabetes and get parental consent before giving treatment. This usually happens during the staff training session, when both the nurse and parent can share their perspectives.

### **To prevent a hypo**

1. Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extracurricular activities at lunchtimes, or detention sessions.
2. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent.
3. Schools should ask parents to ensure that they provide the school with sufficient, in-date, quantities of the treatment that their child may require.

### **To treat a hypo**

1. Staff should be familiar with pupil's individual symptoms of a "hypo" so that steps to treat the pupil can be taken at the earliest possible stage. Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion, and slurred speech.
2. If a meal or snack is missed, or after strenuous activity, or sometimes even for no apparent reason, the child may experience a "hypo". Treatment might be different for each child and will be set out in their Health Care Plan, but will usually be either dextrose tablets, or sugary drink, or Glucogel/Hypo stop (dextrose gel) which should be readily available, not locked away and may be carried by the pupil. Expiry dates must be checked each term by the parent/carer.
3. Glucogel/Hypo stop is used by squeezing it into the side of the mouth and rubbing it into the gums, where it will be absorbed by the bloodstream.
4. Once the child has started to recover a slower acting starchy food such as biscuits and milk should be given. Again this should be detailed in the Health Care Plan.
5. If the child is or becomes very drowsy, unconscious, or fitting, a 999 call must be made and the child put in the recovery position. Due to the risk of choking the caregiver should not attempt to give the child an oral treatment, i.e. a drink, tablets or food.
6. Parents should be notified that their child has experienced a hypo, informed of the treatment provided and asked to provide new stocks of medication.

Once the child has recovered the School Record of Medication Administered should be completed

### **Best Practice Guidance for Blood Glucose Monitoring for Children**

The diabetic specialist nurse will provide individualised training and information regarding blood glucose monitoring for individual children.

#### **Further sources of information:**

Diabetes UK

Tel: 020 7424 1000

Email: [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

Website: <https://www.diabetes.org.uk/>

#### Appendix 4 Good Practice Points for Managing Eczema

Eczema (also known as dermatitis) is a non-contagious dry skin condition which affects people of all ages, including one in five children in the UK. It is a highly individual condition which varies from person to person and comes in many different forms.

In mild cases of eczema, the skin is dry, scaly, red, and itchy but in more severe cases the child's skin may experience weeping, crusting, and bleeding which can be exacerbated by constant scratching causing the skin to split and bleed and leaving it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Health Care Plan is completed. If whole body or significant creaming is required, factors that will need to be considered might include:

- Who will be applying the cream? (Including considering how much the child can do for him/herself depending on age, maturity etc., Permission needed from parents)
- How often does this need to happen? (How can this be planned around curriculum time etc.?)
- Where will the application of the creams take place? (Considering the need to ensure both privacy and safeguarding of the pupil and the safety of staff.)
- What medication and/or equipment will the parents provide and what may school need to provide (e.g. gloves etc.)?

These details would all need to be provided on the pupil's Health Care Plan.

Atopic eczema is the most common type, but its exact cause is unknown. Genetics and environmental factors both contribute. The condition causes dry, red, itchy, and often scaly or cracked skin that can flare unpredictably.

Persistent itchiness may lead to sleep problems, frustration, poor focus, stress, and depression.

Eczema has no cure, but regular skin care and identifying triggers can help manage it. Consistent use of emollients is essential, and topical steroids are often used to control flare-ups.

## Appendix 5. Good practice points for epilepsy

Epilepsy is a neurological condition that causes seizures. This is caused by abnormal electrical activity in the brain. Seizures can happen anytime anywhere.

There are two main types of seizures: focal and generalised.

- Generalised seizure is where the whole of the brain is affected and electrical activity is coming from all over. These seizures are when the muscles relax and the person falls to the floor; they can become stiff and have generalised jerking of all four limbs. These are also the absence types of epilepsy.
- Focal seizures are when the electrical activity is localized to one part of the brain, these seizures can present with twitching in their face, hands, arms and legs. They can feel strong emotions, make unusual noises and have unusual behavior such as lip smacking, and head turning to one side.

When you suspect a child to have a seizure, make sure you try and time the seizure, record what happened before, during and afterwards.

### General advice

- Managing a Generalised Seizure, please follow the link below:

<https://www.nhs.uk/conditions/what-to-do-if-someone-has-a-seizure-fit/>

Epilepsy can have a significant impact on a child's achievement; they can experience problems with the visual/verbal learning process, reading, writing, speech language, numeracy, memory, psychosocial problems, concentration and behavior.

If a child has epilepsy, it should be considered whether a health care plan is required in school. School Health Support Service can create health care plans for children with tonic-clonic seizures. Children with emergency medication also need an up-to-date Health Care Plan with details of when to give the medication. Each child's individual epilepsy health care plan should state what is expected if the CYP has a seizure. When emergency medication is administered it will state if an ambulance needs to be called.

If in doubt or if you are concerned about the child's condition you should call an ambulance.

### Guidelines for the administration of Buccolam (midazolam)

Buccolam (midazolam) is an emergency treatment for epilepsy, for prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the Buccal cavity (between the gum and the cheek)

Buccolam (midazolam) can only be administered by a member of the school staff who has received training. Training of the designated staff will be provided by the school nurse for mainstream schools and by BCHC + in special schools. A record of the training undertaken should be kept by the head teacher for the school's records. Training must be updated annually. Buccolam (midazolam) Health Care Plans should reflect the specific requirements of each case and further advice should be sought from the specialist nurse/consultant/GP

1. Buccolam (midazolam) can only be administered in accordance with an up-to-date written Health Care Plan with medical and parental input. If the dose changes it is the responsibility of the parent to have the Health Care Plan updates. Old Health Care Plans should be filed in the pupil's records.
2. The Buccolam (midazolam) Health Care Plan should be reviewed yearly by school staff to see if there has been a change in dosage.
3. The Health Care Plan must be available each time the Buccolam (midazolam) is administered: if practical it should be kept with the Buccolam (midazolam)
4. Buccolam (midazolam) can only be administered by designated staff, who has received training. A list of appropriately training staff will be kept by school.
5. The consent form and Health Care Plan must always be checked before the Buccolam (midazolam) is administered.
6. It is recommended that the administration is witnessed by a second adult.
7. The child should not be left alone until fully recovered.
8. The amount of Buccolam (midazolam) that is administered must be recorded on the administration of medicines form. Details recorded must include full signature of the person who has administered the Buccolam (midazolam), timed and dated. Parents should be informed if Buccolam has been administered.
9. Each dose of Buccolam (midazolam) must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.
10. School staff must check expiry date of Buccolam (midazolam) each term. In special schools, where nurses are based on site, the school nurse may carry out this responsibility. It should be replaced by the parent/ carer at the request of the school or health staff. Please inform parents within a month of expiry to give them time to replace it.

11. All school staff designated to administer Buccolam (midazolam) should have access to a list of pupils who may require emergency Buccolam (midazolam). The list should be updated annually and amended at other times as necessary.
12. All Buccolam (midazolam) training needs to be child specific. General training can be done but each individual Health Care Plan needs to be reviewed.



# Priestley Smith Specialist School

## Consent Form for School to Administer Medication

Designated first aid trained school staff will give your child medication in school. They will not give medication without your written consent and will only give medication that is prescribed up to **four times a day**. The school staff will take all reasonable steps to ensure that medication is given at the correct time however this may not always be possible.

<b>Name of Child</b>	<b>Date of Birth</b>
<b>Address:</b>	<b>Telephone Number</b>
<b>Allergies:</b>	

Name of Medication:	Concentration (if a liquid mg/ml)	Dose (in mg/g as well as volume or number of tablets)	Route: (oral/ injection/PR)	Time: (specific time or as required)	Reason for Medication Side effects/ special precautions:	Expiry date	Start	Finish

The above information is, to the best of my knowledge, accurate the time of writing. I understand that I have the responsibility to inform the setting nurse/setting staff/care staff immediately in writing, if there is any change in dosage of frequency of the medication and to provide the appropriate medication for setting.

**Parent/Carer Name** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ESSENTIAL PARENT INFORMATION – PLEASE READ

### For medication to be given in school:

1. Written consent, on the form supplied by school must be given by a person with parental responsibility.
2. A new form is required each time there is a change to your child's medication.
3. Details on the consent form must be completed by the person signing the form and must clearly show -
  - the name and strength of the medication
  - the dose to be given
  - the time to be given as advised by your doctor.
4. Medication sent into school must be in its original container and in date, clearly labelled with:
  - The child's name
  - The name of the medication
  - The strength of the medication
  - The amount of medication eg. Number of tablets/mis in the bottle
  - the **dose** to be given and how often
  - the date it was dispensed

This information should be printed on a label by the pharmacist and each box or bottle must be labelled.

5. Only medication prescribed by a doctor can routinely be given in school.

**6. All medication for school must be handed to your child's bus guide/taxi escort and not put in your child's bag**

**7. Paracetamol, Ibuprofen and Antihistamine (Hayfever) medications:**

it is within the school policy to administer these over the counter medications, and if your child becomes unwell in school eg in pain/high temperature a dose of paracetamol / ibuprofen, or in the case of, for example, hayfever or mild allergic reaction, an antihistamine, can be given with your written consent on the form supplied. You will need to supply the medication.

A new consent will be needed at the start of every new school year.

**NB please remember to inform school if you have given your child paracetamol, ibuprofen or anti-histamine, or a product containing any of these, before coming to school.**

If you have any queries/concerns please do not hesitate to contact the Medical Lead or your child's link person who will be happy to answer your questions.

**Appendix 7 Sample School Record of Medication Administered**

Name of child.....

Date of birth.....Class.....

Name and strength of medication.....

Dose and Frequency of medication.....

Time last dose given.....

Maximum dosage.....

taken.....

Other medication being

Date		
Quantity received		
Quantity returned		
Staff name and signature		

Date									
Time Given									
Dose Given									
Staff Signature									
Print Name									
Additional notes, e.g. parent notified									
Parents signature and date									

Insert  
Photo



# Individual healthcare plan

## Priestley Smith Specialist VI School

**Child's name**

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

**Clinic/Hospital Contact**

Name

Phone no.

**G.P.**

Name

Phone no.

**Who is responsible for providing support in school**

Teachers, Teaching assistants  
Medical needs primary – Paula Sillence  
Secondary – Laura Schwalbe

**Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc**

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

**Describe what constitutes an emergency, and the action to take if this occurs**

**Who is responsible in an emergency (state if different for off-site activities)**

First Aid, SLT

**Plan developed with**

Priestley Smith School and Parents / Carers

**Staff training needed/undertaken – who, what, when**

**Form copied to**

One Drive – Pupil Profile, Medical needs

Signatures:

Name of Parent/ Carer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Headteacher \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Appendix 9



**MEDICATION INCIDENT NOTIFICATION**

To be completed as soon as possible for ANY incident involving a drug error occurring in school Parents / Carers should be informed and a MyConcerns entry completed.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of incident \_\_\_\_\_

Description of what occurred

**IMPORTANT – PLEASE READ**

FULL DETAILS including what was prescribed, what the consent form stated, what was administered and if any of the medicine was taken incorrectly. e.g. all drug names and forms, doses, routes, concentrations, diluents, administration rates and times where appropriate.

FOR RISK MANAGEMENT PURPOSES IT IS ESSENTIAL THAT THE FOLLOWING INFORMATION IS GIVEN

Why do you think the incident occurred

What underlying factors contributed to the incident

Describe the outcome for the child

Please give details of any treatment that the child needed after the incident and action taken to resolve the issue

Give details of planned action / change to procedure or practice which will reduce the risk of this type of incident occurring again (short and long term)

Please indicate (v) the nature and status of the incident(s)

	Consent form		Recording		Administration		Other
--	--------------	--	-----------	--	----------------	--	-------

	Near miss (no harm)		Low (minimal harm)		Moderate (short term harm)		Severe (permanent/long term harm)
--	------------------------	--	-----------------------	--	-------------------------------	--	--------------------------------------

	Child not given drug		Child given expired drug
	Child given wrong drug		Child given wrong dose
	Wrong child given drug		Wrong frequency
	Wrong consent information		Incorrect time
	Incorrect labelling		Wrong route
	Miscommunication		Delayed update to plan/ consent

Risk Classification

	Very low		Low Risk		Moderate Risk		High Risk		Very High Risk
--	----------	--	----------	--	---------------	--	-----------	--	----------------

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

Date \_\_\_\_\_

Designation: \_\_\_\_\_

Reported to: \_\_\_\_\_

Parents / Carers informed?  Yes  No

Name of Parent / Carer spoken to \_\_\_\_\_

Date \_\_\_\_\_

Outcome

## Appendix 10 Example Sample letter of Medication in School letter issued by School nursing.

*The letter below is attached for guidance. It can be adapted and used for issue by school staff as well as Birmingham Community Healthcare Foundation Trust school nurses.*

Address

Telephone contact details

Date

Dear parent/carer

### **Name of child – Medication in school**

As you know, following consultation with you, your child, the school nurse or other healthcare professional and school staff, it has been agreed that your child requires, or may require, medicine to be administered to them during school hours. Your parental consent form and, if your child has one, their Health Care Plan, explains what medication needs to be administered and when.

It is parents' responsibility to contact me, or another member of staff at the school, in order to check your child's medication regularly, and at least on a termly basis, to ensure it is in date, there are no changes to the dose and it is still needed by your child. The medication should be replaced or removed as necessary, especially at the beginning of each new academic year.

If there are changes to your child's condition and/or medication, please ensure the school and school nurse are notified as soon as possible.

I am available at the school/clinic, contact details as above, if you wish to discuss your child's condition

Yours sincerely

School/School Nurse