MOORBROOK SCHOOL

Administration of medications within school

Revised: September 2022
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To be reviewed: September 2026

Content:

RESPECT and ACHIEVE

And the Governors' vision and mission statement:-

The Governors wish to create a centre of excellence, where:-
Everyone feels safe and happy to be part of a welcoming school community, which values and respects their individuality and their unique contributions.
There is a committed, stable and effective team of staff who understand their roles and who are supported through relevant professional development to fulfil the high expectations being placed upon them.
Pupils are keen to attend every day, because of the opportunities and high quality support they receive.
A rich and varied curriculum, shaped in consultation with pupils is provided, through excellence in teaching and learning within which pupils are supported to achieve their full potential
By nurturing their talents,
Setting appropriate learning challenges and
Removing the barriers to progress resulting from their wide ranging special educational needs.

Pupils are taught the skills they will need to manage themselves, their emotions and their relationships with others so that the school becomes a springboard to the wider world beyond school, where pupils are proud of their achievements, confident to take their place and have the skills they need to succeed in their adult lives.

1.Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in the document supporting pupils in school with medical conditions, DfE Sept 2014 is intended to help school governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

School/setting staff may be asked to perform the task of giving medication to children but they may not, however, be directed to do so. The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description. In practice, many school/setting staff do volunteer. If a decision is made that medication is not going to be given, the school/setting will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication. These measures must not discriminate and must promote the good health of children. Policies must be made clear to parents. Further advice can be sought from your Trade Union or Professional Association.

Access to education and associated services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995/Equality Act 2010.

The public sector Equality Duty, as set out in section 149 of the Equality Act, came into force on 5 April 2011, and replaced the Disability Equality Duty. Disability is a protected characteristic under section 6 of the Equality Act. The public sector Equality Duty requires 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.

Responsible bodies for schools **must not** discriminate against pupils in relation to their access to education and associated services. This covers **all aspects** of school

life including: school trips, school clubs, and activities. School should make reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices, procedures and school policies.

Some pupils may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For pupils with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those pupils.

Safeguarding
Children and young people with medical conditions are entitled to a full-time education and they have the same rights of admission to school as other children. In effect, this means that no child with a medical condition should be denied admission, or be prevented from taking up a place in school due to circumstances in relation to arrangements for their condition that have not been made.
Schools therefore must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.

Accommodation
Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations
2010 replicates this provision for independent schools (including academy schools and alternative provision academies

Complaints
Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the DfE should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

2 Responsibilities & Requirements

Parent/carer

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
If the school/setting staff agree to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form. Verbal instructions should **not** be accepted.
Only one parent (defined as those with parental responsibility) is required to agree to, or request, that medicines are administered by staff.
If it is known that pupils are self-administering medication in school on a regular basis, a completed consent form is still required from the parent/carer.
Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
For administration of emergency medication, a Care Plan must be completed by the parent/carer in conjunction with the school nurse and school staff. Minor changes to the Care Plan can be made if signed and dated by the school nurse. If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed at least annually. It is the parents' responsibility to notify school/school nurse of any changes required to the Plan e.g. treatment, symptoms, contact details.
The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant school/health professional. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal.
Medication should always be provided in an original container with the pharmacist's original label and the following, clearly shown: -

- Child's name, date of birth
- Name and strength of medication
- Dose
- Any additional requirements e.g. in relation to food etc
- Expiry date whenever possible
- Dispensing date

Pupils
Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
School governing bodies, proprietors and management committees
The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support

that pupils need.
Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
Governing bodies of maintained schools and management committees of PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (see notes below for clarification about the role of the employer/local authority). Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA).

Local authority
The Council fully indemnifies its staff (maintained schools) against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. In practice indemnity means the council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer. Staff should at all times follow the guidance provided by Heart of England Foundation Trust.

School/Setting staff
The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stated within an individual's job description.
It is possible for support staff to have duties relating to the administration of medicines written into their core job description. These duties will have to be considered as part of the job evaluation for the role. There would still be a requirement for the member of support staff to receive appropriate training before undertaking relevant duties.
Conditions of employment are individual to each non-maintained setting. The setting lead/manager is required to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.
Annual training relating to emergency medication and relevant medical conditions should be undertaken. Advice about this can be obtained from the school nurse/doctor/health visitor/specialist nurse.
Schools should have a named person responsible for dealing with pupils who are unable to attend school because of medical needs.
The school/setting should know if parents are satisfied with the quality of support, guidance and care provided by staff. This includes the level of satisfaction of how well the school/setting liaises with a hospital/hospital school while a child is receiving

treatment.

Emergency procedures
As part of general risk management processes all schools/settings should have arrangements in place for dealing with emergency situations. Children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.
Staff should not take a child to hospital in their own car. It is always safer to call an ambulance. If the parent/carer is unable to accompany their child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
Health professionals are responsible for any decisions on medical treatment when a parent/carer is not available. Basic medical information about the child, identifying data and contact details should be taken to hospital by school/setting staff.

3 Record Keeping

When staff administer medication, a record must be made of the date, time and dose, and this record must be signed on the Medicine Consent Form. Reasons for any non-administration of regular medication must be recorded and parent/carer informed on the same day. The Consent Form must be kept with the medication.
All schools/settings should have a medicine policy which is shared with parent/carer and indicates what staff will do in regard to routine and emergency medication administration. The policy should reflect procedures for who will give any medication, how the medication will be stored, recording how you give medication, training staff if there is a specific medical need.
An individual Care Plan clarifies for parent/carer, the child and school/setting staff the circumstances in which additional health support will be required and the actions to be taken by school/setting staff to meet the pupil's needs. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. The Care Plan will be developed with input from a health professional, a parent/carer/pupil and a member of school/setting staff depending on the nature of the pupil's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist.
Within GDPR legislation, medical documents are deemed sensitive information. The information in the Care Plan and/or related medical information where a Care Plan is not necessary, needs to be disseminated to relevant staff but balanced with the need to keep confidential information secure. Care Plans must not be displayed in a public place, e.g. staff room, because of the sensitive information they contain unless there is a clear, justified need to do so and the parent/carer has also given their explicit written consent for this. Where appropriate, pupils should also be consulted.

The Care Plan supplied is a guide to the type of information required and may be expanded as required by the child's condition and the nature of the treatment to be given. The Care Plan must be kept up to date and should be reviewed on a regular basis to reflect the pupil's needs. It should certainly be reviewed annually. A new Care Plan is required if a child moves school/setting or their condition or treatment changes.
For schools, the recommended retention for these records is the date of birth of the child being given/taking the medicine plus 25 years. This allows for records to be kept as evidence for litigation should the child on reaching 18 years old feel this is something they want to pursue.

4 Storage

Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day. Consideration should be given as to how confidentiality can be maintained if the fridge is used for purposes in addition to the storage of medicines.
All storage facilities should be in an area which cannot be accessed by children.
Wherever appropriate, pupils in secondary schools should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities. It is advisable for a risk assessment to be completed in order to minimise the potential for harm to occur.
All emergency medication e.g. inhalers, Epipen, dextrose tablets and anti-convulsants must be readily accessible but stored in a safe location known to the child and relevant staff (see condition guidelines). This location will be different in every school/setting; according to where the pupil normally has lessons/child spends most of their day, the size and geography of the school/setting and the pupil/child's age and maturity. Possible locations include the classroom, medical room, school/setting office or head's office. Medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers.
Local pharmacists and school nurses can give advice about storing medicines.

Disposal of any sharp items (sharps)

Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if accidents and the consequent risk of infection with blood borne viruses are to be avoided. Sharps injuries are preventable with careful handling and disposal. Ensure any sharps bins are located in designated areas, in a safe position at waist height. **Sharps bins must never be kept on the floor.**
It is the personal responsibility of the individual using the sharp to dispose of it safely. Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.
Sharps bins are available on prescription where needed. Children should not be carrying used sharps bins to and from school themselves. Arrangements for disposal should be outlined in the child's Care Plan. Bins should be emptied when they are two thirds full.

5 School Trips, Visits and Sporting Events

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Medication required during a trip should be carried by the child, if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Parent/carer must complete a Consent Form if their child requires any medication whilst on a trip or visit.

Parents must sign a consent form which should include:

- Name, address, date of birth and telephone number of participant.
- The parents contact information.
- An alternative contact with address and telephone numbers.
- Any allergies / phobias the young person may have.
- Any medication the young person is taking (dosage and administration).
- Any recent illnesses or contagious or infectious diseases in the preceding weeks.
- Name, address and telephone number of the young person's GP.
- Any special medical / dietary requirements.
- Any other information that the parent thinks should be known.
- A statement of consent for the Supervisors giving permission for your child to receive medical treatment in an emergency.
- A dated signature agreeing to the visit, medical consent and to confirm that they have received the information and are willing for their child to participate

Medication provided by the parent must be accompanied with written directions for its use. All Supervisors should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

In addition to the above it may be necessary to include the following:

- Relationship of the person giving consent to the participant, where names differ.
- Signature of the participant agreeing to appropriate rules and a code of conduct if applicable.
- Whether the young person suffers from travel sickness.
- Permission for photographs of the participant to be used for display or publicity purpose

If a child is subject to a Care Order, foster parents will need to ensure that Social Services consents to any proposed trip. If a young person is a Ward of Court, the Head should seek advice from the court in relation to journeys and activities abroad

well in advance of any proposed trip.
It is essential to inform all staff members involved with sporting activities, after school clubs or extra-curricular activities of the need for medication for specific pupils, and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, will need to be considered.

6 Analgesics (Painkillers)

For children who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school/setting. It is recommended that schools/settings do not keep stock supplies of analgesics e.g. paracetamol, for potential administration to any child. Parent/carer consent must be in place.
Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

7 Over the Counter Medicines (non-prescription)

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances, and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a Consent Form. Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.
There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), prior written approval from the child's GP should be considered. The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases not exceed 48hrs. If symptoms persist medical advice should be sought by the parent.
Other remedies, including herbal preparations, should not be accepted for administration in school/setting.

8 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 and its associated regulations. In schools/settings Methylphenidate must be stored in a locked non-portable container/place to which only named staff have access and a record of administration must be kept. It is necessary to make a record when new supplies of Methylphenidate are received into school.
Unused Methylphenidate must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home.

9 Antibiotics

Parent/carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school/setting hours wherever possible.
Most antibiotic medication will not need to be administered during school/setting hours. Twice daily doses should be given in the morning before school/setting and in

the evening. Three times a day doses can normally be given in the morning before school/setting, immediately after (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school/setting if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.
Parent/carers must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school/setting in the morning and taken home again at the end of each day.
Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer.
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.
In the school/setting, the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer.
The appropriate records must be made – see point 2 “Record Keeping”. If the pupil does not receive a dose, for whatever reason, the parent/carer must be informed that day.

10 Emergency Medication

Separate guidelines are in place for emergency medication. Anyone caring for children including teachers, other school and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicines and/or taking action in an emergency. New or temporary staff must be made aware of any pupil with specific medical needs. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.
The emergency medication which might be used includes:-

- Buccal Midazolam
- Rectal Diazepam
- Adrenaline (Epipen/Anapen)
- Glucose (dextrose tablets or Hypostop)
- Inhalers for asthma

Training will be given by nurses or appropriate specialist nurses to all staff for emergency situations including the school/setting staff who have volunteered to administer emergency medication.

11 Return of Medication

Medication should be returned to the child’s parent/carer whenever: -

- The course of treatment is complete

- Labels become detached or unreadable. (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer.)
- Instructions are changed
- The expiry date has been reached

This should be documented on the administration record held in the child's file and the Care Plan amended accordingly. The parent/carer should be advised to return unwanted medicines to their pharmacist.
In exceptional circumstances, e.g. when a child has left the school/setting, it 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.
It is the parent/carers responsibility to replace medication which has been used or expired, at the request of the school staff.

12 Guidelines for Managing Asthma

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.
Staff who assist children with inhalers, will be offered training from the school nurse/other appropriate health professional.
Schools are now able to hold salbutamol inhalers for emergency use. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, DfE, August 2017. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Appropriate training is available from the school nursing service.
Inhalers MUST be readily available when children need them. Pupils of year 3 and above should be encouraged to carry their own inhalers.
Parent/carers should supply a spare inhaler for pupils who carry their own inhalers. This will be stored safely at school in case the original inhaler is accidentally left at home or the pupil loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
All inhalers should be labelled where possible 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

Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
School/setting staff should take appropriate disciplinary action, in line with the school/settings Behaviour and Managing Substance Related Incidents policies, if the owner or other pupils misuse inhalers.
Parent/carer is responsible for renewing out of date and empty inhalers.
Parent/carer should be informed if a pupil is using the inhaler excessively.

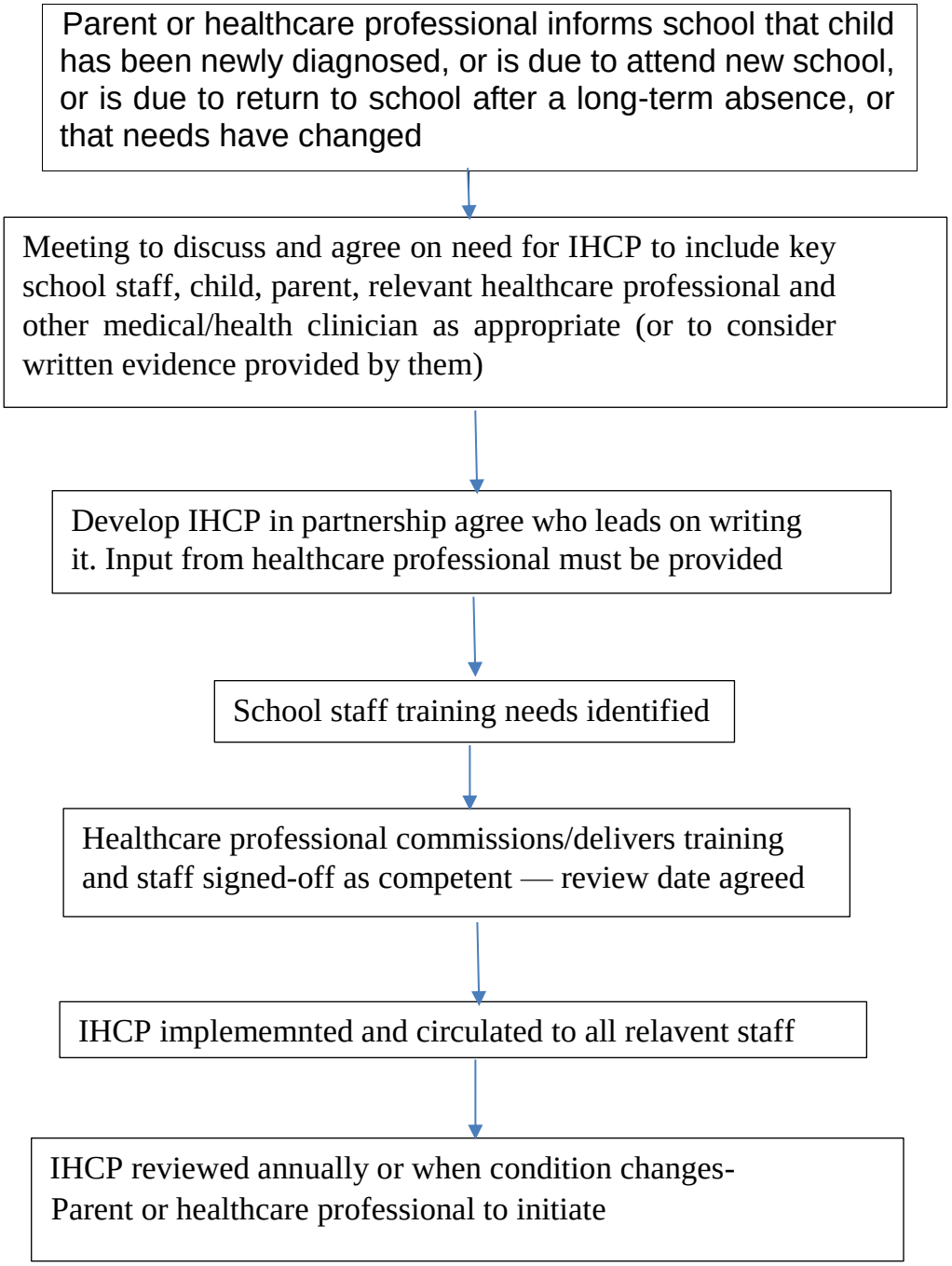
Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell, they should not be forced to participate.
If pupils are going on offsite visits, inhalers MUST still be accessible.
It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.
Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

13 Guidelines for the Administration of Buccal Midazolam

Buccal Midazolam is a treatment for convulsions, and it is administered orally.
Buccal Midazolam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the Head teacher and who has been assessed as competent by the named school nurse. Training of designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the Head teacher. Training will be updated at least once annually.
The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP.
1 Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a medical practitioner and the signed consent form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.
2 The prescription sheet and Care Plan should be renewed yearly. The school nurse will check with the parent/carer that the dose remains the same.
3 The consent form, prescription sheet and Care Plan must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
4 Buccal Midazolam can only be administered by designated staff who have received training from the named school nurse. A list of appropriately trained staff will be kept.
5 The consent form, prescription sheet and Care Plan must always be checked before the Buccal 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 conscious.
8 The amount of Buccal Midazolam that is administered must be recorded on the pupil's Buccal Midazolam record card. The record card must be signed with a full signature of the person who has administered the Buccal Midazolam, dated and parents/carers informed if the dose has been given in an emergency situation.
9 Each dose of Buccal 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/setting staff must check expiry dates of Buccal Midazolam each term. In Special Schools the school nurse / doctor may carry out this responsibility. It should be replaced by the parent/carer at the request of school or health staff.

11 All school staff who are designated to administer Buccal Midazolam should have access to a list of pupils who may require emergency Buccal Midazolam. The list should be updated at least yearly, and amended at other times as necessary.

Annex A: Model process for developing individual healthcare plans



Individual Healthcare Plan

Name of school/setting	
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	

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)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____ Date _____

Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent_____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: Record of Medicine Administered to All Children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: Staff Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows [insert school/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone