

**CHILDREN AND YOUNG PEOPLE'S DEPARTMENT****HAYFIELD SCHOOL  
POLICY & GUIDANCE**

**Based on:**

***A MANAGEMENT GUIDE TO DFE Guidance "Supporting Pupils at School with Medical Conditions"***

**Statutory guidance for governing bodies of maintained schools and proprietors of academies in England  
September 2014**

**HS/ECS/060**

**DATED: September 2015**

**This document replaces  
HS-ECS-060 April 2010 Management Guide to the  
Administration of Medicines in Schools and Early Years  
Settings.**

## 1 Information

The following guidance and policy draw directly on advice contained within “Supporting pupils at School with medical conditions”. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (September 2014)

*( Hayfield’s Early year’s settings continues to apply the **Statutory Framework for the Early Years Foundation Stage.**)*

The document is regarded as an essential reference point when Hayfield School is dealing with issues which may not be directly covered in this policy.

- 1.1. Pupils at Hayfield School with medical conditions, including both physical and mental health conditions, are properly supported so that they have full access to education, including school trips and physical education.

Some children with medical conditions may be disabled. Where this is the case Hayfield School complies with its duties under the Equality Act 2010. For children with SEND, this guidance is read in conjunction with the SEND code of practice.

- 1.2. 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.

At Hayfield School, no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements give parents and pupils confidence in the school’s ability to provide effective support for medical conditions.

Individual Health Care plans help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

## 2 Definition

Pupils’ medical needs may be broadly summarised as being of two types:

- 2.1. Short-term, affecting their participation in school activities for which they are on a course of medication
- 2.2. Long-term, potentially limiting their access to education and requiring extra care and support.

## 3 Scope

This Policy is designed to ensure that:

- 3.1. Pupils at Hayfield School with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;

- 3.2. The Governing body is supported in its duty to ensure that arrangements are in place at Hayfield School to support pupils with medical conditions; and
- 3.3. The Governing bodies is supported in its duty to ensure that the school leadership team consult health and social care professionals, pupils and parents in ensuring that the needs of children with medical conditions are supported correctly and appropriately.

## **4 Responsibilities**

### **4.1. Governing Body**

It is the responsibility of Governing Body to 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 Hayfield School as any other child. In order to do so they should ensure that,

- 4.1.1 They make available adequate resources in the implementation of the Policy;
- 4.1.2 There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- 4.1.3 They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;
- 4.1.4 The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 4.1.5 In making the correct arrangements they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 4.1.6 The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 4.1.7 That staff are properly trained to provide the support that pupils need; and
- 4.1.8 That written records are kept of all medicines administered to pupils

### **4.2. Headteacher**

The headteacher is responsible for implementing this policy and the development of Individual Healthcare plans. They are also responsible for ensuring that staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In doing so they assume overall responsibility for:

- 4.2.1 ensuring that sufficient staff are suitably trained;

- 4.2.2 that all relevant staff are aware of the pupils' medical conditions including any requirements necessary for the child to participate in activities outside of the classroom;
- 4.2.3 cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- 4.2.4 supply teachers are briefed;
- 4.2.5 risk assessments have been carried out for school visits, residential trips , and other school activities outside of the normal timetable;
- 4.2.6 procedures are in place to cover any transitional arrangements between schools for any medical issues;
- 4.2.7 for children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- 4.2.8 individual Healthcare plans (FORM 2) are monitored and up to date;
- 4.2.9 the management of accepting, storing and administering any medication (FORM 3A, 3B and 4), including the holding an emergency Salbutamol Inhaler. Also refer to the school Asthma Policy;
- 4.2.10 appropriate protective equipment being made available to staff supporting pupils at Hayfield with medical conditions;
- 4.2.11 Ensuring that there is effective coordination and communication with relevant partners, professionals, parents and the pupils;

In order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, the Head teachers is responsible for informing parents that they should keep children at home when they are acutely unwell. They should not accept a child in school at times where it would be detrimental to the health of that child or others to do so. Also school staff should also not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work;

In the event of an outbreak situation, the school will follow any guidance issued by Public Health England. Further information on infection control is available from Public Health England - Guidance on Infection Control in Schools and Other Childcare Settings and Local Authority Health & Safety Management Arrangements for Infection Control, available on Wescom, Safety Policy & Guidance Documents, Medical Related information.

## **5 Administration of Medication**

The administration of medication at Hayfield School will minimise the time that pupils will need to be absent.

Children may need to take medicines during the school day at some time during their time at Hayfield. Our school is flexible in its approach and examples of circumstances under which we may be requested to administer medicines include:

- a) Cases of chronic conditions e.g. diabetes, asthma, epilepsy or anaphylactic shock;
- b) Cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine etc.
- c) Cases where pupils have ongoing medical conditions which require medication, for example ADHD or issues with toileting.

However, medicines are only be administered in school when would be detrimental to a child's health if it were not administered during the day or when it would impede on their right to access education. Parents are encouraged to administer medication at home whenever feasible.

### 5.1. Headteacher's Responsibilities

In terms of the administration of medication, the Headteacher has overall responsibility for;

#### 5.1.1 Monitoring that arrangements are in place for the administration of medication to ensure:

- a) Consent must be obtained from parents (FORM 3A, 3B, 3C);
- b) The administration of all medication is recorded (FORM 5);
- c) Medication is stored appropriately, including all medication which must be accessed in the case of an emergency.

#### 5.1.2 Ensuring that the instructions below are followed:

- a) As part of the signed agreement with parents, medication is administered by trained staff;
- b) all parents and all staff are aware of the policy and procedures for dealing with medical needs;
- c) the appropriate systems for information sharing are followed;
- d) Staff managing the administration of medicines and those who administer medicines, receive training and support from health professionals to achieve the necessary level of competency before they take on responsibility to support children with medical conditions (FORM 8'). This training includes induction arrangements for new staff and is refreshed at suitable intervals as advised by medical professionals (with a minimum requirement of every 3 years);

- e) Medicines are only to be taken in school when essential; that is where it would be detrimental to a child's health or impede on their access to education, if the medicine were not administered during the school day;
- f) Hayfield only accepts medicines that are in date, labelled and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see Non Prescribed Medication below);
- g) Medicines are always provided in the original container or box as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage;
- h) Hayfield will not accept medicines that have been taken out of the original container unless this has been done by a pharmacist and the medication is in packaging/container supplied and labelled by the pharmacist. An exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- i) Hayfield will never make changes to dosages on parental instructions without written confirmation from the child's doctor;
- j) Hayfield will not be responsible for administering medicines without having had written notification from the parents (FORM 3A, 3B, 3C);
- k) Medicines are stored securely, appropriately (for example refrigerated) and with restricted access, although all medication is easily accessible in an emergency; and
- l) Staff take account of circumstances requiring extra caution which are stated in a child's Individual Health Care Plan, for example;
  - Where the timing of administration is crucial;
  - Where serious consequences may occur through failure to administer;
  - Where technical or medical knowledge is needed;
  - Where intimate contact is necessary.

It is the responsibility of the Headteacher to consider carefully what the school is being required to do. Even if it is within the best interest of the child to receive the medication in school, school staff cannot be instructed to administer it. However the school still has a duty to ensure that arrangements are in place to support all pupils and in such cases will take advice from the appropriate medical professionals.

## 5.2. School Staff

There is no legal or contractual obligation to administer medicines except in the case of below. Some support staff may have such a role in their contract of employment. Hayfield School will ensure that it has sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

Anyone caring for children including teachers, other school staff and day care staff in charge of children, has 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 may extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, for example visits, outings or residential trips.

School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help (FORM 8)

All staff who are required to administer medication (in any capacity) have a responsibility to ensure that:

- 5.2.1 They are familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff have access to and must use protective disposable aprons and gloves (not latex) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment
- 5.2.2 The school has a signed request from the parent for the school to administer medicine to their child (FORM 3A, 3B and 3C). The administration of medication is only conducted in accordance with parental agreement and as set out in the School's Policy (and Individual Health Care Plan if appropriate). Form 3A is completed in situations in which the school have been asked to administer medical for a short period of time (no longer than one month). Form 3B is completed for the school have been asked to administer medication for periods in excess of month. Form 3C is completed for all residential visits.
- 5.2.3 In all instances when the school has been asked to administer medication to a pupil, Form 4 is completed and returned to the parents.
- 5.2.4 The School Leadership Team are responsible for keeping a central record of all medication administered to pupils. Class teams are responsible for ensuring that up to date lists of medication (Form 10) are returned to SLT at the beginning of each term.
- 5.2.5 Long term conditions such as epilepsy, diabetes or asthma are recorded in the pupil's file along with instructions issued by a doctor or specialised nurse as set out in the Individual Health Care Plan (FORM 2)

- 5.2.6 In some instances children will refuse to take their medication. When this occurs staff must endeavour to contact the child's parents by telephone during the school day to make them aware of the situations. In all instances when a child refuses to take their medication FORM 11 must be completed and sent home via the bus escort that same school day. If a refusal to take medicines results in an emergency, the school emergency procedures are followed
- 5.2.7 They have checked that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing;
- 5.2.8 Medicines are personally handed over to the school or bus escort by a responsible adult and not by a child;
- 5.2.9 Medicines are in date and in the original container marked with a pharmacy label stating the child's name, the type of medicine, the required dosage and storage instructions;
- 5.2.10 Medicines are kept within a secured area, with the exception of medicines that may be required in emergency situations. However all medication must be kept out of the reach of children and visitors. For medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens, these should not be locked away and should always readily available
- 5.2.11 Inhalers for pupils with asthma are always readily available. They should always be available during physical education classes, outdoor learning experiences and playtimes;
- 5.2.12 Receipt of medicines are logged and an entry made when returned to parents (FORM 5)
- 5.2.13 An entry is made of the pupil's name, drug administered, dosage, date and time (FORM 5)
- 5.2.14 The directions of the pharmacy label are strictly followed;
- 5.2.15 A second member of staff is present to act as a witness to the administration of medication (FORM 5);
- 5.2.16 If the school becomes aware that a pupil has vomited or has had diarrhoea after taking the medication the parents are notified.

### 5.3. School Nurses

Hayfield School currently has a school nurse in attendance one day every week. They do not usually have an extensive role in ensuring that Hayfield School is taking appropriate steps to support children with medical conditions, but supports the school in:



- 5.3.1 Notifying us when a child has been identified as having a medical condition which will require support in school. Wherever possible, they do this before the child starts at the school;
- 5.3.2 liaising with lead clinicians locally on appropriate support for our children and associated staff training needs;
- 5.3.3 supporting staff on implementing a child's individual healthcare plan;
- 5.3.4 advising and liaising on training to local school staff

#### 5.4. Other Healthcare Professionals

Hayfield School works closely with healthcare professionals who support our pupils. Wherever possible GPs, specialist healthcare teams and paediatricians are encouraged to:

- 5.4.1 notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- 5.4.2 provide advice on developing healthcare plans; and
- 5.4.3 provide support in school for children with particular conditions (eg asthma, diabetes).

#### 5.5. Parents

Parents should:

- 5.5.1 provide the school with sufficient and up-to-date information about their child's medical needs;
- 5.5.2 be involved in the production and review of their child's Individual Healthcare Plan;
- 5.5.3 carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of medication, returning the child to the parent awaiting provision of the medication, etc.

#### 5.6. Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where possible and appropriate 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. Other pupils will often be sensitive to the needs of those with medical conditions.

Where appropriate and after agreement with parents, Hayfield School will encourage pupils who are able, to take responsibility to manage their own medicines (FORM 7). Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff must still be present to supervise and provide support.

Inhalers for pupils with asthma need to be readily available. Pupils who are mature enough can look after their own inhalers. They should always be available during physical education classes and outdoor learning experiences.

#### 5.7. Local Authority

The local authority is responsible for;

- 5.7.1 commissioning school nurses;
- 5.7.2 promoting cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, Clinical Commissioning Groups and NHS England, with a view to improving the well-being of children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);
- 5.7.3 providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- 5.7.4 working with schools to support pupils with medical conditions to attend full time;
- 5.7.5 where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements; and
- 5.7.6 statutory guidance sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

#### 5.8. Wirral Specialist Support Team for pupils with medical/physical needs (Children & Young People's Department)

A service provided by Wirral Council for pupils with medical/physical needs is available to all schools. The team offers the following service:

- 5.8.1 Advise and support schools in drawing up and developing individual health care plans (IHCP's);
- 5.8.2 coordinate key transitions for pupils with medical and physical needs;
- 5.8.3 coordinate the provision of specialist equipment for pupils with medical/physical needs;

- 5.8.4 coordinate IHCP funding requests, and monitor IHCP funded provision (Element Three);
- 5.8.5 liaise with lead clinicians locally on appropriate support for a pupils and associated training needs;
- 5.8.6 advice and liaison on training to local school staff;
- 5.8.7 provide ICT assessments for pupils who have been identified by the local Paediatric Occupational Therapy Service, as having significant difficulties with recording and accessing the curriculum, and who may need assistive technology.

#### 5.9. Providers of Health Services

- 5.9.1 Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.
- 5.9.2 Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

#### 5.10. Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as specialist nurses and have a reciprocal duty to cooperate under Section 10 of the Children Act 2004. They should ensure that:

- 5.10.1 commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions; and
- 5.10.2 are responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

#### 5.11. Administration of Non-Prescribed Medication

- 5.11.1 Only after parental advice should staff administer Paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made. (FORM 3B) .
- 5.11.2 The school **must not** keep its' own stock of medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.

- 5.11.3 A dose of paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain or discomfort. Before each dose of the medication is given, staff must obtain parental consent. The school must ask the parent how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of the any administration of medication should be made (FORM 5). In some circumstances written permission may not be possible and verbal consent may be obtained. Verbal consent must be recorded in writing by the member of staff who has spoken to the child's parents and a record of the conversation (including date and time) must be placed in the pastoral file held in the main office.
- 5.11.4 Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case (FORM 3A)
- 5.11.5 If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

## 5.12. Storing Medicines

The following must be followed in the storage of medication:

- 5.12.1 Medicines should be kept in a secure place with restricted access.
- 5.12.2 Controlled drugs should be stored securely with limited access, but should be easily accessible in an emergency. A record should be kept for audit and safety purposes (FORM 5)
- 5.12.3 Some medication, can be kept in a refrigerator alongside food but should be in an airtight container and clearly labelled;
- 5.12.4 Large volumes of medicines should not be stored;
- 5.12.5 Children should know where their own medicines are stored, who holds the key and be able to access them;
- 5.12.6 Staff should only store, supervise and administer medicine that has been prescribed for an individual child;
- 5.12.7 Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- 5.12.8 Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;

- 5.12.9 Where a child needs two or more prescribed medicines, each should be in a separate container;
- 5.12.10 Staff should never transfer medicines from their original containers;
- 5.12.11 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;
- 5.12.12 The inhaler and spacers for salbutamol inhalers (see below) are kept in the in cupboard in the headteachers office.

### 5.13. Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. Ritalin, methylphenidate.

- 5.13.1 Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- 5.13.2 It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- 5.13.3 A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (FORM 12). If this is not possible, it should be returned to a local pharmacist for safe disposal.
- 5.13.4 Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.

### 5.14. Regular Injection

- 5.14.1 Hayfield School has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock, etc. Only trained and authorised staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock etc., where the child is unable for whatever reason to do so themselves.
- 5.14.2 In the case of pupils with an individual Health Care Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the school health nurse, other medical professionals as appropriate and the child's parents.
- 5.14.3 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 opportunity at school

as any other child. When planning out of school activities such as educational visits, residential trips, etc, consideration and appropriate planning must be given to meeting the needs of pupils with medical conditions.

#### 5.15. Self-Management

After agreement with parents it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own medicines from a relatively early age. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion with health care professionals and parents.

#### 5.16. Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the pupils and circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant pupils.

#### 5.17. Transport of Medication

The Local Authority has a duty to ensure that pupils are safe during journeys and is responsible for ensuring that appropriate training has been provided to School Escorts as required.

5.17.1 In circumstances where the Local Authority provides school transport for pupils with life threatening conditions, arrangements will be made for the pupil to be supported by a community care worker who is trained to administer medicines and deal with emergency situations.

5.17.2 If a child requires emergency medication, this will be included in the Individual Health Plan. Where necessary and agreed with health professionals, parents and the local authority, it will be handed to the school escort. Arrangements will be made by the school/Local Authority for the school escort to be trained in administering the medication.

#### 5.18. Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

5.18.1 Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them. Advice for supporting children with Asthma can be found in Appendix Two.

- 5.18.2 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.
- 5.18.3 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. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty) (FORM 13)
- 5.18.4 Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.
- 5.18.5 The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.
- 5.18.6 Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.
- In order to use Hayfield School;
- 5.18.7 Keeps an up to date register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler.
- 5.18.8 Have written parental consent for use of the emergency inhaler (FORM 13)
- 5.18.9 Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use (FORM 13)
- 5.18.10 Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions (FORM 8)
- 5.18.11 Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler (FORM 5 & FORM 14)

- 5.18.12 Have at least one member of staff from each classroom trained and fully aware of the protocol to be followed
- 5.18.13 The school has an emergency inhaler stored in the Headteacher's office.
- 5.18.14 On a termly basis the inhaler and spacers are checked to ensure that they are in working order, and the inhaler has sufficient number of doses available;
- 5.18.15 That replacement inhalers are obtained when expiry dates approach;
- 5.18.16 During an incident, spacers should be available for use for an individual child and must be replaced following use;
- 5.18.17 The plastic inhaler housing (which holds the canister) is cleaned, dried and returned to storage following use, or replaced if necessary.

## **6 Disposal of Medicines**

- 6.1. Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a pharmacy for safe disposal. All medication should be returned to parents at the end of each school year. A written record should be kept and parents informed (FORM 12)
- 6.2. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained from the Local Authority Asset Management Team through Statutory Management Services. Collection and disposal of the boxes is arranged with the contractor.

## **7 Hygiene and Infection Control**

- 7.1. All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further advice on this is available on the Local Authority's Health & Safety Arrangements for Infection Control available from Wescom.
- 7.2. Hayfield School will ensure that any member of school staff providing support to a pupil with medical needs have received suitable training. Training be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans (FORM 8)
- 7.3. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- 7.4. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).



A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

## **8 Individual Health Care Plans**

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Health Care plans (FORM 2)

Hayfield School does not require all children who take medication during the school day to have an Individual Health Plan. The decision as to whether a plan is required is made by the school's Senior Leadership Team in conjunction with health professional and parents. In circumstances where a plan is in place;

- 8.1. The aim of the Individual Healthcare Plan is to capture the steps which Hayfield School will take to help a child manage their condition and overcome any potential barriers to getting the most from their education.
- 8.2. The Senior Leadership Team is responsible for ensuring Individual Healthcare Plans are finalised and implemented. SLT will agree with partners who will take the lead in writing the plan. All plans will be reviewed during the Autumn Term each year or earlier if necessary. Plans are 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 well-being and minimises disruption.
- 8.3. Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should be involved whenever appropriate.
- 8.4. In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:
  - 8.4.1 the medical condition, its triggers, signs, symptoms and treatments;
  - 8.4.2 the pupil's resulting needs, including medication and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
  - 8.4.3 specific support for the pupil's educational, social and emotional needs;
  - 8.4.4 the level of support needed including in emergencies;
  - 8.4.5 whether a pupil can self-manage their medication and the monitoring arrangements;
  - 8.4.6 who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;
  - 8.4.7 who in the school needs to be aware of the child's condition and the support required;

- 8.4.8 arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 8.4.9 separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g./ risk assessments;
- 8.4.10 where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- 8.4.11 what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare; and
- 8.4.12 Hayfield do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, in conjunction with parents and medical professionals, and based on the evidence available, SLT will make a decision regarding the level of support to be provided. If consensus cannot be reached, the Head teacher is best placed to take a final view.

## **9 Day trips, residential visits and sporting activities**

- 9.1. Hayfield School takes care to ensure that arrangements which are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, including physical education lessons are not prevent them from doing so, unless it is otherwise stated in their Individual health Care plan.
- 9.2. Staff are aware of how a child's medical condition will impact on their participation, but there is flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The schools also makes arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.
- 9.3. The school always considers 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 is done in consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.
- 9.4. All medication for residential visits is kept in a locked secure suitcase. Throughout each visit one member of staff is given overall responsibility for supervising the storage and control of medication. Distribution of medication is

carried out in accordance with protocols set out in this policy and recorded using FORM 5.

- 9.5. Parental consent is obtained prior to any residential visit (FORM 15) and parents are required to complete FORM 3C to enable staff to administer medication whilst their child is away.

## **10 Emergency Procedures**

- 10.1. The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 10.2. As part of general risk management processes Hayfield School also have arrangements in place for dealing with emergency situations. The school takes care not to solely focus on emergencies identified in the Individual Healthcare Plans and acknowledges that other emergency situations may occur.
- 10.3. All staff are aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover is arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.

## **11 Transport to Hospital**

- 11.1. Where hospital treatment is required a member of staff will be instructed to contact the emergency services for advice that needs to be followed. Parents must be contacted and informed of the situation.
- 11.2. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance
- 11.3. If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the Leadership Team considers that further medical advice is required, the pupil's next of kin must be contacted and arrangements made for the child to be collected and transported to hospital. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, arrange to transport the injured person using their school staff transport. A minimum of two members of staff must accompany the child. If a child needs to be taken to hospital by ambulance a member of staff should accompany the child and stay with the injured child until their parents/guardians arrive. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the Head Teacher / Business Manager to check these documents together with the individual's driving license making note of any endorsements on an annual basis and maintain appropriate records.

## **12 Insurance**

### 12.1 Schools buying into Wirral Council's insurance scheme:

- 12.1.1 Where a member of staff acting in the course of employment supports pupils with medical conditions at schools, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their action. The cover includes the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings, providing that the following criteria have been met.
- 12.1.2 They have received full appropriate training and are competent to carry out any medical interventions for that pupil
- 12.1.3 They have received refresher training at the required intervals
- 12.1.4 They have used the relevant protective equipment for that purpose
- 12.1.5 There is written parental instruction and consent
- 12.1.6 It is made clear to non-trained staff that they should not administer medication

### 12.2 Schools using other insurance providers should:

- 12.1.7 Check with their own insurers that the same cover applies.
- 12.1.8 Staff should have regard to any local guidance issued by appropriate health service staff.

## **13 Complaints**

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 Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## **14 Review and Evaluation**

In order to ensure that this policy continues to be effective and applicable the Headteacher is responsible for undertaking an review on an annual basis. The headteachers' review will take in account any amendments or updates as advised by the local authority Health, Safety & Resilience Team and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- a) Changes to legislation;
- b) Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

## 15 List of Trained Staff at the School

15.1. The School Business Manager is responsible for keeping an up to date list of trained personnel throughout the school. This list will include:

- Lead Person for managing medicines at school
- School First Aiders (full First Aid at Work Certificate)
- School Paediatric first aiders
- School Emergency Appointed Persons
- Named people for administering medicines

## 16 Further Sources of Medical Information

### 16.1. Anaphylaxis

The **Anaphylaxis Campaign** website contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign Helpline is 01252 542 029. The Anaphylaxis Campaign has also published the **Allergy in schools** website which has specific advice for pre-schools, schools, school caterers, parents, students and nurses.

### 16.2. Asthma

**Asthma UK** has downloadable **school policy guidelines** that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example. Also available are **school asthma cards** and **information and posters** for young people to encourage them to be active with their asthma. To order copies of these resources call 020 7786 5000. To answer any questions about asthma call the Asthma UK Advice line on 08457 01 02 03 (Monday to Friday, 9am to 5pm) or use the **online form** to email your query to the experts.

Please also refer to Asthma Management of (School Nurse) Powerpoint Presentation 2012 available on WESCOM, Health & Safety SLA, Safety Policy & Guidance Documents, Medical Related Information.

Additional advice and support can be accessed through Asthma Nurse, Rebecca Bryson, 0151 604 7673, [claudine.bryson@nhs.net](mailto:claudine.bryson@nhs.net) and/or the Local Authority's Specialist Teachers for children with physical/medical Needs

Coordinator, Jayne Catton, tel 0151 631 3313, [jaynecatton@wirral.gov.uk](mailto:jaynecatton@wirral.gov.uk) and/or Paediatric

### 16.3. Diabetes

**Diabetes UK** has information on **diabetes in school**, which discusses insulin injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, Children with diabetes at school — what all staff need to know. Copies of this can also be ordered from Diabetes UK Distribution, telephone 0800 585 088. Further information is available from Diabetes UK Care line, telephone 0845 120 2960 (Monday — Friday, 9a.m.-5p.m.) or see the **Diabetes UK** website for an enquiry form.

Additional advice and support can be accessed through Paediatric Diabetic Nurse Jane Edmunds, tel 0151 678 5111, ext 7246, [jane.edmunds2@nhs.net](mailto:jane.edmunds2@nhs.net) and/or the Local Authority's Specialist Teachers for children with physical/medical needs Coordinator, Jayne Catton, tel 0151 631 3313, [jaynecatton@wirral.gov.uk](mailto:jaynecatton@wirral.gov.uk) and/or

### 16.4. Eczema

The National Eczema Society has produced an **activity pack**, available on TeacherNet, to encourage discussion about eczema in the classroom. The pack follows a lesson plan format and ties in with the National Curriculum and is tailored according to age group.

### 16.5. Epilepsy

**Epilepsy Action** (British Epilepsy Association) has information for schools in **Epilepsy — A teacher's guide**. This looks at classroom first aid, emergency care, medication, and school activities. For further information is available from the freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am — 4.30 pm, Friday 9:00 am — 4:00 pm) or use the **email enquiry form**.

**The National Society for Epilepsy (NSE)** has information on **education and epilepsy** which looks at epilepsy and learning, special needs examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am — 4:00 pm.)

Additional advice and support can be accessed through the Paediatric Epilepsy Nurse Jennifer O'Brien, tel 0151 604 7672, [jennifer.obrien1@nhs.net](mailto:jennifer.obrien1@nhs.net) and/or Local Authority's Specialist Teachers for children with physical/medical needs Coordinator, Jayne Catton, tel 0151 631 3313, [jaynecatton@wirral.gov.uk](mailto:jaynecatton@wirral.gov.uk).

## **Appendix One - HOW TO RECOGNISE AN ASTHMA ATTACK**

### **The signs of an asthma attack are:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

## **Appendix Two**

Form 1A – School Update of Children’s Health and Medical Needs (letter)

Form 2 – Individual Health Care Plans

Form 3A – Parental Agreement for School to Administer Medicine (**Short-term**)

Form 3B – Parental Agreement for School to Administer Medicine (**Long-term**)

Form 3C – Parental Agreement for School to Administer Medicine (**Residential Visits**)

Form 4 – Headteacher agreement to administer medication

Form 5 – Hayfield School Record of Medicine Administered to an Individual Child

Form 6 – Letter Parental Agreement for School to Administer Medicine (**Short-term**)

Form 7 – Request for Child to Carry Own Medicine

Form 8 – Staff Training Record

Form 9 – Summary of Health and Medical Needs (Yearly Update)

Form 10 – Hayfield School: Class Record of Pupils Currently on Medication

Form 11 – Child Refusal to Take Medication

Form 12 – Safe Disposal of Medication

Form 13 - Parental Consent: Emergency Use of Salbutamol Inhalers in School

Form 14 - Parent Notification: Use of Salbutamol Inhaler

Form 15 – Model letter of use of medication on Residential Visits



**FORM 2**

**Health Care Plan:**

(this should be regularly reviewed)

Name of school/setting

**HAYFIELD 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

Phone no. (work)

(home)

(mobile)

**Clinic/Hospital Contact**

Name

Phone no.

**G.P.**

Name

Phone no.

**Describe medical needs and give details of child's symptoms**

--

Daily care requirements (*e.g. before sport/at lunchtime*)

--

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

--

Follow up care

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

Form copied to

**FORM 3A**

**Parental agreement for school/setting to administer medicine (short-term)**

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. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	<b>HAYFIELD SCHOOL</b>
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Agreed review date to be initiated by: ( Name of member of Staff)	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

**Contact Details**

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

I accept that this is a service that the school/setting is not obliged to undertake.  
I understand that I must notify the school/setting of any changes in writing.  
*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.*

Date                      Signature(s)

**FORM 3B**

**Parental for school/setting to administer medicine (long-term)**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school.

Name of school/setting	<b>HAYFIELD SCHOOL</b>
Date	
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	
How much to give ( <i>i.e. dose to be given</i> )	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by (Name 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 and other authorised staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only*

Parent/carer's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

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

**FORM 3C**

**Parental agreement for school to administer medicine during a residential school visit**

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

Name of school/setting	<b>HAYFIELD SCHOOL</b>
Visit to	
Dates to and from	
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	
How much to give ( <i>i.e. dose to be given</i> )	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	
<b><i>Note: Medicines must be in the original container as dispensed by the pharmacy</i></b>	
Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by (Name 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 and other authorised staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only*

Parent/carer's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

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

**FORM 4**

**Head teacher/Head of setting agreement to administer medicine**

Name of school/setting

**HAYFIELD SCHOOL**

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers].

Date \_\_\_\_\_

Signed \_\_\_\_\_

*(The Head teacher/Head of setting/named member of staff)*





## FORM 7

### Request for child to carry his/her own medicine

This form must be completed by parent/carers/guardian

**If staff have any concerns discuss this request with healthcare professionals**

Name of school/setting	<b>HAYFIELD SCHOOL</b>
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an Emergency	
<b>Contact Information</b>	
Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

**FORM 8**

**Staff training record – administration of medicines**

Name of school/setting

**HAYFIELD SCHOOL**

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 [please state how often].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

**Summary of Health and Medical Needs**

Child's Name:	
Date of Birth	
Class:	

**Allergies:**

1. Does your child have any allergies, e.g. suncream, plasters, face paints, food etc

Yes / No (If yes please provide details)

\_\_\_\_\_

2. Does your child take any medication relating to Allergies?

Yes / No (If yes please provide details)

\_\_\_\_\_

**Medical Information:**

1. Does your child have a diagnosis for any medical conditions? E.g. Autism, ADHD, Asthma, Epilepsy, Heart Condition etc

Yes / No (If yes please provide details)

\_\_\_\_\_

2. At home, does your child take any medication relating to their medical condition ?

Yes / No (If yes please provide details)

\_\_\_\_\_

3. Does your child require medication to be administered during the school day?

Yes / No

If Yes, please complete FORM 3B attached

**Health Information:**

1. Does your child have any sensory needs? E.g. vision, hearing or speech impairments?

Yes / No (If yes please provide details)

\_\_\_\_\_

2. Please provide contact details for your child's GP:

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Tele No: \_\_\_\_\_



**HAYFIELD SCHOOL: CLASS RECORD OF PUPILS CURRENTLY ON MEDICATION AND OTHER MEDICAL NEEDS**

**CLASS:**

**DATE:**

PUPIL NAME	KNOWN MEDICAL CONDITIONS	MEDICATION	DOSAGE	WHEN AND WHERE ADMINISTERED	ANY KNOWN ALLERGIES	WEARS GLASSES?	WEARS HEARING AID?	HEALTH CARE PLAN ?

FORM 11

**Child Refusal to take medication**

On rare occasions children will sometimes refuse to take medication. As you are aware we cannot force a child to take their medication.

We will always try to contact parents/carers by telephone for advice when this happens as well as formally recording it on this form

Dear Parent/Carer,

We are writing to let you know that today \_\_\_\_\_ refused to take his medication. As you are aware we cannot

Name of school/setting

<b>HAYFIELD SCHOOL</b>

Date

Child's name

Group/class/form

Name and strength of medicine

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

When it should have been given

Any other instructions

Class staff signature(s) \_\_\_\_\_

Headteacher signature \_\_\_\_\_

Print name(s) \_\_\_\_\_

Name: : S.G.Drake

FORM 12

**Safe disposal of medication (Two copies to be sent to carer)**

Dear Parent/Carer,

The following medication is now:

- No longer required
- Out of date
- Other (state reason)\_\_\_\_\_

We are therefore returning this in order that you can safely dispose of it. Please sign and return a copy of this form to school.

Name of school/setting  
Date  
Child's name  
Group/class/form  
Name of medicine  
Amount being returned)

<b>HAYFIELD SCHOOL</b>

Class staff signature(s)\_\_\_\_\_

Headteacher signature\_\_\_\_\_

Print name(s) \_\_\_\_\_

Name: : S.G.Drake

I certify that I have received my child's medication for safe disposal Signed: Parent/carers:\_\_\_\_\_

# Hayfield School

Wirral Education Authority  
 Manor Drive, Upton, Wirral, CH49 4LN  
 Tel: 0151 677 9303 Fax: 0151 677 3981  
 E-mail: [schooloffice@hayfield.wirral.sch.uk](mailto:schooloffice@hayfield.wirral.sch.uk)

HEADTEACHER: Mr L Comber

If you need this  
 letter in large print  
 or any other help  
 please ring us on  
**677 9303**

"Learning  
 to live and  
 love life -  
 together"

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

Dear Parents / Carers

## ADMINISTRATION OF MEDICATION FOR A SHORT TERM PERIOD

We have received a request to administer medication to your child for a short period of time.

In order for us to do this please complete and return the completed FORM 3A to us tomorrow morning. Without this completed form we will not be able to administer medication in school.

Should you wish to discuss this situation further please do not hesitate to contact me.

Kind regards

Lee Comber  
 Headteacher



Article 29: "Education must develop every child's personality, talents and abilities to the full..."





Wirral Education Authority  
Manor Drive, Upton, Wirral, CH49 4LN  
Tel: 0151 677 9303 Fax: 0151 677 3981  
E-mail: [schooloffice@hayfield.wirral.sch.uk](mailto:schooloffice@hayfield.wirral.sch.uk)

If you need this letter in large print or any other help please ring us on **677 9303**

HEADTEACHER: Mr L Comber

"Learning to live and love life - together"

DATE

Dear Parents / Carers

### SCHOOL UPDATE OF CHILDREN'S HEALTH AND MEDICAL NEEDS

As we prepare for the new school year it is always extremely beneficial to update our school records regarding the children's health and medical needs.

1. The attached HEATH SUMMARY is completed and returned to school no later than .....
2. If your child requires medication to be administered over the next year during the school day, the attached FORM 3B is completed and returned to school no later than .....

I look forward to receiving the completed forms in due course. In the meantime should you have any concerns please do not hesitate to contact me.

Kind Regards

Lee Comber  
Headteacher



Article 29: "Education must develop every child's personality, talents and abilities to the full..."



Wirral Education Authority

Manor Drive, Upton, Wirral, CH49 4LN

Tel: 0151 677 9303 Fax: 0151 677 3981

E-mail: [schooloffice@hayfield.wirral.sch.uk](mailto:schooloffice@hayfield.wirral.sch.uk)

HEADTEACHER: Mr L Comber

If you need this  
letter in large print  
or any other help  
please ring us on  
**677 9303**

"Learning  
to live and  
love life -  
together"

1<sup>st</sup> September 2015

Dear Parent/Carer,

## Emergency use of Salbutamol inhalers in school

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers and spacers, if they wish, for use in emergencies. This will be for any pupil diagnosed with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's own prescribed inhaler is not available (for example, because it is lost, broken, or empty).

It is very important to ensure your child always has their own Salbutamol inhaler and spacer in school and the presence of the emergency inhaler does not replace the need to provide this.

Please note that most children with well controlled asthma should rarely need to use Salbutamol and can lead a full and active life. Children needing to use Salbutamol more than two or three times per week, when they are well, are not as well controlled as they should be and have a higher risk of asthma attack. In this case it is important to see their GP to ensure they are on the right preventative treatment. This could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life.

The emergency Salbutamol inhaler held by the school can 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 for occasional symptoms or emergencies.

**In the unlikely event that your child has an asthma attack and they do not have an inhaler in school we need your written consent to administer an emergency inhaler.**

Please complete the attached reply slip and return it school as soon as possible.



Article 29: "Education must develop every child's personality, talents and abilities to the full..."



# Hayfield School

Wirral Education Authority  
Manor Drive, Upton, Wirral, CH49 4LN  
Tel: 0151 677 9303 Fax: 0151 677 3981  
E-mail: [schooloffice@hayfield.wirral.sch.uk](mailto:schooloffice@hayfield.wirral.sch.uk)

If you need this letter in large print or any other help please ring us on 677 9303

HEADTEACHER: Mr L Comber

"Learning to live and love life - together"

Thank you for your continued support

Kind regards



Lee Comber  
Head Teacher



Name of child: ..... Class: .....



I give permission that in the event of an emergency, and no inhaler being available, an emergency salbutamol inhaler can be used by my child in school.



Print Name: ..... Signed .....



Date: .....



Article 29: "Education must develop every child's personality, talents and abilities to the full..."



# Hayfield School

Wirral Education Authority  
 Manor Drive, Upton, Wirral, CH49 4LN  
 Tel: 0151 677 9303 Fax: 0151 677 3981  
 E-mail: [schooloffice@hayfield.wirral.sch.uk](mailto:schooloffice@hayfield.wirral.sch.uk)

If you need this letter in large print or any other help please ring us on **677 9303**

HEADTEACHER: Mr L Comber

"Learning to live and love life - together"

Child's name: .....

Class: .....

Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when .....

*Tick the appropriate box:*

	A member of staff helped them to use their asthma inhaler.
	They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.
	Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Should you require any further information regarding this incident please do not hesitate to contact the school.

Kind regards

Lee Comber  
 Headteacher



Article 29: "Education must develop every child's personality, talents and abilities to the full..."



# Hayfield School

Wirral Education Authority  
 Manor Drive, Upton, Wirral, CH49 4LN  
 Tel: 0151 677 9303 Fax: 0151 677 3981  
 E-mail: [schooloffice@hayfield.wirral.sch.uk](mailto:schooloffice@hayfield.wirral.sch.uk)

HEADTEACHER: Mr L Comber

If you need this  
 letter in large print  
 or any other help  
 please ring us on  
**677 9303**

"Learning  
 to live and  
 love life -  
 together"

DATE

Dear Parents/Carers,

**Name of Trip and date**

Thank you for returning all the necessary documentation for the upcoming trip to .....

For all pupils who will require medication throughout the visit we require the attached FORM 3C to be completed. For each item of medication, please complete the attached FORM 3C. (If you child requires 3 different types of medication, then 3 forms will be required etc).

1. The forms must be returned to school by ..... the latest. **Without the completed forms the staff will not administer medication and your child will not be allowed to attend the trip.**

On the morning of the trip, all medication must be given to the Bus Escort who will pass it on to staff in school. It should not be left in your child's luggage or given to your child to pass on to staff. Please ensure that sufficient medication for the whole of the trip is sent into school.

Should you wish to discuss the new arrangements prior to the trip please do not hesitate to contact the school.

Kind Regards

Lee Comber  
 Headteacher



Article 29: "Education must develop every child's personality, talents and abilities to the full..."

