



WEST BOROUGH
PRIMARY SCHOOL

MEDICINES IN SCHOOL POLICY

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INTRODUCTION

This policy has been formulated from local authority guidance by school staff in conjunction with the Headteacher and with approval by Governors. There is no legal requirement for school staff to administer medicines. Staff are expected to do what is reasonable and practical to support the inclusion of all pupils.

AIMS OF THIS POLICY

- 1) To ensure the safe administration of medicines to children where necessary and to help to support attendance
- 2) To ensure the on-going care and support of children with long term medical needs via a health care plan
- 3) To explain the roles and responsibilities of school staff in relation to medicines
- 4) To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness
- 5) To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- 6) To outline the safe procedure for managing medicines on school trips

ROLES AND RESPONSIBILITIES

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

Guidance about Risk Management and Insurance is contained in KCC document 'Insurance Provision for Medical Treatment/Procedures' and can be found on K-Net

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure

that the correct procedures are followed; keeping an accurate record in school is helpful in such cases. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

HEADTEACHER

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that parents are aware of the school's Medicines Policy
- To ensure that this policy is reviewed annually

STAFF

- To follow the procedures outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs
- To share medical information as necessary to ensure the safety of a child
- To retain confidentiality where possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep the first aid room and first aid boxes stocked with supplies
- Educational Visits Leader – see 'MEDICINES ON SCHOOL TRIPS' below

PARENTS/CARERS

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school
- To only request medicines to be administered at school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma

MANAGING MEDICINES DURING THE SCHOOL DAY

Medicines should only be brought to school when essential. However, if it would be detrimental to a child's health if a medicine was not administered, the school will administer a medicine under certain conditions.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) Prescription medicines and b) Non-prescription medicines

a) *Prescription*

- Prescription medicines should only be taken during the school day when essential.
- A named member of staff may administer such a drug for whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required.
- Ritalin / Medikinet and other prescription drug known as a "controlled drugs" need to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.
- The medicine is in the original container as dispensed by the pharmacist and includes the instructions. The school **will not** accept medication which is not in the original container.
- That the parents have completed and signed the authorisation form (Appendix I).

b) *Non-prescription*

- Paracetamol can only be given to children when parents have given written permission and for no longer than 5 days without a doctor's note.
- The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor.

All medicine should be brought to the school office by the parent/carer where it will be stored out of reach of children. At no time should children keep hold of any

medication whilst in school. The exception to this will be asthma inhalers which need to be handed to a teacher so they are readily available if the need arises. (see Appendix 3)

If children are on an educational visit, opportunities for administering the medication must be made available. Relevant outside agencies may be involved if additional guidance needs to be sought especially for a residential visit. A Health Care Plan may be drawn up in these circumstances. In all cases, when a medicine has been administered a record should be kept (Appendix 2).

SAFE ADMINISTRATION OF MEDICINES AT SCHOOL

- Medicines should only be brought to school when essential, i.e. where it would be detrimental to the child's health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed four times a day may be administered at school
- Only prescribed medicines (including eye drops) in the original container labelled with the child's name and dosage will be accepted in school
- Medicines will not be accepted in school that require medical expertise or intimate contact
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession
- The adult is required to complete a parental agreement form (see appendix) at the school office for the medicine to be administered by school staff
- The Headteacher must be informed of any controlled drugs required by children, e.g. equasym.
- Tablets should be counted and recorded when brought to the office and when collected again
- Painkillers, such as ibuprofen, may NOT be brought in to school
- Administration of medicines at school must be recorded on the Appendix 5 sheet (to be kept together with the medication in the cupboard).
- Parents may come to the school office to administer medicines if necessary
- Some children may self-administer medication, e.g. insulin, if this has been directed by the parents when filling in the medicine form
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed

STORAGE OF MEDICINES

- All tablets/antibiotics (including antibiotic eye drops) must be stored in the locked first aid fridge
- Epipens should be stored appropriately in the prescribed child's classroom
- Asthma inhalers should be stored in the child's classroom within the child's reach and labelled with their name and should be taken with the child during physical activities
- Anithistamine eye drops for severe hayfever must be stored in the wall cabinet in the First Aid Room
- No medicines, other than asthma inhalers or epipens, may be kept in the classroom
- Parents are responsible for the safe return of expired medicines to a pharmacy

SCHOOL ATTENDANCE DURING/AFTER ILLNESS

- Children should not be at school when unwell, other than with a mild cough/cold
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children should not be sent to school with earache, toothache or other significant discomfort
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school

MANAGING MEDICINES ON TRIPS AND OUTINGS

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. Further detailed advice is found in "Including Me" by Jeanne Carlin. When travelling abroad on a trip, Best Practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Home to school transport

If a pupil's care plan describes emergency procedures, which might occur, on the journey to and from school, then the escorts will be trained to carry out the duties and the care plan will be carried on the vehicle. Further advice is available through the Health Needs Education Service and school nurses.

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

CHILDREN'S MEDICAL NEEDS – PARENTAL RESPONSIBILITIES

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 1a). The Headteacher should seek their agreement before passing information to other school staff.

PARENTS' WRITTEN AGREEMENT

The attached form (Appendix 3) is to be completed and signed by the parents for the administration of the care plan and medicines to their child.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

SUPPORTING CHILDREN WITH COMPLEX OR LONG-TERM HEALTH NEEDS

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment (as advised in Including Me) and a care plan, with the agreement of parents, and advice from health professionals (Appendix 2).

The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice.

POLICY ON CHILDREN TAKING AND CARRYING THEIR OWN MEDICINES

When administered by staff, drugs will be kept in a locked secure place and only named staff will have access. When drugs are administered, the school will keep records.

Epipens need to be kept with or near the pupils who need them.

Where younger pupils have their insulin administered by staff then records will need to be kept.

Asthma medication to be kept in or near children's classrooms until children can use it independently. It must be taken on school trips (see Appendix 9a).

ADVICE AND GUIDANCE FOR STAFF

The school will arrange and facilitate staff training for children with complex health needs, calling on:

The School Nursing Service

Community Children's Nurses

Paediatric Diabetes Nurse Specialists

Paediatric Epilepsy Nurse Specialists

Eleanor Nurses

The Health Needs Education Service

The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

RECORD KEEPING

Appendices

- Ia. Health Care / Emergency Plan
- Ib. Contacting Emergency Services
- 2 Risk assessment forms
- 3 Parental agreement for the administration of prescribed medicines
- 4 Parental agreement for the administration of non-prescribed medicines
- 5 Record of advice and support to School
- 6 Authorisation for the administration of rectal diazepam
- 7 Buccal Midazolam or Insulin : Agreed individual care plan
- 8 Asthma Appendix – sample letter to parents

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition

EMERGENCY PROCEDURES

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

RISK ASSESSMENTS AND ARRANGEMENT PROCEDURES (CARE PLANS)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed (Appendix 2 and 3). Samples are available from the Health Needs Education Service and Specialist Nurses

SCHOOL ATTENDANCE DURING/AFTER ILLNESS

- Children should not be at school when unwell, other than with a mild cough/cold
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children should not be sent to school with earache, toothache or other significant discomfort
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school

RELATED DOCUMENTS

- “Managing Medicines in Schools and Early Years Settings” by DCSF and Department of Health.
- “Including Me (Managing Complex Health Needs in Schools and Early Years Settings)” by Jeanne Carlin, published in 2005 by the DCSF and the Council for Disabled Children
- Mencap
- Royal College of Nursing
- Health and Safety Commission “Principles of Sensible Risk Management” 2006
www.hse.gov.uk
- “Medical Conditions at School” Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- “Medical Conditions Awareness Sessions” A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action

West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 1a
Health Care / Emergency Plan

Medical Condition.....

CONTACT DETAILS

Child's Name:

Home Address:

.....

Date of Birth:

Next of Kin:

Contact Numbers:..... Home: Mobile

GP Name and Address:

Contact Numbers:

Hospital Contacts:

.....

Description of Medical Condition:

.....

Description of Signs and symptoms:

.....

Current medication taken (Including name, dose and frequency)

.....

Daily treatment/medication needs **in school**: (e.g. before sport/at lunchtime)

.....

Describe what an emergency is for the pupil:

.....

Describe actions should this emergency occur:

If:shows the following signs and symptoms:

- a)
- b)
- c)

When this is an emergency then the following action should be taken:

For example:

- If a) and b) Call an ambulance**
Then call parents
Then call community nurse
- Or c) Call parents / community nurse to assess**

Who is responsible in an emergency at school (state if different off-site):

.....

Plan copied to:	Parents	Yes/No
	Headteacher/class teacher	Yes/No
	Community Nurse	Yes/No
	Other specialist nurse	Yes/No

Parent and School Agreement

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for’s medical and emergency needs.

Parents signature: Date:

School staff signature: Date:

Head teacher’s signature: Date:

Nurse’s signature: Date:

(To confirm advice and training has been provided to school)

**West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 1b
Care Plan Following accident/injury**

Pupil Name	
D.O.B.	
Class	
GP	
Injury	
Special requirements within school	
Medication, dosage, frequency	
Other information	
Parents signature	
Staff Signature	
Dated	

West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 1c

This form is to be kept by the telephone

**CONTACTING EMERGENCY
SERVICES**

To request an ambulance:

Dial 999 and be ready with the following information:

- 1. Your telephone number - 01622 726391**
- 2. Your location (school/setting address) -

West Borough Primary School, Greenway,
Maidstone, Kent**
- 3. Your postcode - ME16 8TL**
- 4. Exact location (brief description e.g. next to
church) - off Queens Road**
- 5. Your name**
- 6. Child's name and brief description**
- 7. The best entrance for ambulance crew and advise
crew will be met and taken to child - Main school
Entrance - (raise the barriers in advance)**

**West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 2**

Risk Assessment Form

CONTACT DETAILS

Name of person completing the form :

Date:

Child's Name:

Age: Year Group: Class:

Medical Condition.....

List significant hazards	Who is at risk?	Existing controls	List additional controls needed	Date of assessment	By Whom (e.g. Parent, School, Doctor)

West Borough Primary School
Administration of Prescribed Medicines in Schools Policy
- Appendix 3

Headteacher / Head of setting agreement to administer medicine where a Risk Assessment or Health Care Plan is not needed (Short Term Illness)

I give permission for a member of the school staff to administer medication to my child as follows:

Name of child: Class:

Date of Birth: Age:

Name of medication:

Where medicine is to be stored: Quantity Received:

Possible side effects:

Expiry Date: Dosage: Time to be given:

Medical condition/illness:

Date instruction is to commence on: until:

I understand that whilst the school will make every endeavour to carry out my request, I will not hold them liable if, for whatever reason, the medication is not administered as per my instruction.

Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

If medicine is to be administered on an 'as and when needed' basis we will need to telephone a parent/carer **BEFORE** we are able to administer to ascertain if and when any medicine has already been administered at home. If it is difficult for us to be able to contact a parent during the day, then the parent MUST write in the child's contact book if any medicine has been given before school. We will then issue your child with a sticker stating the dose and time the medicine was administered.

Daytime contact number of parent or adult contact:

Name and contact number of GP:

Date of review in one month:

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the 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.

Signed: (parent/guardian) Date:

Signed.....(Headteacher / Staff) Date:

Ensure:

The right medicine for the right child at the right time at the right dose

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

West Borough Primary School
Administration of Non Prescription Medicines in Schools Policy
- Appendix 4

Headteacher / Head of setting agreement to administer medicine where a Risk Assessment or Health Care Plan is not needed (Short Term Illness)

I give permission for a member of the school staff to administer medication to my child as follows:

Name of child: Class:

Date of Birth: Age:

Name of medication:

Where medicine is to be stored: Quantity Received:

Possible side effects:

Expiry Date: Dosage: Time to be given:

Medical condition/illness:

Date instruction is to commence on: until: (Maximum 1 week)

I understand that whilst the school will make every endeavour to carry out my request, I will not hold them liable if, for whatever reason, the medication is not administered as per my instruction.

If medicine is needed for more than 1 week, then we would recommend a doctor's appointment is made and any further medication to be prescribed by the GP.

Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

If medicine is to be administered on an 'as and when needed' basis we will need to telephone a parent/carer **BEFORE** we are able to administer to ascertain if and when any medicine has already been administered at home. If it is difficult for us to be able to contact a parent during the day, then the parent MUST write in the child's contact book if any medicine has been given before school. We will then write a note in the book the date and time of the dose given.

Daytime contact number of parent or adult contact: -----

Name and contact number of GP: -----

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the 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.

Signed:(parent/guardian) Date:

Signed.....(Headteacher / Staff) Date:

Ensure:

The right medicine for the right child at the right time at the right dose

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Signature			

West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 5
(to be completed for each member of staff involved in a care plan)

Record of advice, awareness raising, support and guidance to the school

Name of school / setting:

Name of staff

Type of awareness raising received

Date of Session:

Training provided by:

Profession: Title:

I confirm that

.....

Has received awareness training detailed above and is competent to carry out the appropriate procedures

I recommend that the training is updated
(State frequency)

Signature of health professional

Date

I confirm that I have received the awareness raising as detailed above

Staff signature

Date

**West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 6**

Authorisation for the administration of Rectal Diazepam

Child's name

Date of birth

Home address

GP name and address

Hospital name and address

.....(name) should be given Rectal Diazepammg if:

He/she has a prolonged epileptic seizure lasting over minutes

OR

Serial seizures lasting over minutes

OR

If the seizure has not been resolved afterminutes (please delete as appropriate)

Doctors signature

Parents signature

Date

**West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 7**

**Buccal Midazolam
Agreed Individual care plan to prevent status epilepticus
Agreed between parent/carer and school**

Child's name

Date of birth

Name of Parent / Carer

Contact details(Home / Work.....mobile)

Alternate contact namenumber.....

Condition
.....
.....

Known allergies Current medication
.....
.....
.....

For Seizure type:

Buccal Midazolam, mg in: ml may be given by a trained individual if
(Name) has either a seizure lasting longer than FIVE (5) minutes, or...has one seizure after another without recovery in between lasting longer than FIVE (5) minutes or...has THREE (3) seizures) in HALF (1/2) an hour, (give at onset of 3rd seizure)

This should result in the seizure stopping within TEN (10) minutes. If the seizure does not stop within TEN (10) minutes a second dose of Buccal Midazolammg inml may / may not be given. If the seizures do not stop after TEN (10) minutes of the first / second dose **CALL AN AMBULANCE ON 999** and inform the operator that you have someone who may be in **Status Epilepticus**

- An ambulance should also be called if:
- It is the child's first seizure
 - The child has injured themselves badly
 -
 - They have breathing problems after a seizure

It is recommended that no more than 2 doses may be given in any 24 hour period. If more seizures occur within this 24 hour period then it would be wise to seek a medical opinion.

IF IT IS THE FIRST TIME THAT THIS CHILD IS HAVING THE MEDICINE AN AMBULANCE SHOULD BE CALLED, AFTER IT HAS BEEN GIVEN, IN CASE THERE ARE ANY UNEXPECTED REACTIONS TO IT

Date of first ever dose* / / *

Buccal Midazolam and the agreed individual care plan to prevent status epilepticus should be carried with the person at all times

The child's **main carer** is responsible for the safe storage of Buccal Midazolam ensuring that it is not out of date or gone off (turned milky) during storage.

Current expiry date is -----

Locations where this care plan may be found include :

-
-
-
-
-
-

This agreed care plan is due to be reviewed in

SigneddateDr prescribing medication

Signed.....date Parent / Carer

Signed.....date School

**West Borough Primary School
Administration of Medicines in Schools Policy - Appendix 8**

Asthma Pumps in Primary Schools

Dear Parent / Carer

Asthma Pumps

Your childhas an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in an asthma box, of which there is one in every classroom.
2. All asthma pumps will be named.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
5. If the child needs their pump during breaktimes, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping. It will be the child's responsibility to ensure the Midday Supervisor is given it, to take back to class following lunch.
6. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely

Headteacher

Asthma Pumps in School

I agree and consent to the above guidelines regarding asthma pumps in school

SignedParent/Guardian

DateChild's name