



Medication Policy

(Supporting pupils with medical conditions)

Document Approval Record

Committee	Finance and Health & Safety
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These policies are all created in line with the Christian foundation of this school which is expressed through our five core values and our view that every child is unique and valued.

Contents

1	Introduction	3
2	Roles and Responsibilities	3
3	Procedure for managing prescription medicines in school	6
4	Procedure for managing prescription medicines on trips and outings.....	6
4.1	Prescription Medication	6
4.2	Travel Sickness Medication	7
5	Supporting Children with Asthma	7
6	Bumped Heads	7
7	Children with long term or complex medical needs	7
8	Individual Healthcare plans	8
9	Childs role in managing their own medical needs.	10
9.1	Non-Prescription medicated or not medicated sweets (e.g. cough & throat lozenges)	10
10	Record Keeping.....	10
11	Managing medicines on school premises	10
12	Emergency procedures	12
13	Unacceptable practice.....	12
14	Complaints.....	13
15	Retention Guidelines.....	13
	Appendix A: individual healthcare plan.....	14
	Appendix B: parental agreement for setting to administer medicine.....	16
	Appendix C: record of medicine administered to an individual child (please keep in document dispenser on inside of medication cupboard door).....	18
	Appendix D: record of medicine administered to all children (to be kept in Office file) – NOT IN USE.....	20
	Appendix E: staff training record – administration of medicines (to be kept in office file) - NOT IN USE	21
	Appendix F: contacting emergency services.....	22
	Appendix G: model letter inviting parents to contribute to individual healthcare plan development	23
	Appendix H: Register Prescription – NOT IN USE	24
	Appendix I: Consent Form: Use of Emergency Salbutamol Inhaler.....	25
	Appendix J: Specimen letter to inform Parents of Emergency Salbutamol Inhaler Use ..	26
	Appendix K: Asthma Card	27
	Appendix L – Bumped Head Letter.....	28
	Appendix M - Notes for Office	29

1 Introduction

The aim of this policy is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

This policy has been reviewed against the Department for Education "supporting pupils at school with medical conditions" statutory guidance, December 2015.

Stoke Row School will ensure that arrangements are in place to support pupils with medical conditions. In doing so ensuring that such children can access and enjoy the same opportunities at school as any other child, focused on the needs of each individual child and how their medical condition impacts on their school life.

However, in line with our safeguarding duties, Stoke Row school will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Medicines should only be taken to school when essential; that is where it would be detrimental to the child's health if the medicine were not administered during the school day. Parents are encouraged to ask the prescriber about the possibility of prescribing the medicine in doses which can be taken outside the school day. All medicines, except for asthma inhalers, should be kept in the fridge or a secure store in the staff room.

2 Roles and Responsibilities

Headteacher

It is the responsibility of the Headteacher to ensure –

Develop and implement the policy with partners

1. who is responsible for ensuring that sufficient staff are suitably trained,
2. a commitment that all relevant staff will be made aware of the child's condition,
3. cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
4. briefing for supply teachers,
5. risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
6. monitoring of individual healthcare plans.

7. whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy

School staff

It is the responsibility of all school staff

1. to ensure that they only administer prescribed medicines¹ in accordance with the procedure outlined in this policy. Staff should never administer non-prescription¹ medicines. If in any doubt about any medicine, staff should not administer the medicine, but check with the parents or a health professional before taking further action. If members of staff have any other concerns related to administering medicine to a child, the issues should be discussed with the parent, if appropriate, or with a health professional.
2. As applicable comply with any individual healthcare plans for all pupils.
3. Supporting a child with a medical condition during school hours is not the sole responsibility on one person.
4. Any member of staff providing support to a pupil with medical needs should have received suitable training. Staff must not give prescription medicines¹ or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).

It is the responsibility of the school reception staff

1. to ensure that parents have been given the Individual Healthcare Form (Appendix A), Parental Agreement Form (Appendix B) and the Medicine Record Form (Appendix C) to fill in and sign where appropriate.
2. to ensure that they or the classroom teacher has signed Appendix C.
3. to review daily if any children require medication. If there are children who require medication a note should be added against the child's name on the on-line class register.

It is the responsibility of the classroom teacher or school reception staff

1. to review and sign the Medicine Record Form (Appendix C)
2. to review the on line register daily, to ensure that children in a class, requiring medication on that day, has had it administered and that all the appropriate forms have been filled in.
3. to welcome queries from parents seeking confirmation at school pick up that medication has been given.

School nurse

Stoke Row School has access to school nursing services who should notify school when a child has been identified as having a medical condition which will require

¹ With the exception of travel sickness medication. Refer to Section 4.2

support in school. The school nursing service may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with conditions (e.g. asthma, diabetes).

Parents

It is the responsibility of the parents

1. to provide the school with sufficient and up-to-date information about their child's medical needs.
2. to provide medicines in the original container as dispensed by a pharmacist and including the prescriber's instructions for administration. Parent should not provide non-prescription medicines² because the school's policy is that staff will not administer these. The school does not allow children to keep or administer any medicines to themselves, other than asthma inhalers.
3. to ensure that the medicine is handed directly to school reception staff on arrival at school.
4. Contribute to the review of whether an individual healthcare plan is required and as applicable to the development of that plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
5. To assist staff training - the family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.
6. Endeavour to seek confirmation from staff at school pick up, to confirm that medication has been given.

All parents should complete a parental agreement form (Appendix B) and the top half of the record of medicine administered form (Appendix C) giving the school permission to administer the medicine with the medicine and prescriber's instructions.

² With the exception of travel sickness medication. Please refer to Section 4.2

3 Procedure for managing prescription medicines in school

- The school will only accept medicines³ which have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- The school will only accept medicines³ which are in the original container as dispensed by a pharmacist and which include the prescriber's instructions for administration.
- The school will not accept medicines which have been taken out of the container as originally dispensed nor make changes to dosage on parental instructions.
- The school will not accept non-prescription medicines³
- No child under 16 should be given medicines without their parent's written consent.
- It is good practice to have the dosage and administration witnessed by a second adult.

- **Staff administering medicines to children should check:**
 - The written permission from the parent
 - That the medicine is in the original container and includes the prescriber's instructions for administration
 - The child's name
 - The prescribed dose
 - The expiry date
 - The written instructions provided by the prescriber on the label or container.

Staff must complete and sign a record each time the medicine is given and return the medicine to fridge or secure storage in the staffroom.

4 Procedure for managing prescription medicines on trips and outings

4.1 Prescription Medication

Staff administering medicines on trips and outings must follow the same procedure as in school. The group leader should carry the medicine, instructions and letter of permission or appropriate form with them at all times, and the administration should be recorded. If it is not possible to keep any medicines appropriately e.g. refrigerated on a school trip the situation should be discussed with the parent to agree what action should be taken.

³ With the exception of travel sickness medication. Please refer to Section 4.2

4.2 Travel Sickness Medication

Staff will accept and administer travel sickness medication without prescription. All travel sickness medication must be in its original packaging and clearly identifiable with the child's name. The medication must be handed to the office staff prior to the trip and all forms must be filled as per prescription medicine.

On no account should children carry or self-administer their own travel sickness medication, unless agreed on an individual health care plan.

5 Supporting Children with Asthma

To help staff support children with asthma, we ask parents to fill out two additional forms; a consent form for staff to assist the child with the use of their inhaler (Appendix I) and an "Asthma Card" please refer to Appendix L. The "Asthma Card" in addition to detailing the child's medication, it asks for additional information including; what signs could indicate your child is having an asthma attack and what are common triggers for the child's asthma.

If staff have helped the child with their inhaler, the parents/carers will be informed via the Emergency inhaler use form (Appendix J) which is printed on red paper and will be in the child's book bag or handed directly to the parent/carer.

6 Bumped Heads

If a child bumps their head during the school day on or off site. Staff will notify parents by filling in a red Bumped Head letter (Appendix L). This will be in the child's book bag or handed directly to the parent/carer.

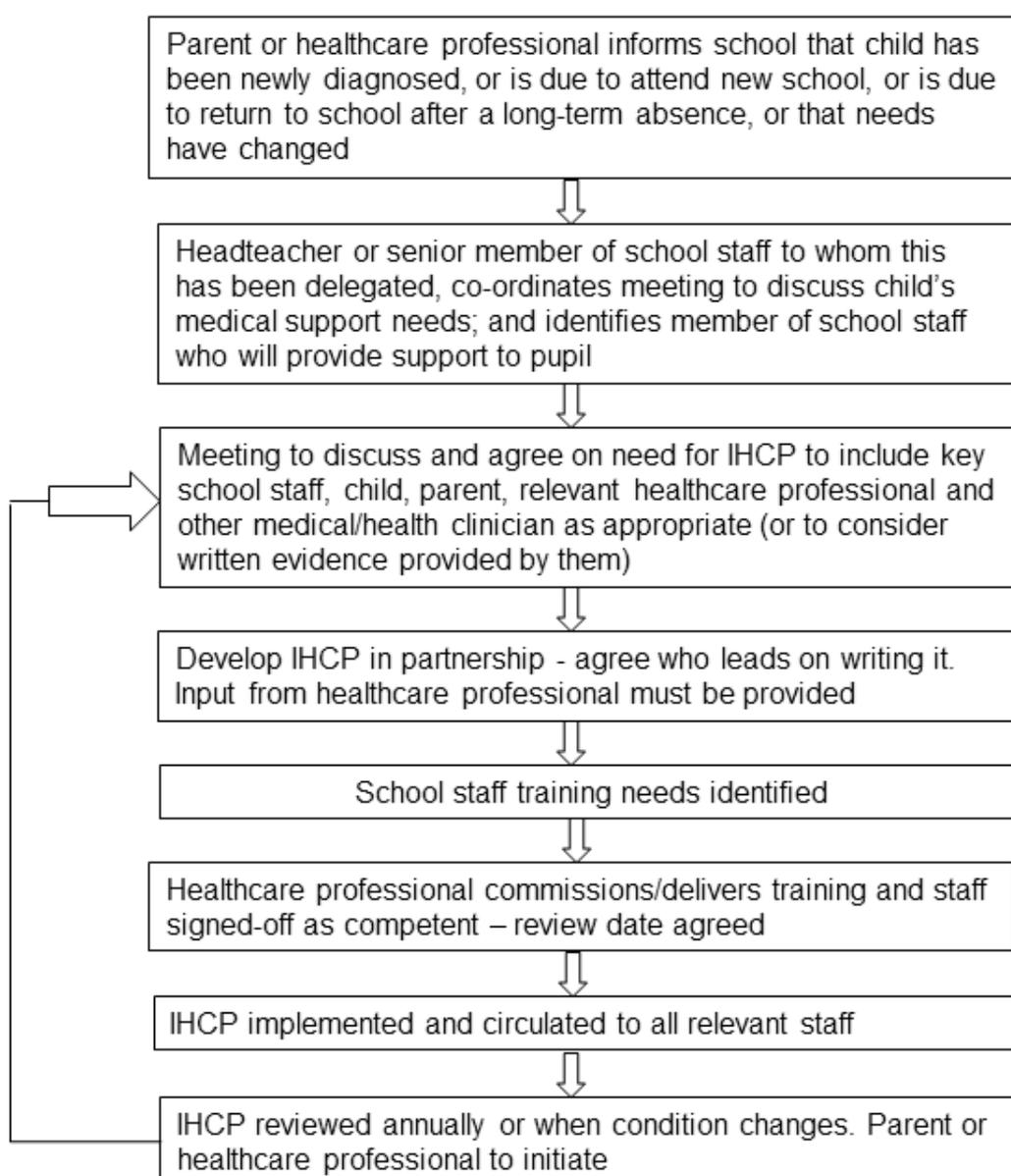
7 Children with long term or complex medical needs

The school should be informed of any need before the child is admitted to the school, or when a child first develops a medical need. Parents will be asked to provide sufficient details to ensure that the school is aware of any impact the medication may have on the child's experiences in the school setting. When applicable, an individual health care plan will be developed by the school, involving parents and relevant health care professionals, for individual children and appropriate training will be provided for staff. During the preparation of the individual health care plan the school will endeavour to provide support to allow the child maximum access to all elements of school. When a pupil joins from another school any existing individual health care plan will be reviewed by the Headteacher and parents.

8 Individual Healthcare plans

Individual healthcare plans help to ensure that school effectively supports pupils with medical conditions. The Headteacher in conjunction with the parents and healthcare professional will agree based on evidence whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher will take a final view.

The flow chart below may be used for identifying and agreeing the support a child needs.



Should it be agreed that an individual healthcare plan is appropriate it should be prepared using the template in Appendix A. The plan must be easily accessible to all who need to refer to the plan, while preserving confidentiality.

Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

In preparing the individual healthcare plan the Headteacher shall consider the following –

1. the medical condition, its triggers, signs, symptoms and treatments;
2. the pupil's resulting needs, including medication (dose, side-effects and storage) 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 e.g. crowded corridors, travel time between lessons;
3. specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
4. the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
5. who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
6. who in the school needs to be aware of the child's condition and the support required;
7. arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
8. 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;
9. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
10. 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 plan.

9 Childs role in managing their own medical needs.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Children may carry and administer their own asthma inhalers. The school does not allow children to carry or take any other medicines, including non-prescription medicines, such as Calpol, themselves, unless agreed within an individual healthcare plan.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

9.1 *Non-Prescription medicated or not medicated sweets (e.g. cough & throat lozenges)*

Children may not bring non-prescription medicated or non-medicated sweets (e.g. cough & throat lozenges) to school. If a child brings these items to school, they will be confiscated and held in the office until the parent/carer can collect them.

10 Record Keeping

1. **Reception staff** should ensure that parents record name of child, medicine, dosage and times in the appropriate form and that these instructions have been signed by a parent, using the form in Appendix B.
2. **All staff** should keep a record of all medicine administrations, using the form in Appendix C. For clarify this form includes
 - Date
 - Child's name
 - Name of medicine
 - Time given
 - Dose given
 - Any reactions
 - Signature and name of staff member
 - Signature and name of witness

11 Managing medicines on school premises

1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

2. no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
3. a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
4. where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
5. schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The 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
6. all medicines should be stored safely. All medicines, except asthma inhalers, should be stored in the fridge or the secure storage area in the staff room. Where possible, medicines should be returned to the parent at the end of the day. Medicines should be stored strictly in accordance with the medical instructions (paying note of temperature) in the original container in which it was dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of the administration. Non-healthcare staff should never transfer medicines from their original containers.
7. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips
8. a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
9. school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance

with the prescriber's instructions. Staff administering drugs to the child should ensure that this is witnessed and recorded on the record of administration form (Appendix C). Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

10. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to the local pharmacy for safe disposal.

12 Emergency procedures

Details on procedures for emergencies can be found in the school's Accident and Emergency Policy. Further Appendix F of this policy details procedure for contacting emergency services.

Individual healthcare plans should clearly define what constitutes an emergency and what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

13 Unacceptable practice

Although school staff should use their discretion and judge each case on its merits regarding the child's individual healthcare plan, it is not generally acceptable practice to:

1. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
2. assume that every child with the same condition requires the same treatment;
3. ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);

4. send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
5. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
6. penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
7. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
8. Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
9. Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

14 Complaints

Any complaint under this policy should be addressed through Stoke Row School complaints policy.

15 Retention Guidelines

Permission forms that parents sign should be retained for the period that the medication is given, and for 1 month afterwards if no issue is raised by the child or parent/carer.

Medical "incidents" that have a behavioural or safeguarding angle (including the school's duty of care) should be retained on the child's record for the retention periods associated with those policies.

Appendix A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

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

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

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix B: parental agreement for setting to administer medicine

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

Date	
Name of school/setting	
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>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy with child's name, medicine name, dosage, frequency.

Contact Details

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

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

Signature(s) _____

Date _____

Reminder for Office Staff: Input a 'P' in the register, which signifies to the teacher that the child is on prescribed medicine – useful on school trips, going off site. If leaving the premises, the teacher will need take with them the medicine, instructions and letter of permission and a means of recording any medicine administered (if the medicine cannot be stored appropriately whilst off site then call the parent to discuss appropriate action). Leave a copy of appendix H inside the register all the time the child is on their medicine.

Appendix C: record of medicine administered to an individual child (please keep in document dispenser on inside of medication cupboard door)

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

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name & initials of witness			
Side effects			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name & initials of witness			
Side effects			
Date			

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

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name & initials of witness			
Side effects			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name & initials of witness			
Side effects			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name & initials of witness			
Side effects			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name & initials of witness			
Side effects			

Appendix E: staff training record – administration of medicines (to be kept in office file) - NOT IN USE

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

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number: 01491 680720
2. your name:
3. your location as follows: Stoke Row School,
School Lane,
Stoke Row,
Nr Henley on Thames
Oxon
4. state what the postcode is: RG9 5QS
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Appendix H: Register Prescription – NOT IN USE

**NOT IN USE – SUPERSEDED BY NOTE ON
ONLINE REGISTER AGAINST CHILD’S NAME.**

Appendix I: Consent Form: Use of Emergency Salbutamol Inhaler

STOKE ROW SCHOOL

Child showing signs of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:.....

Name(PRINT).....

Child's name:.....

Class:.....

Parent's address and contact details:

.....
.....
.....

Telephone:.....

E-mail:.....

Appendix J: Specimen letter to inform Parents of Emergency Salbutamol Inhaler Use

Stoke Row C. E. School
Medication Policy

Appendix J: Specimen letter to inform Parents of Emergency Salbutamol Inhaler Use

Child's name:.....

Class:.....

Date:.....

(Delete as appropriate)

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

.....
.....
.....

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.

(Delete as appropriate)

Although they soon felt better, we would strongly advise that you have your child
seen by your own doctor as soon as possible.

Yours sincerely,

Miss Charlotte Harris
Headteacher

Appendix K: Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk

Appendix L – Bumped Head Letter



'Shine like Stars'

Dear Parent

Name of Child: _____

Date and Time: _____

Today your child had an accident at school that involved a bump to the head. A first aider checked your child at the time and it was felt that:

Your child was fit to continue at school and has been monitored throughout the day

Parent was informed to come and check the child

How accident occurred:

Treatment given and by whom (inc. where on head bump occurred):

What time did the accident occur?

Please continue to watch her child and seek medical advice, informing them of this accident, if any of the following symptoms are displayed. (Do take this letter with you if attending a doctor or hospital)

- Unusual drowsiness,
- Headache,
- Sickness,
- Nose bleed.

Many thanks

Kindness - Respect - Perseverance - Excellence - Achievement



There's value there when a nation and not looks to
be part of such a time and community where all
people look after and play with each other.
© Stoke Row C.E. School

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Appendix M - Notes for Office

Medication Admin File to include:

1. Master copies of all appendices
and:

All other appendices in use:

2. Spare copies and current parental permission appendix B
3. Copies of record of medicine administered appendix C
4. Consent form emergency inhaler Appendix I
5. Letter to inform parents of Emergency inhaler use Appendix J
6. Asthma Card Appendix K
7. Bumped Head Letter Appendix L

Appendices not in use:

1. Full medicine record appendix D (superseded by detail on appendix C)
2. Staff Training Record Appendix E. All training records are held on secure spreadsheet owned by Headteacher.
3. Appendix H (superseded by note in online register against child's name)

To Do's:

- Input Appendix C into the medicine cupboard on inside of door for every child on prescribed medicine
- Gain permission letter from parents of all children on permanent medication with regards administering medicine i.e. send out appendix **B**
- No general eyes, ears or nose drops unless on prescription
- Inhalers to be kept in staff room not on the child (as no children with severe asthma)
- Regularly show the child where their medication is kept (especially those where medication is permanently kept in school)
- Input in first aid room: to be printed on red paper
 - Bumped head letter and
 - Asthma emergency treatment letter
- Input street value drugs on top shelf of medication cupboard
- Send out healthcare plans to parents.
- Input Appendix f next to all telephones