



Medicines Policy

October 2016

Written by	Chloe Borton
Ratified by Governors	8 December 2016
Signed - Headteacher	Mark Szortowski
Signed – Chair of Governors	Kate Kelly
Next Review Date	October 2019

Beckley COE Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support pupils with medical conditions as required by Section 100 of the Children And Families Act 2014.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

Managing medicines

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

No child should receive prescribed or non-prescribed medication without parental consent

Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition.

Children who are competent should be encouraged to take responsibility for managing their own medicines and should be allowed to carry/access medicines for self-medication quickly and easily with an appropriate level of supervision from staff.

General Principles

There is no absolute requirement on teachers or support staff to administer medicines.

Short-term illness

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.
- Some parents may send children to school with non-prescribed medicines (e.g. cough mixture – the Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009)

Many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice.

- There are recommended times away from school to limited the spread of infectious disease. Please see HPA guidelines for this (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902)
- Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

Chronic illness/disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help) from very young. This can include self-administration of medicines e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child. The school will endeavour to support these children to our fullest ability. However, where children are not competent to self-manage and parents request the school to exercise a degree of supervision or to administer the medicine, staff must consult the head-teacher and any practical and organisational implications including relevant training need to be addressed prior to assuming responsibility for this,

Acute illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening and emergency situations.

Good practice

Documentation:

- Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:
 1. Name and class of the child
 2. Medication involved
 3. Circumstances medication should be administered
 4. Frequency and level of dosage

Use a copy of the model form (see Appendix C)

- For more serious or chronic conditions, including allergies that require the potential use of an epipen, we require a care plan from a child's doctor stating exactly what needs to be given and when. This is completed via the school nurse service and is kept with the child's medication.

Training: teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administration. (Beckley School nurse is Lydia Owen 07789270932)

Giving regular medicines:

- We encourage parents whose child is taking medication three times a day (or 'tds'), to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).
- If medicine has to be taken four times a day (or 'qds') and a lunchtime dose is necessary, the standard practice (see below) is followed.

Standard Practice

1. Ask the Parent/Carer to complete a Medicine Administration request form.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
8. Check the child's name again and administer the medicine.
9. Complete and sign the Administration of Medicine Record Book when the child has taken the medicine and the child should counter-sign.
10. If uncertain, DO NOT give – check first with parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.

Medicine storage

It is the responsibility of the head-teacher to ensure safe storage of medicines.

All medicines should be kept in the original container dispensed by the pharmacist which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage. *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

Children should know where their emergency medicines are at all times and be able to access them immediately. 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. The cupboard in the staff room with emergency medicines is kept unlocked.

Some medicines (eg liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers (eg Tupperware boxes) and marked 'Medicines'.

Medicine disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

General medical issues

Medi-alerts (bracelets/necklaces alerting others to a medical condition)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Off-Site visits

Take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

Staff protection

“Universal precautions” and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

Pregnant members of staff

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- **Chickenpox** can affect the pregnancy if a woman has not already had the infection. Report the exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- **German measles (rubella)**. If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- **Slapped cheek disease** (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- **Measles** during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

Staff indemnity

Oxfordshire County Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol (see Appendix B).

In practice, indemnity means that the County Council and not the individual employee will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to be sued for negligence and any action is usually between the parent and employer.

Appendix A – Medicines likely to be brought into or used at schools

Non-prescribed medicines

Parent supplied - parents may wish to send children to school with medicines such as cough mixtures. This should be discouraged as school cannot take responsibility for such medicines. No medication containing aspirin should be given to a child unless prescribed by a doctor.

School supplied – whilst it is the parent/carer’s responsibility to supply medicine for their child, in some circumstances, it may be appropriate for the school to administer medicine. We try to keep children in school wherever possible, so where a child has a minor ache or pain that could be treated with paediatric paracetamol (eg Calpol) or ibuprofen (eg Neurofen), the parent will be contacted and permission sought. Only where parental permission is given, will the child be given the medicine. The dose should be recorded in the medicine record book. The school must check when previous doses have last been given and ensure that they are acting within appropriate dose guidelines.

Paediatric paracetamol and ibuprofen are useful over-the-counter medicines and widely used to treat childhood fever and pain.

Be wary of confusion – brand names (eg Calpol, Neurofen) are often interchangeably used with generic names (paracetamol, ibuprofen) and this can lead to confusion, particularly now that some pharmaceutical companies have broadened their range (eg Calprufen is ibuprofen made by the manufacturers of Calpol)

Paediatric paracetamol dose and frequency of dose in 24 hours

<6 years use 125mg/ml syrup	6 - 24 months	5 ml	Four times
	2 - 4 years	7.5 ml	Four times
	4 - 6 years	10 ml	Four times

6 - 12 years use 250mg/ml syrup	6 - 8 years	5 ml	Four times
	8 - 10 years	7.5 ml	Four times
	10 - 12 years	10 ml	Four times

Paediatric ibuprofen dose and frequency of dose in 24 hours

Using 100mg/5ml syrup

1-4 years	5ml	Three times
4-7 years	7.5ml	Three times
7-10 years	10ml	Three times

10-12 years	15ml	Three times
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Ibuprofen should not be used with asthmatic children or in very dehydrated children.

Products containing aspirin should never be used with primary school aged children unless prescribed by a doctor.

Prescribed medicines

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most commonly, blue salbutamol inhalers (“relievers”) are used to relieve symptoms and brown steroid inhalers (“preventers”) are used to prevent exacerbations and control the severity of the illness.

If the school and the parent feel that the child is capable and responsible, the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually after consulting with parents, the child’s doctor or school nurse as appropriate.

Enzyme additives

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (eg Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic fibrosis trust <http://www.cftrust.org.uk/>

Diabetes UK <http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/>

Epilepsy Action <http://www.epilepsy.org.uk/info/education>

The Anaphylaxis Campaign <http://www.anaphylaxis.org.uk/schools/help-for-schools>

Appendix B – Non-routine administration of medicines

Any request for ‘Unusual Administration’ of medicine or treatment should be referred to the school nurse for advice.

Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency (Appendix D).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor.

Examples of these conditions follow – but should be more fully explained during training and in the individual’s protocol:

1. Anaphylaxis (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and require an immediate injection of adrenaline. This is life-saving.

2. Major fits

Some epileptic children require rectal diazepam or buccal midazolam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. Diabetic hypoglycaemia

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

4. Asthma attacks = see subsequent section

Appendix C - Request for school to administer medication

Beckley C of E Primary School

Church Street, Beckley, Oxford, OX3 9UT

Telephone: 01865 351416

Email: office@beckleyschool.com

Web: www.beckleyschool.com

Headteacher: Mr Mark Szortowski



REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school will not be able to give your child medicine unless you complete and sign this form.

DETAILS OF PUPIL

Surname: _____

Forename(s): _____

Address: _____

Male/Female: _____

D.O.B: _____

Class/Form: _____

Condition or Illness: _____

MEDICATION

Name of Medicine	Duration of Course	Dosage and method	Timing	Self-administer (y/n)	Date Prescribed
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Side effects from medication: _____

Emergency Procedures: _____

CONTACT DETAILS

Name: _____

Daytime Telephone No: _____

Address: _____

Relationship to pupil: _____

DECLARATION

- I understand that I must deliver the medicine personally to Mrs White or Admin Staff and accept that this is a service which the school is not obliged to undertake.
- I confirm that my child’s Doctor has stated that (s)he considers it is necessary for the medication to be taken during school hours.
- I understand that the school staff will not be held responsible for remembering to administer the medication.
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.
- I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: _____ Parent/Guardian

Relationship to Pupil: _____

Date: _____

Appendix D – Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency, and in the case of a child, the parent/carer should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance (see below). Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness) along with the school address and contact information. Easy access for the ambulance/paramedic crew should be created whilst awaiting its arrival.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

Contacting emergency services

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

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

1. your telephone number
2. your name
3. your location as follows: Beckley Primary School, Church Street, Beckley
4. state what the postcode is OX3 9UT– please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Appendix E – First Aid

Children should not help with First Aid.

Staff trained in Emergency First Aid

Grays Medic First Aid Training

All certificates expire January 2018

Judith Alexander
Lucy Bedding
Judith Brown
Laura Cockhill
Jennifer Hotston-Moore
Rick Houston
Roger James
Hilary Jones
Tracey Stuart
Kate White
Anna Woodward

After School Care

Ellen Brown
Charlotte Quainton

St John Ambulance

Kayleigh Gamblin—expires January 2019

Staff trained in Paediatric First Aid

St John Ambulance

Sharon Byles—expires June 2018

Oxford College of First Aid

Giulia Drudi—expires March 2018

Richmond Gate Training

Selina Weston—expires September 2016

First Response

Stephen Dyer—expires March 2018

Always wear gloves when administering First Aid.

First Aid book – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Parents should be notified of any First Aid given to a child during the school day (by letter, sticker or phone call). Any serious injuries (other than non-serious bruises, grazes etc) will require the parents to be contacted immediately.

If the accident occurs due to a Health and Safety oversight, please pass on the information to the Site Caretaker (Kate White)

Appendix F: Asthma

Asthma is the most common chronic childhood condition affecting one in eleven children. There are, on average, two children with asthma in every classroom in the UK and 25,000 emergency hospital admission pa for asthma in children in the UK.

Children should have their own reliever inhaler at school to treat symptoms and to use in the event of an asthma attack. If they are able to manage their symptoms themselves, they should keep their inhaler on them, and if not, it should be easily accessible to them. Asthma UK have found that 85% children with asthma have been without an inhaler at school at times due forgetting, breaking or losing their inhalers. Legislation has recently changed and schools are now allowed to hold an emergency inhaler.

Beckley School will procure and maintain an emergency kit consisting of:

- A salbutamol metered dose inhaler (MDI)
- At least 2 single-use spacer devices (Volumatic/Aerochamber)
- Instructions on using the inhaler and spacer device
- Instructions on cleaning and storing the devices
- Manufacturers' instructions
- Checklist of inhalers (expiry date, batch numbers) with monthly checks recorded
- A note of arrangements for replacing inhalers/spacers
- A list of children permitted to use the emergency inhaler (detailed in their medical action plans)
- A record of when the emergency inhalers have been used

Supply of inhalers and spacers

Schools can now buy inhalers and spacers from a community pharmacy. A supplier will need a request signed by the principal or head teacher stating: the name of the school for which the product is required, the purpose for which that product is required, and the total quantity required. Beckley School will bear the cost of these.

Whilst an emergency kit will be available, it is still important that families understand their responsibility to ensure their child's personal medication is up-to-date and functional at school.

Salbutamol

Salbutamol is a relatively safe inhaled medication. Side-effects tend to be mild (eg shakiness, fast heart rate) but the main risk that schools face is that the medication is given inappropriately to breathless children who do not have the condition but other emergency presentations eg. allergic reaction, hyperventilation and choking from an inhaled foreign body. Therefore, it must only be given to children who have been diagnosed with the condition, who have been prescribed reliever medication and who have parental consent for emergency medication to be administered.

Storage and Maintenance

The emergency inhaler kit will be kept in the staff room where it is accessible at all times to staff but is out of sight and reach to children. It should not be locked away. It should be stored at appropriate temperature and away from direct sunlight. It should be kept separate from children's named personal inhaler kits.

The named individuals responsible for maintaining the emergency inhaler kit are:

.....
They will check on a monthly basis that:

- Inhalers and spacers are present and stored correctly, and in working order.
- The inhaler has sufficient number of doses left
- New inhalers are primed by spraying 2 puffs, and this is repeated on a monthly basis if unused over this time to prevent blockage.
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use (do not reuse spacer devices)
- Plastic inhaler housing (holding the canister) is cleaned, dried and returned to storage after use
- Spent or expired inhalers should be returned to a community pharmacy for disposal

Asthma register and parental consent

A list of children who have asthma (from their individual health plans) should be maintained with a record of those who have written consent to use the emergency asthma kit in the event of their own inhaler not being available when needed.

*Consent letter – written consent should be updated on an annual basis

Use of inhalers and spacer devices

All staff should be trained to recognise the symptoms of an asthma attack and to distinguish them from other conditions with similar symptoms, be aware of the school asthma policy, be aware of which children have asthma (or how to check the register) and how to access their treatment or the emergency inhaler kit and who designated members of staff are and how to access their help.

The designated members of staff prepared to give emergency asthma medication are:

.....

Some of these individuals may already be confident in the correct use of inhalers/spacer devices but for those who are not and have volunteered to administer emergency asthma medication, training should be provided by the school nurse service or via other health professionals in the community. Asthma UK has useful videos <http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Designated members of staff should:

- Recognise an asthma attack and distinguish it from other conditions with similar symptoms
- Respond appropriately to a request for help from another member of staff
- Recognise when emergency action is necessary
- Be able to administer salbutamol inhaler via a spacer
- Make an appropriate record of asthma attacks
- Complete a letter home to parents after the use of emergency inhalers

Responding to asthma symptoms

Common '**day to day**' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising

- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an **asthma attack** include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

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

Responding to signs 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 child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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 • The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance

Recording the use of the emergency inhaler and informing parents

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER

Beckley School

Child showing symptoms 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 or leave in the medicine cupboard.
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).....

Relationship to child.....

Child's name:

Class:

Parent's address.....

.....

Parent's emergency contact numbers.....

.....

INFORMING PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Beckley School

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.....

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 seen by your own doctor as soon as possible.

Yours sincerely

Relevant legislation and guidance

Managing Medicines in Schools and Early Years settings (2004)

Disability Discrimination act 1995 and Special Educational Needs and Disability Acts (2001 and 2005)

The Education Act 1996

Health and Safety at Work act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968

Guidance on the use of emergency salbutamol inhalers in School 2014

Supporting pupils at school with medical conditions 2014