**HEALTH & SAFETY**

# Supporting Pupils at School with Medical Conditions

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| **Custodian title & e-mail address** | Lynn Pennington-Ramsden, Principal Health and Safety Advisor<br>lynn.pennington-ramsden@halton.gov.uk | |
| **Author** | Tony Dean 2014 | |
| **Supporting documents, procedures & forms of this policy** | - See below appendices | |
| **References & Legislation** | – Asthma Policy<br>– Health and Safety at Work Act 1974<br>– Management of Health and Safety at Work Regulations 1999<br>– Disability Discrimination Act 1995<br>– Special Educational Needs and Disability Act 2001<br>– Sec 100 Childrens & Families Act 2014<br>– Supporting Pupils at School with Medical Conditions<br>– Control of Substances Hazardous to Health Regulations 2002<br>– Misuse of Drugs Act 1971 and associated regulations Medicines Act 1968<br>– Education (School Premises) Regulations 2012<br>– Education Act 1996 & 2002<br>– Children Act 1989<br>– Equality Act 2010<br>– The Education (Independent Schools Standards)(England) Regulations 2003<br>– National Standards for under 8s day care and childminding – Premises<br>– Managing Medicines in Schools and Early Years Settings<br>– Guidance on the use of Emergency Salbutamol Inhalers in Schools<br>– 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014<br>– B226 August 2018 2.0 (PrescQIPP) | |
| **Consultation Audience** | - Medicines Management in Schools Consult Group 2014<br>- Chantelle Whitehead (Legal Services) 2014 | |
| **Head teachers checklist** | 1. Nominate Responsible person<br>2. Detail the training required to carry out risk assessments<br>3. Adhere to the policies and procedures outlined to undertake and complete risk assessments<br>4. Agree on arrangements to monitor and review risk assessments on a regular basis<br>5. The governing bodies of schools are directed to adopt the policy, as from time to time revised, and implement its procedures | |

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# 1. Information

Pupils at school with medical conditions (including both physical and mental health conditions), should be properly supported so that they have full access to education, including school trips and physical education so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions and ensure that school leaders consult health and social care professionals, pupils and parents so that the needs of children with medical conditions are properly understood and effectively supported.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe.

In making arrangements, Governing bodies should take into account the needs of each individual child and how their medical condition impacts on their school life and their ability to learn, whilst at the same time increasing confidence and promoting self-care. Effective communication between the pupil, parents, health care professionals and the school is essential in ensuring that effective support can be put in place.

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. Some children with medical conditions may be disabled and where this is the case schools must comply with their duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the SEND code of practice, and Part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require an Education, Health and Care Plan (EHC), compliance with the SEN code of practice will ensure compliance with this guidance with respect to this policy.

Schools should consider the use of Individual Health Care Plans to help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk. They provide clarity about what needs to be done, when and by whom and are essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. However, not all children will require a plan, and the school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. Equally, not all medical conditions will be long term or complex. Some children may require a short term medical intervention, such as the provision of prescription or non-

prescription medicine. In all circumstances the Governing bodies should ensure the needs of the individual are considered and that written records are kept of any medical intervention including all medicines which are administered to children.

**Please note Halton Borough Council holds a separate 'Asthma' policy for pupils with this condition for schools to reference and adopt.**

**Definition**

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

(a) **Short-term**, affecting their participation in school activities which they are on a course of medication
(b) **Long-term**, potentially limiting their access to education and requiring extra care and support. However some children with medical needs are protected from discrimination under the Disability Discrimination Act 1995 and the Equality Act 2010.

## 2. Scope

This Policy is designed to ensure that:

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

2. To support Governing bodies in their duty to ensure that arrangements are in place in schools to support pupils at school with medical conditions; and

3. To support Governing bodies in their duty to ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

## 3. Responsibilities

Governing Bodies

It is the responsibility of Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so they should ensure that,

1) Make available adequate resources in the implementation of the Policy;

2) There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;

3) They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;

4) The focus is on the needs of each individual child and how their medical condition impacts on their school life;

5) In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;

6) The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;

7) That staff are properly trained to provide the support that pupils need; and

8) That written records are kept of all medicines administered to pupils

Governing bodies include proprietors in academies and management committees of Pupil Referral Units.

Headteacher

They are responsible for implementing this policy and the developing Individual Healthcare plans and are to ensure that relevant staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In order to do so they should identify a named person who has overall responsibility for:

a) ensuring that sufficient staff are suitably trained;

b) that all relevant staff will be made aware of the child's condition including any requirement for the child to participate in outside the classroom activities where appropriate;

c) cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;

d) supply teachers are briefed;

e) risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;

f) procedures are in place to cover any transitional arrangements between schools for any medical issues;

g) for children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;

h) Individual Healthcare plans (see appendix 'G') are monitored including identifying pupils who are competent to take their own medication;

i) The management of accepting, storing and administering any medication (see appendix 'B' 'Head teacher Agreement to Administer Medicine'); and

j) That appropriate protective equipment is made available to staff supporting pupils at school with medical conditions.

Further to this Head teachers will need to ensure that there is effective coordination and communications with relevant partners, professionals, parents and the pupils.

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

In the event of an outbreak situation, the school must follow any guidance issued by Public Health England. For further information on infection control, please see the Communicable Diseases guidance.

Administration of Medication

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

**Some children may need to take medicines during the school day at some time during their time in a school or setting. Schools will need to be flexible in their approach and examples of circumstances under which schools may be requested to administer medicines:**

1. Cases of chronic conditions e.g. diabetes, asthma (see Asthma Policy), epilepsy or anaphylactic shock;
2. Cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine etc.

However, medicines should only be administered at school where it would be detrimental to a child's health if it were not administered during the day. **(It should be noted that wherever feasible parents should administer medication outside of school hours).**

In terms of the administration of medication, Head teachers are also responsible for:

The management of accepting, storing and administering any medication can be completed by ensuring that:

1. Monitoring arrangements are in place for the administration of medication to ensure:

a) Consent must be obtained from parents (see appendix 'A' 'Parental Consent Form);

b) As agreed with parents, any administration of medication must be recorded (see appendix 'D' 'Record of Medicine Administered to an Individual Child'); and

**c) Medication should always be stored appropriately, but must be easily accessible to the child in case of an emergency (see appendix 'D' 'Record of Medicine Administered to an Individual Child')**

2. The instructions below are followed:

a) As part of the signed agreement with parents, taking action to ensure that medication is administered;

b) Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;

c) Ensuring that the appropriate systems for information sharing are followed;

d) Staff managing the administration of medicines and those who administer medicines should receive training and support from health professionals, to achieve the necessary level of competency before they take on responsibility to support children with medical conditions (see appendix 'E'). This training includes induction arrangements for new staff and must be refreshed at suitable intervals as advised and a minimum requirement is every 3 years;

e) Prescription medicines should only be administered in school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day';

f) Schools should only accept prescription medicines that **are in date**, labelled and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see Non Prescribed Medication below);

g) Prescription medicines should always be provided in the original container as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage;

h) Schools should never accept prescription medicines that have been taken out of the original container unless this has been done by a pharmacist and the medication is in packaging/container supplied and labelled by the pharmacist. Another exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;

i) Schools should never make changes to dosages on parental instructions;

j) The school will not be responsible for administering medicines without having had written notification from the parents (see appendix ‘A’);

k) Ensuring that medicines are stored securely and with restricted access, although all medication should be easily accessible in an emergency; and

l) Taking account of circumstances requiring extra caution as per Individual Health Care Plans

- Where the timing of administration is crucial;
- Where serious consequences may occur through failure to administer;
- Where technical or medical knowledge is needed;
- Where intimate contact is necessary.

In these circumstances Head teachers should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, **staff cannot be instructed to administer, however the school still has a duty to ensure that arrangements are in place to support such pupils.** In these cases it would be useful to speak to the school health nurse.

School Staff

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

However, school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Their responsibilities include:

a) All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and gloves (not latex) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;

b) The school shall have a request from the parent for the school to administer medicine to their child (see appendix ‘A’ ‘Parental Agreement for School to Administer Medicine). The administration of medication should only be conducted **in accordance with parental agreement** and as set out in the Individual Health Care Plan;

**c) Long term conditions such as epilepsy, diabetes or asthma (see Asthma Policy) should be recorded in the pupil’s file along with instructions issued by the doctor as set out in the Individual Health Care Plan (see appendix ‘G’**

**‘ Individual Healthcare Plan’);**

d) The school should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing;

e) Medicines should personally be handed over to the school by a responsible adult and not by a child;

f) Prescription medicines must be in date and in the original container marked with a pharmacy label stating the child’s name, the type of medicine, in date and the required dosage and storage instructions. Over the counter medicines must be in date with manufacturer’s instructions on the medicines in line with what is being requested plus the child’s name written on the container;

g) Medicines must be kept within a secured area, out of the reach of children and visitors. This is except in emergency situations, where children are competent to self-administer. For medicines and devices such as blood glucose testing meters and adrenaline pens, these should not be locked away and should always readily available to children;

h) Receipt of medicines must be logged and an entry made when returned to parents (see appendix ‘D’ ‘Record of Medicine Administered to an Individual Child’);

i) An entry should be made of the pupil’s name, drug administered, dosage, date and time (see appendix ‘D’ ‘Record of Medicine Administered to an Individual Child’);

j) The directions of the pharmacy label or manufacturer’s instructions must be strictly followed;

**k) Where possible another member of staff should act as witness to the administration;**

**l) Parents should be informed of a refusal to take medication on the same day. If a refusal to take medicines results in an emergency, the school or setting’s emergency procedures should be followed; and**

**m) If the school becomes aware that a pupil has vomited or has had diarrhea after taking the medication they should notify the parents.**

School Nurses

Every school has access to school nursing services. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can be responsible for:

a) Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this case by case before the child starts at the school;

b) Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs;

c) Supporting staff on implementing a child's individual healthcare plan; and

d) Advice and liaison on training to local school staff

Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other Healthcare Professionals

This includes GPs, specialist healthcare teams, pediatricians etc and should:

a) Notify the school nurse when a child has been identified as having a medical condition that will require support at school;

b) Provide advice on developing healthcare plans; and

c) Provide support in schools for children with particular conditions (e.g. diabetes).

Parents

Parents should:

a) Provide the school with **sufficient and up-to-date information** about their child's medical needs;

b) Be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting; and

c) **Carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan,** e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of medication, returning the child to the parent awaiting provision of the medication, etc.

Pupils

With medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and

comply with, their Individual Healthcare Plan. Other pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age (see appendix 'C' 'Request for Child to Carry His/her Medicine'). Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

Local Authorities

Local Authorities are responsible for;

a) commissioning school nurses (0 to 19 Service);

b) promoting cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, Clinical Commissioning Groups and NHS England, with a view to improving the well-being of children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);

c) providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively;

d) working with schools to support pupils with medical conditions to attend full time;

e) where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements and, statutory guidance sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of Health Services

Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.

Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs)

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

a) commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions; and

b) are responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

## 4. Individual Health Care Plans

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Health Care plans (see appendix 'G'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in the original container and also carry out any action they have agreed as part of their child's healthcare plan, where one is in place.

The aim of Individual Healthcare Plans should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Schools have responsibility for ensuring Individual Healthcare Plans are finalised and implemented. They should agree with partners who will take the lead in writing the plan. They need to be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. **Plans 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 line with SEN or disabilities (section 26 of the Children and Families Act 2014).

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should be involved whenever appropriate.

In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:

- the medical condition, its triggers, signs, symptoms and treatments;

- the pupil's resulting needs, including medication and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;

- specific support for the pupil's educational, social and emotional needs;

- the level of support needed including in emergencies;

- **whether a pupil can self-manage their medication** and the monitoring arrangements;

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;

- who in the school needs to be aware of the child's condition and the support required;

- arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

- 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;

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare; and

- **Schools do not have to wait for a formal diagnosis before providing support to pupils.** In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. If consensus cannot be reached, **the Head teacher is best placed to take a final view.**

## 5. Administration of Medication

Non Prescribed Medication

a) Non-prescription (over the counter) medicines do not need an Appropriate Practitioner's (e.g. a Doctor or other prescriber) prescription, signature or authorisation in order for a school to give them.

b) Only after parental advice and consent should schools administer non-prescription medicines (e.g. paracetamol for acute pain relief). For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration directions should be made. (Templates provided in appendix A-G.)

c) The school **must not** keep its own stock of medication except for auto adrenalin injectors and salbutamol inhalers (in line with legislation); the parent must provide the school with a supply of appropriate medicines (for example antihistamine tablets for hay fever) for use solely by their child.

d) A dose of medicine (for example ibuprofen or other pain relief) should only be given after effort has been made to ease the pupil's condition (e.g. pain) in other ways. Before each dose of a medication is given, the school should obtain parental

consent. A record of that consent and any previous administration of medication should be made. The school must ask the parent how many doses of the medicine have been administered in the previous 24 hours, and only administer a medicine if in line with the recommended dose. The recommended dose will be present on the original packaging that the medicine should be provided in or on an original patient information leaflet that comes in the original packaging. Pharmacist Label instructions from a pharmacy would also be a suitable source of a recommended dose.

e) Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.

f) If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

g) **A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

Prescribed Medication

a) These are medicines that do need an Appropriate Practitioner's (e.g. a Doctor or other prescriber) prescription, signature or authorisation in order for a school to give them. These medicines must be administered in accordance with the direction of the appropriate practitioner.

b) Only after parental advice and consent should schools administer prescribed medicines. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration directions should be made. (Templates provided in appendix A-G.)

c) The school must not keep its' own stock of medication except for auto adrenalin injectors and salbutamol inhalers (in line with legislation); the parent must provide the school with a supply of appropriate prescribed medicines for use solely by their child.

d) A dose of prescribed medicine should only be given in accordance with the direction of the prescriber. Before each dose of a medication is given, the school should obtain parental consent. A record of that consent and any previous administration of medication should be made. The school must ask the parent how many doses of the prescribed medicine have been administered in the previous 24 hours, and only administer a prescribed medicine if in line with the recommended dose. The recommended dose will be present on the pharmacist labelled instructions from the suppling pharmacy. The patient information leaflet that comes in the original packaging may also contain this information and can be checked as good practice and for safety. There may be cases where a recommended dose provided by an appropriate practitioner is higher or lower than in the medicines information leaflet if any uncertainty is present a second check with the pupil's patient should be made.

e) Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.

**Please note - School Nurse Teams or a Pharmacist can provide support with any uncertainty around administration of medicines if further help or professional advice is needed.**

Storing Medicines

The following must be followed in the storage of medication:

1. Medicines should be kept in a secure place in accordance with child's individual healthcare plan and easily accessible;

2. Controlled drugs should be stored securely with double locked access, in accordance with child's individual healthcare plan but should be easily accessible in an emergency. A record should be kept for audit and safety purposes (see appendix 'D' 'Record of Medicine Administered to an Individual Child');

**3.** Some medication, subject to the Individual Healthcare plan (see appendix 'G'), can be kept in a refrigerator alongside food but should be **in an airtight container and clearly labeled ;**

4. Large volumes of medicines should **not** be stored;

5. **Children should know** where their own medicines are stored, who holds the key and be able to access them;

6. Staff should only store, supervise and administer medicine that has been agreed in the individual child's healthcare plan;

7. Medicines should be stored **strictly** in accordance with product instructions **(paying particular note to temperature)** and in the original container in which dispensed. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than its original container. Diabetes UK provides useful information about managing children with diabetes and their medicines in schools (B226 Aug 18 PrescQIPP);

8. Staff should ensure that the supplied medication is clearly labeled with the name of the child, the name and dose of the medicine, how is it administered, storage instructions and the frequency of administration. For over the counter medicines, this may be obtained from the manufacturer's instructions and for prescribed medicines from the pharmacy label;

9. Where a child needs two or more prescribed medicines, each should be in a separate container;

10. Staff should never transfer medicines from their original containers; and

**11.** Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and **not locked away** in accordance with the individual child's healthcare plan.

The inhaler and spacers for salbutamol inhalers (see below) must be kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

Controlled Drugs

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

Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed in accordance with the individual child's healthcare plan.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, the Head teacher should return to the dispensing pharmacist (details should be on the label).

**Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.**

Regular Injection

The school has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils suffering from conditions including diabetes, epilepsy, anaphylactic shock, insulin etc. where the child is incompetent for whatever reason to do so themselves. In the case of pupils with an individual Health Care Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the school health nurse, other medical professionals as appropriate and the child's parents.

As per the Individual Health Care Plan, consideration in these circumstances must be given to the reasonableness of the child being able to participate in out of school activities such as educational visits, residential trips etc.

## Self-Management

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

## Children Requiring Emergency Medication

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

## Transport of Medication

In circumstances where the Local Authority provides school transport for pupils, the vehicle must be equipped with a lockable box and the medication placed in the box in a sealed bag by the responsible person. Once pupils have been collected the box should be locked by the driver and, on arrival at school, handed to the relevant member of staff. The same procedure should apply where medication needs to be returned home with the pupil.

If a child requires emergency medication, this will be placed in a separate box so that it is accessible and arrangements made by the school for the passenger assistant to be trained in administering the medication.

Finally, pupils may retain their own medication if the school notifies the transport section that they are competent to do so and it is not required for emergency purposes. In this instance it is not the responsibility of the transport section to ensure that it is safely retained.

## Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. A written record should be kept and parents informed.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or pediatrician. Collection and disposal of the boxes should be arranged with the Local Authority.

## Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

The schools will ensure that any member of school staff providing support to a pupil with medical needs should have received suitable training. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**

Day trips, residential visits and sporting activities

Arrangements must be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, including physical education lessons and not prevent them from doing so, unless it is otherwise stated in their Individual health Care plan.

Teachers and/or other designated school staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.

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

When storing or transporting medicines for day trips, residential visits and sporting activities, schools should refer to the 'Transport of Medication' and 'Storing Medicines' sections within this policy.

## 6. Emergency Procedures

The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

Transport to Hospital

Where the Head teacher Manager considers that hospital treatment is required the school should contact the emergency services for advice and follow it. Parents must be contacted and informed of the situation.

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.

If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the school considers that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only** in these **exceptional** circumstances arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. If a child needs to be taken to hospital by ambulance a member of staff should accompany the child and stay with the injured child until their parents/guardians arrive. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the Head Teacher/Manager to check these documents together with the individual's driving license making note of any endorsements on an annual basis and maintain appropriate records.

## 7. Insurance

Schools buying into HBC's insurance scheme:

Where a member of staff acting in the course of employment supports pupils with medical conditions at schools, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their actions, providing that the following criteria have been met.

- They have received full appropriate training and are competent to carry out any medical interventions for that pupil
- They have received refresher training at the required intervals

- They have used the relevant protective equipment for that purpose
- There is written parental instruction and consent
- It is made clear to non-trained staff that they should not administer medication

Schools using other insurance insurers:

Schools not buying into HBC's insurance scheme should check with their own insurers that the same cover applies.

Staff should have regard to any local guidance issued by appropriate health service staff.

## 8. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## 9. Review and Evaluation

In order to ensure that this policy continues to be effective and applicable, the program will be reviewed biennially by Risk and Emergency Planning and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation;
- Employee concern.

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

## 10. List of Trained Staff at the School **(include training and date undertaken)**

**Lead Person for managing medicines at school**

Insert name and contact details

**School First Aiders** (full certificate) are:

List

**Named people for administering medicines**:

List

| Version Control | Date Released | Date Effective | Consultation Group | Amendment |
|---|---|---|---|---|
| 1 | Aug- 2014 | Sept-14 | Medicines Management Group, Chantelle Whitehead (Legal Services) | Document Created. TD |
| 2 | Aug- 2014 | Oct-14 | Unknown | Document amended – dispensing of medication & use of Salbutamol Inhalers. TD |
| 3 | July 2015 | July-15 | Unknown | Updated the review date. TD |
| 4 | Oct 2015 | Nov-15 | Unknown | Removed reference to asthma and amended administration of medication form. TD |
| 5 | Sept 2019 | Sept 2019 | Nathan O'Brien (Medicines Management, CCG), Lucy Reid (Medicines Management, CCG), Simon Bell (School Nurses Commissioning), Debbie Houghton (People Directorate HBC). | Rewrite of introduction also including reference to stand alone 'Asthma' policy. Addition to references and legislation of B226 Aug 18 2.0 (PrescQIPP). DDA and Equality Act added to definition. Certain items changed to bold font. Titles of documents included with appendix references. References to 'Medicines' changed to 'Prescription Medicines' where appropriate. Section 5b, addition of auto adrenalin injectors and salbutamol inhalers. Storing medicines, no.7, and reference to insulin administration containment. Information for Adrenalin Auto Injectors reference added as appendix H. Health & Safety Team contact details added after appendices. Consultation Group added to version control. Section 5 split in to Prescribed and Non-Prescribed medication. LPR |
| 6 | June 2020 | June 2020 | Lynn Pennington-Ramsden, Principal Health and Safety Advisor, Halton Borough Council<br>Clare Baker, Public Health Registrar, Halton Borough Council<br>Ifeoma Onyia, Public Health Consultant, Halton Borough Council<br>Simon Bell, Commissioning Manager Public Health, Halton Borough Council | COVID-19 statement added in appendix K |

| | | | | |
|---|---|---|---|---|
| | | | Nathan O'Brien, Medicines Management Pharmacist, Halton CCG<br>Lucy Reid, Lead Pharmacist Medicines Management, Halton CCG<br>Libby Evans, 0 – 19 Team Leader, Bridgewater Community Healthcare Trust | |

Appendix 'A'

## Parental agreement for school to administer medicine

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

| | |
|---|---|
| Name of school/setting | |
| Name of child | |
| Date of birth | / / |
| Group/class/form | |
| Medical condition or illness | |
| Daily care requirements (e.g. before sport/lunchtime) | |
| Describe what constitutes an emergency for the child, and action taken if this occurs | |

**Medicine**
**Note: Prescription medicines must**

**be the original container as dispensed by the pharmacy**

| | |
|---|---|
| Name/type of medicine *(as described on the container)* | |
| Date dispensed | / / |
| Expiry date | / / |
| Agreed review date to be initiated by | [name of member of staff] |
| Dosage and method | |
| When to be given | |
| Any other instructions | |
| Timing | |
| Special precautions: | |
| Are there any side effects that the school/setting needs to know about? | |
| Self administration | Yes |
| Procedures to take in an emergency | |

**Contact Details**

| | |
|---|---|
| Name | |
| Daytime telephone no. | |
| Mobile telephone no. | |
| Relationship to child | |
| Address | |
| Who is the person to be contacted in an emergency (state if different for offsite activities) | |
| Emergency telephone contact no. | |
| Name and phone no. Of GP | |
| I understand that I must deliver the medicine personally to | [agreed member of staff] |

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date_____ Signature(s) _____

Appendix 'B'

## Head teacher Agreement to Administer Medicine

| Name of school/setting | |
|---|---|

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

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

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

Date _____

Signed _____

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

Appendix 'C'

## Request for child to carry his/her medicine

## THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

## If staff have any concerns discuss request with healthcare professionals

| | |
|---|---|
| Name of school | |
| Name of child | |
| Date medicine provided by parent | / / |
| Group/class/form | |
| Name of medicine | |
| Procedures to be taken in an emergency | |

## Contact Information

| | |
|---|---|
| Name | |
| Daytime telephone number | |
| Relationship to child | |

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

Date _____

Signed _____

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

## Record of Medicine Administered to an Individual Child

| | |
|---|---|
| Name of school | |
| Name of child | |
| Group/class/form | |
| Location of storage | |
| Name and strength of medicine | |
| Expiry date | / / |
| Dose and frequency of medicine | |

Staff signature _____

Signature of parent _____

| | | | |
|---|---|---|---|
| Date | / / | / / | / / |
| Quantity received from parent/guardian | | | |
| Received by whom: | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Temporarily returned to parent/guardian (e.g. overnight) | | | |
| Quantity returned | | | |

| | | | |
|---|---|---|---|
| Date | / / | / / | / / |
| Quantity received from parent/guardian | | | |
| Received by whom: | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |
| Temporarily returned to parent/guardian (e.g. overnight) | | | |
| Quantity returned | | | |

## Staff training record – Administration of Medicines

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

I confirm that [name of member of staff] has received the training detailed above. I recommend that the training is annually updated [please state how often].

Trainer’s signature _____

Date _____

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

Staff signature _____

Date _____

Suggested review date _____

## Authorisation for the administration of rectal diazepam

| | |
|---|---|
| Name of school/setting | |
| Child's name | |
| Date of birth | |
| Home address | |
| GP | |
| Hospital consultant | |

_____(*name of child*) should be given Rectal Diazepam___mg. If he/she has a *prolonged epileptic seizure over___ minutes.

**OR**

*serial seizures lasting over___ minutes.

An ambulance should be called for *at the beginning of the seizure

**OR**

If the seizure has not resolved *after___ minutes.

(*please delete as appropriate)

| | |
|---|---|
| Doctor's signature: | |
| Parents signature: | |
| Print name: | |
| Date: | |

**NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer diazepam vary, an individual authorization is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The authorization should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much should be given

Included on the Authorization Form should be an indication of when an ambulance is to be summoned.

**Records of administration must be maintained (see appendix 'D')**

# 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

# Adrenaline auto-injectors in schools

From 1st October 2017, legislation changed to allow schools to buy adrenaline auto-injector (AAI) devices, without a prescription, for use in emergencies.

This change applies to all primary and secondary schools in the UK. Schools are not required to hold AAIs – this is a discretionary power enabling schools to do this if they wish. Schools that choose to keep spare AAIs should establish a protocol for their use. Schools should consider including a cross-reference to the AAI protocol in their policy on supporting pupils with medical conditions.

Any AAI(s) held by a school should be considered a spare or back-up device and not a replacement for a pupil’s own AAI(s). Current guidance from the MHRA is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

The school’s spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The spare AAI can also be used if the pupil’s prescribed AAI is not available, not working (for example, because it is broken, empty or out-of-date), or cannot be administered correctly without delay. The MHRA has issued advice on the use of AAIs for patients and carers.

Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

AAIs are still classified as POMs; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

A written order signed and dated by the principal or head teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. Ideally appropriately headed paper should be used however this is not a legislative requirement.

In line with legislation requirements the order must state;

(i) the name of the school for which the medicinal product is required,

(ii) the purpose for which that product is required, and

(iii) the total quantity required.

The number of AAIs that can be obtained by individual schools is not specified in legislation. Pharmacists should exercise their professional judgement when receiving requests for AAIs from schools.

The Department of Health advises schools to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training but also that the decision as to how many brands they purchase will depend on local circumstances and is left to the discretion of the school.

Appendix ‘I’

## Contacting emergency services

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

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

1. your telephone number

2. your name

3. your location as follows [insert school/setting address]

4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

5. provide the exact location of the patient within the school setting

6. provide the name of the child and a brief description of their symptoms

7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

8. put a completed copy of this form by the phone

## Further Sources of Medical Information

### Anaphylaxis

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

### Diabetes

**Diabetes UK** has information on **diabetes in school**, which discusses insulin injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, Children with diabetes at school — what all staff need to know. Further information is available from Diabetes UK Care line, telephone 0345 123 2399 (Monday — Friday, 9a.m.-5p.m.) or see the **Diabetes UK** website for an enquiry form.

### Eczema

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

### Epilepsy

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

**The National Society for Epilepsy (NSE)** has information on **education and epilepsy** which looks at epilepsy and learning, special needs examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 374 (Monday-Friday 10:00 am — 4:00 pm.)

**Appendix K**

**Statement on Medicines Administration in Schools in Halton during the COVID-19 pandemic**

Halton Borough Council Policy REP-SCH-POL-33.6 Supporting Pupils at School with Medical Conditions remains in place and should be adhered to.

An additional risk assessment should be carried out considering the additional risks and impacts associated with COVID-19 as they relate to medicines administration. In carrying out this risk assessment, the following principles apply.

1. As much as is possible, medicines administration in school should be minimised. Wherever a child's needs can be as or more safely met by administering medicines at home, this option should be used.

2. Where administering medicines in school is necessary, the following should be considered to minimise contact between the member of staff and the pupil while ensuring safe medicines administration:

    a. If possible, administer medicines under continuous supervision while maintaining social distancing i.e. 2m between individuals. An example of this would be placing the dose of dry medicine in a medicine cup on a table to be picked up and taken by the child under staff observation

    b. If direct contact is required to safely administer the medicine, staff should wear disposable apron, disposable gloves and fluid-resistant surgical face mask. Eye protection should be worn if there is a risk of spitting or splashing.

3. Hand hygiene precautions should be followed throughout.

4. Staff who are likely to need to wear PPE (apron, gloves, masks, eye protection) to administer medicines should access training on safe putting on, removal and disposal of PPE. Video and poster resources are available from the Halton Borough Council Health and Safety team.

In carrying out this risk assessment, consult the latest national guidance on preventing COVID-19 in school settings. Key guidance is summarised in the Schools COVID-19 Infection and Prevention Control Supplementary Guidance dated June 2020.

*This statement was agreed by:*
Lynn Pennington-Ramsden, Principal Health and Safety Advisor, Halton Borough Council
Clare Baker, Public Health Registrar, Halton Borough Council
Ifeoma Onyia, Public Health Consultant, Halton Borough Council
Simon Bell, Commissioning Manager Public Health, Halton Borough Council
Nathan O'Brien, Medicines Management Pharmacist, Halton CCG
Lucy Reid, Lead Pharmacist Medicines Management, Halton CCG
Libby Evans, 0 – 19 Team Leader, Bridgewater Community Healthcare Trust

*Date:* 23 June 2020

*To be reviewed:* 23rd September 2020

## Contact Details

Lynn Pennington-Ramsden
Principal Health & Safety Adviser
0151 511 8563
lynn.pennington-ramsden@halton.gov.uk

Colin Hill
Health & Safety Adviser
0151 511 7967
colin.hill@halton.gov.uk