

**ST MARY MAGDALENE C of E PRIMARY SCHOOL (INCLUDING EYFS)**  
**POLICY FOR PUPILS WITH MEDICAL NEEDS**

**Aims**

- ❖ To enable the school to make quality provision for pupils on role who have medical needs, as set out in the Managing medicines in schools and early years settings (Date of issue March 2005, ref 1448-2005DCL-EN)
- ❖ To list procedures to ensure that the medical needs of pupils at St Mary Magdalene CE Primary School are met.
- ❖ To operate within our Christian ethos.

**Objectives**

- ❖ Pupils with medical needs will be integrated as fully as possible into full-time mainstream education.
- ❖ Pupils and parents will know the named person who has responsibility for ensuring that medical needs are monitored and met wherever possible. This will be the headteacher, and in her absence, will be a member of senior staff.
- ❖ A record will be up-to-date of the pupil's attendance to ensure that a pupil's educational needs are being met.
- ❖ There will be a partnership between home, school and medical professionals to ensure that a pupil's needs are being met.
- ❖ The school will be fully informed of a pupil's medical needs in order to make provision for them and in order to ensure their educational needs are met.

**Procedures**

Medicines should only be taken at 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. St Mary Magdalene CE Primary School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless in particular circumstances as outlined in the policy.

If a child has a short-term medical need which necessitates absence from school, the parents/carers should inform the school.

If a child has a longer term medical need which necessitates a longer period of absence from school, the school will communicate with outside agencies to ensure there is a continuity of education at the appropriate level for the child.

If a child has a medical need which does not prevent their attendance in school but may affect day to day routines or emergency procedures, it is the responsibility of parents/carers to inform the school in as much detail as possible so that the school can make appropriate provision on a day to day or emergency basis. This should be done through the medical information forms sent home annually for updating and/or through consultation with a senior member of staff. The class teacher and registered First Aiders will also be informed of details on a need-to know basis.

No pupil will be excluded from a school or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary; in this case, every effort will be made to adapt an opportunity for the child's needs. It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

If a child needs to take medicine on a daily basis, parents/carers are asked to inform the school on the Pink Forms updated annually. If medicine is required to be taken in the daytime or any other medical intervention required during the school day, this is the responsibility of the parent/carer; drugs and medicines with the exception of inhalers and epi-pens are not usually allowed on school premises for the health and safety of other pupils. Should this cause problems, parents/carers are invited to discuss the matter with the Head teacher. Should a mutual agreement be reached about the administration of medicine, the forms in Appendices 1 & 2 should be completed.

While every effort will be made by office staff, teachers and support staff to remind the children to go for their medicine, the children will need to remember themselves to go and receive it. Therefore, it will be suggested that the medicine is taken at a memorable time e.g. when the bell rings at 12:15pm.

### **Receiving Medication in School**

No medication should be accepted into school unless it is prescribed by a doctor, dentist, nurse prescriber or pharmacist provider and clearly labelled with:

- ❖ The child's name
- ❖ The name and strength of the medication.
- ❖ The dosage and when the medication should be given
- ❖ The expiry date
- ❖ Any special storage arrangements

It will be suggested to parents that where possible, medicines are taken outside of school hours (e.g. before school, after school and at bedtime).

All medication must come into school in the original, labelled, child proof container from the chemist.

When a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to a member of staff in the front office.

A few medicines may be needed by the pupils at short notice e.g. asthma inhalers. In most cases pupils must be allowed to carry inhalers with them to ensure easy access. Any medication kept by a child should be recorded.

### **Storage of Medication**

Any medication received into school, with the exception of epipens and inhalers, will be stored in a locked cabinet and the key kept in an accessible place known to the office staff. The cabinet is located in the school office. Some medication may need to be stored at low temperatures and must therefore be kept eg in the fridge located in the staff room.

- ❖ Medicines should be taken on all off site activities involving the children, if administration is required while off site. Medicines must be labelled with the child's name by the parent/carer. The first aider will carry the medicine and the child will be placed in the group with the first aider.

### **Administering Medication**

Teachers', support staff and office staff conditions of employment do not include the administering of medication or the supervision of pupils who administer their own medication. However, staff may volunteer to administer medication. Any staff willing to accept this responsibility will receive

proper training and guidance, if appropriate (e.g. Epipen training) and parents will be asked to make staff aware of the possible side effects of the medication where these occur.

### **Emergency Medicines**

This type of medication must be readily available in an emergency. A copy of the health care plan must be kept with the medication and must include clear, precise details of the action to be taken.

A member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

### **Analgesia (Pain Killers)**

Where pupils regularly require analgesia (e.g. for migraine), advice will be sought from the school health nurse and children will have a health care plan, if appropriate, detailing under what circumstances they may take analgesics. A small, individual supply of their medication should be kept in school in a locked cupboard, parental consent obtained and a record kept on the administration of these medicines.

**School aged children should never be given aspirin or any medicines containing aspirin.**

### **Over the counter medicine and homeopathic remedies**

These should only be accepted in exceptional circumstances, and be treated in the same way as prescribed medication. Parents must clearly label the container with the child's name, dose and time, and complete a consent form.

### **Controlled medication for ADHD**

Where Ritalin and other similar controlled drugs are prescribed for children with attention-deficit hyperactivity disorder (ADHD), it will often need a dose at lunchtime in school. The medication will be kept in a locked cupboard, consent forms agreed with parents and administration will be logged. Only small amounts of the medication will be kept in school.

### **Asthma Medicines**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.

- ❖ Inhalers should be taken on all off site activities involving the children. Inhalers must be labelled with the child's name by the parent/carer. The children will carry their own inhalers during off site activities.
- ❖ School staff are not required to administer asthma medicines to pupils (except in an emergency)
- ❖ All school staff will let pupils take their own medicines when they need to.

### **Epipens**

Epipens should be clearly labelled and kept in the classrooms for immediate emergency access. All staff will receive regular updated training and be aware of children with individual health care plans, which are stored with the epipens.

- ❖ Epipens should be taken on all off site activities involving the children. Epipens must be labelled with the child's name by the parent/carer. The first aider will carry the Epipen and the child will be placed in the group with the first aider.

### **Long term absences due to medical issues**

If a child has a lengthy absence from school because of a medical need, a case conference involving home, school and medical professionals may be required to discuss the child's reintegration into school. Strategies for reintegration may include a reduced timetable, provision to stay indoors at break times and pupil/staff buddies.

### **Special Educational Needs**

Pupils with medical needs may at times need to be entered on the Special Needs register. This should be done with the full consent of parents/carers and in consultation with outside agencies.

### **Impaired Mobility**

If a child is required to wear a plaster cast or use crutches for a period of time, a risk assessment will be completed, school health nurse and the Local Authority consulted (if appropriate) and a decision made on an individual basis as to whether that child can attend school.

Restrictions will be necessary on games or practical work to protect the child. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instruction and indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey.

### **Confidentiality**

Medical details provided should be treated as confidential and only shared with others with the parents/carers' consent on a need-to-know basis.

**Contacts** see appendix 3

Policy adopted: Spring 2012

Review: Spring 2015

## Appendix 1

### Parental agreement for school/setting 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 staff can administer medicine.

St Mary Magdalene CE Primary School

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

#### Medicine

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 (how the medicine is to be administered): \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Are there any side effects that the school needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_

GP contact details: \_\_\_\_\_

#### Parent Contact Details

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

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Appendix 1 (continued)**

I understand that I must deliver the medicine personally to \_\_\_\_\_ [agreed member of staff] and accept that this is a service that the school 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 school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

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

Signature(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Record of administration of medicine**

**Confirmation of the Senior Leader's agreement to administer medicine**

St Mary Magdalene Primary School

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

\_\_\_\_\_ [name of child] will be given/supervised whilst he/she takes their medication by \_\_\_\_\_ [name of member of staff]. This arrangement will continue until \_\_\_\_\_ [either end date of course of medicine or until instructed by parents].

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

Signed: \_\_\_\_\_

(The Head teacher or Senior Member of Staff)



## **Appendix 3**

The list of first aiders is on display in the school office

### **EWO**

Amanda Hayes – Tel: 0121 569 8147

### **School Nurse**

Tel: 0121 612 1980

### **SENAT/Educational Psychology team**

Tel: 0845 352 7552

### **CAMHS (Child and Adult Mental Health)**

Churchill House

West Bromwich

Tel: 0121 553 3153