



## St Margaret Clitherow Catholic Primary School

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### Medical Policy

|                       |             |
|-----------------------|-------------|
| Policy Revised        | Spring 2017 |
| Policy to be Reviewed | Spring 2019 |

| Signatories |   |
|-------------|---|
| Chair       |  |
| Headteacher |  |

“Success through application built on a foundation of faith and community”

For reference: ‘Parents’ includes all natural parents, any person who has parental responsibility for a child or care of a child. The latter means the person who the child lives with.

## Medical Policy

In line with our Mission Statement, of being a friendly, caring community, we strive to support and assist parents and to allow children to continue to administer medication.

The DfE has published guidance on medicines in schools in its good practice guidance, Supporting Pupils with Medical Needs, this accompanies DfE Circular 14196.

### General Principles

The administration of medicine is the responsibility of the parent / carer. There is no requirement on teachers to administer medicines, but they may volunteer to do so, providing the proper training is given.

In cases where a child is sent to school, clearly unwell, the head teacher is within his / her rights to ask the parent / carer to keep the child at home.

The practice of sending children to school with non-prescribed medicines e.g. cough mixture will be discouraged.

Where a child suffers from a chronic illness and in order to have a normal, happy life at school, it may be necessary for them to take prescribed medicines during school hours. In this situation, children, even when very young, are encouraged to take responsibility for their own medication. This could cover self administration of medicines, using an inhaler or giving their own injections.

We will support this practice where appropriate.

There may be occasions, particularly with younger children and those with special needs, where adult support will be needed. Although responsibility for the medical care of the child rests with the parent/carer and the medical profession, it may not be feasible for the parent/carer to come to school to administer medication.

Acknowledging our general duty of care towards children in school, we will react reasonably in these instances, following good practice.

### Good Practice

- The head teacher accepts, in principle, responsibility for school staff administering medication or supervising a pupil taking medication during the school day, on completion of a consent form (*Appendix 1*).
- Pupils with life threatening illnesses will have photographs displayed in the staff room and First Aid room.
- If a child requires non-prescription medicines, these must be taken under supervision and on completion of a consent form (*Appendix 1*).
- Staff training will be organised for specific medicine administration e.g. Anaphylactic Epipen.
- When an anaphylaxis takes place, our emergency procedures – **Phoning an ambulance (Health and Safety Policy)**. In this situation the used Epipen would be given to the ambulance crew.

*The school may seek to clarify the timing of the administration of the medication. Taking medicine 'three times a day' could mean 'before school, afterschool and at night', thus relieving the school of responsibility.*

*The school **must not** make their own interpretations and must confirm with parents the doctor's advice.*

*In cases of difficulty, the School Nurse should be asked to act as an intermediary between the school and the child's parent/doctor/consultant.*

### Standard Practice when administering medicine

- Refer to the written instructions received by the school
- Check the prescribed dose
- Check the expiry date of medication

- Measure out the prescribed dose and check the child's name again (*for liquid medicines parents should provide measuring spoon*)
- Complete and sign record sheet (*Appendix 2*) when the medication has been taken / administered
- If any issues / concerns *do not administer medication – check with child's parent / carer.*

### **Storing Medication**

It is the responsibility of the head teacher to ensure medicines are stored safely and securely. Medicines must be kept in the container supplied, which must be *clearly labelled* with the child's name and the instructions for use.

Some medications may need to be kept in a refrigerator; these should be placed in suitably sealed / airtight containers, clearly marked '*medicine*'.

All medication in the school is kept in locked cupboards / fridge.

All staff should be aware of the location of the keys, in case of an emergency.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents should collect the medicines held at school at the end of each term.

### **Refusing Medication**

If a pupil refuses to take the medication, school staff should not force them to do so. The school should inform the child's parent / carer, as a matter of urgency. If necessary the school should call the emergency services.

### **Medi-Alerts**

Some children wear bracelets or necklaces, which alert others to their medical condition in an emergency. As jewellery, these items are a potential source of injury in games or certain practical activities.

In appropriate circumstances they should be covered with sweatbands or temporarily removed, clearly labelled and made readily available following the activity.

### **Impaired Mobility**

Given medical approval, there is no reason why children wearing plaster casts or using crutches, should not attend school. The following arrangements should be discussed with the child's parent / carer:

- Risk of further injury
- The child's ability to go to the toilet by her / himself
- The child's ability to feed him / herself

Restrictions will be necessary on games or practical work to protect the child and other pupils.

### **School Trips**

Additional safety measures will be taken for outside visits and consideration should be taken for the arrangements for taking medication. Staff supervising visits will be aware of medical needs and relevant emergency procedures.

**Standard First Aid packs will be taken on all school trips.**

### **Sporting Activities**

Pupils may need to take precautionary measures before or during exercise, in some cases immediate access to medication will be necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

### **School Transport**

Where home to school transport is provided, the school must liaise with the Borough to ensure that the pupils are safe throughout the journey. If necessary, pupils with medical needs should be provided with appropriately trained supervisors.

### **Employee's Medicines**

Staff may need to bring their own medication into school. They have personal responsibility to ensure that their medicines are not accessible to pupils.

### **Staff Protection**

All staff should have access to protective, disposable gloves and take care when dealing with spillage of blood or other bodily fluids and disposing of dressings or equipment.

Practical common sense hygiene precautions should be taken and appropriate disposal bins used.

*Guidance on these precautions is available in Section 3(9) of the Bracknell Forest Borough Council's Health, Safety and Welfare Manual of Guidance.*

### **Emergency Procedures**

*Staff should be trained to use the telephone and know how to call the emergency services. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until the parent / carer arrives.*

*Generally staff should not take pupils to hospital in their own car. If this is required, after discussion with the emergency services, then checks must take place to ensure that car insurance includes 'for business use' is in place. An additional adult should accompany the pupil, in the car. (see Emergency Procedures File in office)*

### **Medicines likely to be brought into or used at school**

#### **Non-prescribed medicines**

##### Parent / carer supplied

Parents may wish to send pupils to school with medicines such as cough mixture. Generally speaking the school will not responsibility for medicines of this nature. However, if a pupil is obviously misusing the medication, then intervention will take place.

If a pupil suffers from acute pain, the parent / carer should authorise and supply appropriate painkillers for the child's use, with written instructions about when the child should take the medication. Supervision will take place of the child taking the medication by a member of staff.

If the medication is vital and the child can not take it themselves, parental / carer supervision may be required.

##### School supplied

Pupils may sometimes ask for painkillers (analgesics) at school, including aspirin and paracetamol. The school staff will **NOT** give non-prescribed medication e.g. tablets, lozenges, ointments or creams to pupils.

***A child under 12 should never be given aspirin, unless prescribed by a doctor.***

#### **Prescribed medicines (examples given below)**

##### Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the course of treatment is completed.

### Inhalers

A child with asthma may have an inhaler, which may need to be used regularly and / or before exercise. If the school and the parent / carer feel that the child is capable and responsible, the child should look after and carry her / his own inhaler marked clearly with his/her own name. Alternatively, the inhaler could be stored in the medical room, where it is readily available. Cases should be considered individually in consultation with the parents or School Nurse as necessary.

### ***Children with asthma must have immediate access to their reliever inhalers when they need them.***

It is helpful if parents / carers provide the school with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare inhalers must be clearly named and stored safely.

In general, brown inhalers are not required in school, but there may be some exceptions to this rule.

- If a pupil is having an asthma attack, the person in charge should prompt the child to use their inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply.
- *The person in charge should not put her / his arm around the child, as this may restrict breathing.*
- The pupil should sit rather than lie down.
- If the medication has had no effect after 5 – 10 minutes, or the child appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and / or an ambulance called immediately.

### Stimulant Medication

A child severely affected with Hyperkinetic Disorder / Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) may be prescribed with stimulants. Methylphenidate (Ritalin) and Dexamphetamine are the most commonly used. These drugs must be kept in a secure place.

### **Non-routine administration**

Some children may require types of treatment, which the school staff may feel reluctant, for professional or other reasons to provide. Specially appointed staff may be available to carry out these tasks. Where they are not available, other staff may volunteer to undertake the tasks. In all cases professional training and guidance via the health service or appropriate medical team must be obtained before the school accepts the responsibility.

### **Staff training and information**

Some staff may volunteer to stand by to administer the medicine prescribed and if they do so they must receive professional training and guidance from the School Nurse. This training should be updated annually. Both the nurse and the member of staff must sign to confirm that the training has taken place and that they are happy for the trainee to carry-out the task.

### **Conditions requiring emergency action - See Appendix 2**

The school has a clear procedure for summoning an ambulance (*Health and Safety Policy*). However some life threatening conditions may require immediate treatment. Medicines for such purposes should only be held after seeking advice from the School Health Service. Full indemnity provisions apply in these situations (School Health and Safety Guidance Manual *Section 3(4):30 Personnel Issues*)

### Acute Allergies (Anaphylaxis) (Appendix 2)

A very small number of people are particularly sensitive to bee and wasp stings or certain foods and other products and require an immediate injection of adrenaline or an immediate in haler of adrenaline to save life.

If it is necessary to administer a dose of adrenaline, it is the responsibility of the parent / carer to replace the dose.

The school will bear in mind the risks from severe / chronic food allergies to pupils at lunchtimes, in food technology lessons and other occasions when food may be provided for pupils. A procedure for catering for children with food allergies or special dietary needs has been issued to all schools and the school catering contractor by BFBC.

The school will request regular training from the School Nurse to deal with pupils with acute allergies.

#### Major Fits (Appendix 2)

Some children suffer with chronic seizures and can be vulnerable to consecutive fits, which if left uncontrolled, can result in permanent damage. These children are usually prescribed diazapan for rectal administration. Clear procedures are given to in the Schools Health and Safety Guidance Manual *Section 3(4) 33 Personnel Issues*.

#### Diabetes (Appendix 2)

The diabetes of the majority of children of school age is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours.

Children with diabetes need to ensure that their blood glucose levels remain stable and may need to monitor their levels using a test machine at regular intervals. They may need to do this during the lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and simply need an appropriate place to do so.

Pupils with diabetes MUST be allowed to eat regularly during the day. The school will accommodate this, even if it means some rearrangements at lunch time.

If glucose concentrate is provided, it should be clearly marked with the pupil's name and stored in a cool place. During PE lessons staff should be aware of the need for diabetic pupils to have their glucose tablets, glucose concentrate or a sugary drink to hand.

#### **First Aid and Illness Procedures**

This is divided into three key areas:

- Emergency First Aid
- Low Level First Aid
- Illness

*See Appendix 3 and 4 for guidance and forms used.*

## **APPENDICES**

- 1. Record of Medicine Administered to an Individual Child**
- 2. Practical advice on Asthma, Epilepsy, Diabetes and Anaphylaxis**
- 3. First Aid and Illness Procedures**
- 4. Head Injury Letter**

# Appendix 3

## First Aid and Illness Procedures

### **Emergency First Aid**

Any child suspected of having a major injury such as a broken bone, fall from height or large blood loss should not be moved. One adult should remain with the child whilst help is sought from a qualified first aider (a list of first aiders is displayed in the staff and first aid room).

If necessary staff should phone 111 or 999 for advice. Instructions for correct procedure when dialling 999 are displayed in the first aid room and front office.

### **Low Level First Aid**

Minor injuries should always be dealt with in the first aid room. Every child seen must be included in the accident book giving child's full name, class, time of injury and brief description of injury and treatment given.

Additionally, any child suffering a head injury should be given a head letter, sticker and the class teacher/LSA informed.

If the first aider feels that the incident warrants a call to the parents, this should be noted in the first aid book with the time the call was made.

### **Illness**

Any child complaining of feeling unwell does not need to be seen by a first aider. These incidents should be dealt with by the class teacher who can determine whether the child needs to go home.

Children who are unwell should not be sent unaccompanied to the first aid room.

Sick buckets should be available in every classroom.

A qualified first aider will take stock of all first aid supplies and reorder as necessary.



# Appendix 4



**St Margaret Clitherow**  
Catholic Primary School

\_\_\_\_\_ 2015

To the Parent / Carer of \_\_\_\_\_

At \_\_\_\_\_ today your child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have administered first aid and have kept a careful check on his/her condition during the rest of the day. We did not feel that such an injury warranted a trip to the doctor or the hospital, but felt we should ask you to keep an eye on him / her tonight.

If he / she should show signs of drowsiness or sickness, or if you are in any way concerned, please contact your doctor for advice.

Yours sincerely

**Head Teacher**

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## **Instructions for Head Injury Cases**

Any patient complaining of the following symptoms should go to the Accident and Emergency Department of a hospital:-

### **Vomiting, Loss of Consciousness, Feeling Dazed or Severe Headache**

|              |              |   |               |
|--------------|--------------|---|---------------|
| Frimley Park | 01256 604604 | Royal Berks, Reading                                    | 0118 322 6876 |
| Wexham Park  | 01753 633000 | Brants Bridge (Bracknell<br>Urgent Care Centre) 8am-8pm | 01344 551100  |



**St Margaret Clitherow**  
Catholic Primary School

.....2015

To the Parent / Carer of:.....

We are sending your child home today because:-

- He / she is complaining of nausea and stomach pains
- He / she has been sick and/or has diarrhoea

As this condition is highly contagious, the school policy is that the child must be kept at home for 48 hours after the last time he / she has been sick etc.

We would be grateful if you would comply with this as it does help contain these viruses and stop them spreading through the school.

Thank you.

Yours sincerely

**Head Teacher**



**St Margaret Clitherow**  
Catholic Primary School

\_\_\_\_\_ 2015

To the Parent / Carer of \_\_\_\_\_

Today your child

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We have administered

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We would advise you to check your child when you get home. If you have any further queries about this incident, please contact the signee below.

Yours sincerely

**First Aider**