



# **Alexandra Primary School Policy for Children with Medical needs**

Last Updated: November 2014  
Agreed at: FGB November 2014



This policy should be read in conjunction with the following school policy documents:

- SEN Policy
- Health & Safety Policy
- Inclusion
- Accessibility Plan

## **Aims**

Alexandra Primary school is committed to inclusive education and will not preclude or discriminate against children with medical needs, but will expect parents and all involved health professionals to work in a collegiate manner to ensure appropriate information, training and support is given to the school and pupil/parents.

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

A named member of school staff responsible for this medical conditions policy and its implementation is:

## **Pupils with Medical Needs**

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many, this will be short-term, perhaps finishing a course of medication. Some pupils may have a medical condition that requires careful management within school, covered under the SEN Code of Practice or the Disability Act.

Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

## **Responsibilities for Pupils with Medical Needs**

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents should provide the school with detailed information in conjunction with their child's GP, paediatrician or other healthcare professional as appropriate.

The school doctor or nurse and specialist bodies may also be able to provide additional background information for school staff.

**There is no legal duty, which requires school staff to administer medication; this is a voluntary role.** The staff who provide support for pupils with medical needs, or who volunteer to administer medication, will receive support from the head

and parents, access to information and training and reassurance about their legal liability.

### **Medical Care in School**

If a child is unwell at school, the school will make every effort to contact the parents/guardians. It is very important that parents supply the school with up-to-date home/work telephone numbers or other contact numbers. Until the school has contacted the child's parents, the school will take any action required in the interests of the child.

Parents will be informed that although the school will always care for children who become ill at school, children on short courses of medicines, such as antibiotics, requiring regular administration during the day should not be sent to school or the timing of the medication should ensure that the school need only administer once during the school day.

Parents should be aware that the school does not have the facility to care for pupils who are sent to school unwell. This policy refers only to children who require medication or medical care during the school day, but who are able to attend and participate in school life.

### **Procedure for Parents of children requiring administration of medicine during the school day**

If children do need to bring prescribed medicines to school, the medicine should be supplied in measured doses, clearly labelled with the child's name and written directions for use attached including name of medication, dose, method of administration, time and frequency of administration, other treatment and details of any side effects. Also a Request for School to Administer Medication Form needs to be completed by the parent or guardian ( **appendix 1 P3**).

In some cases it may be appropriate for a pupil to self medicate or carry their own emergency medication e.g. epilepsy, diabetes, asthma, anaphylactic shock. If this is the case, parents should complete a Request for Pupil to Carry Their Own Medication Form.

### **Accidents in school**

Many of the school staff are trained '*emergency first aiders*' and in the event of an accident, appropriate first aid will be given. In the case of more serious accidents, the school will contact parents as soon as possible. The school will always inform parents, on a standard form, if their child suffers a knock on the head, even if there are no apparent physical symptoms.

In the event of an accident injuring one or more people, the first priority is to ensure, within the limits of personnel and facilities, the safety of other pupils and adults in the vicinity. In attending to the injured person(s), help may be called from colleagues

holding a first aid certificate. Currently trained and certificated staff are listed in the Office/Medical Room area.

If the accident is of a more serious nature, the office staff should be informed. A decision will be taken by a senior member of staff whether or not an ambulance should be called. Parents should be contacted as soon as possible. If the accident is less serious but hospital treatment is deemed necessary and a parent cannot collect the pupil in good time, a colleague with an appropriately insured car, accompanied by another member of staff, may volunteer to take the casualty to the accident and emergency centre. If no such transport is available, then an ambulance should be called. The member of staff who was first on the scene must complete an accident report form (from the office) and submit to the Headteacher for signature.

### **Storage of Medicines in School**

All medicines will be stored in a locked, secure medicine cabinet that will be kept locked at all times. Children will not be present whilst this cabinet is accessed.

### **Administration of Medicines**

Completed Parental Request Forms will be stored in the medicine cabinet and referred to when administration of the medicine takes place.

Administration of the medicine will take place in the Medical Room or other designated appropriate area.

The member of staff who administers the medicine will keep a daily log of all administered medicines. This log (see Appendix 1) will be kept in the medicine cabinet.

### **Staff Awareness of Pupils with Medical Conditions and/or Care Needs**

All pupils with a notified medical need requiring longer-term medication or a medical condition that could potentially require emergency treatment or special treatment will be brought to the attention of all appropriate staff. This may include display of a photograph of the pupil with brief details. Due consideration will be given to issues of confidentiality.

Any pupil requiring specific care will have a Personal Care Plan, detailing both pupil medical condition/needs and a list of volunteer staff who will respond to identified needs/conditions. Where this may involve a life threatening condition parents will be asked to sign a disclaimer (in liaison with Health Authority Personnel). All relevant staff (may include **all** staff) will receive appropriate training from appropriate health care professionals before the pupil is admitted/returns to school. A copy of the Care Plan will be given to all involved staff – this may include all staff. (appendix 1)

**Special Facilities**

This school has a room designated as a Medical Room and an adapted toilet and care suite for the use of staff and pupils.

## APPENDIX 1

**HARINGEY COUNCIL**

### EDUCATION SERVICES



#### **5.8.1.5 Annex 5: HEALTH CARE PLAN FOR A CHILD/PUPIL WITH SPECIAL MEDICAL NEEDS (FORM AOM3)**

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

\_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_

**Condition:** \_\_\_\_\_

**Class/form** \_\_\_\_\_

### CONTACT INFORMATION

**Family contact 1**

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

Phone no. (home)

\_\_\_\_\_

(work):

**Relationship:** \_\_\_\_\_

**Clinic/hospital contact**

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

**Phone no:** \_\_\_\_\_

**G.P.**

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

**Family contact 2**

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

Phone no. (home)

\_\_\_\_\_

(work):

**Relationship:** \_\_\_\_\_

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Phone no: \_\_\_\_\_

**PUPIL NAME**

**Describe condition and give details of pupil's individual symptoms:**

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**Daily care requirements: e.g.(before sports/at lunch time)**

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**Action to be taken in an emergency:**

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**Follow up care:**

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**Who is responsible in an emergency: (state if different on off site activities)**

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FORM AOM 3A



**EDUCATION SERVICES**

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**5.8.1.6 Annex 6: EMERGENCY PLANNING**

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## FORM AOM 3A

### EDUCATION SERVICES

#### 5.8.1.6 Annex 6: EMERGENCY PLANNING

 **HARINGEY COUNCIL** 



### EDUCATION SERVICES

#### 5.8.1.1 Annex 1: PARENTAL CONSENT FOR SCHOOL/CENTRE TO ADMINISTER MEDICATION (FORM AOM1)

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM,  
AND WHERE APPROPRIATE FORM AOM 1A WHICH SHOULD BE COMPLETED BY THE GP

#### Details of Pupil

Surname.....	Forename(s) .....
Address .....	M/F.....
.....	Date of Birth .....
.....	Date of Birth .....

#### Condition or illness

Name/Type of Medication (as described on container)

For how long will your child take this medication

Date dispensed

#### Full Directions of use

Dosage:

Timing:

Special Precautions:

Side Effects:

Self Administration:

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**Procedures to take in an Emergency:**

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**Contact details:**

Name: ..... Daytime  
Relationship to Pupil: ..... Telephone No.....  
Address: .....  
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I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake

Date:..... Signature.....

Relationship to pupil.....

**EDUCATION SERVICES**

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5.8.1.2 Annex 2: MEDICAL PRACTITIONERS OF PRESCRIBED MEDICATION  
(FORM AOM1A)

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**TO:****SCHOOL/CENTRE:**

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To be completed by a Doctor (Family Doctor, School Medical Officer, Consultant, etc)

**Name of child:****DOB:****Address:**

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I **CONFIRM** that I have prescribed medication, which will need to be taken during school hours, for the above named child.

**TYPE OF MEDICATION:**

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**LENGTH OF TIME MEDICATION IS REQUIRED (GIVE DATES)**

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DOSAGE:

ANY SPECIAL REQUIREMENTS: (e.g. timing, taken with meals etc)

GP/Official Stamp

Signed:.....

Date:.....

**HARINGEY COUNCIL**

**EDUCATION SERVICES**



**5.8.1.4 Annex 4: PUPIL RECORD CARD – DETAILS OF MEDICATION GIVEN TO PUPILS (FORM AOM2A)**

Name of Pupil

Class

**PRESCRIBED MEDICATION RECORD**

Date	Time	Name of Medication	Dose Prescribed	Dose given to pupil	Signature	Signature of Staff observing invasive treatment

[illegible]

