



Springfield Junior School **Supporting Pupils with Medical Conditions**

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| Prepared by | Daniel Jones, Assistant Head |
| Approved by the Committee/Governing body | Summer 2018 |
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1. AIMS OF THIS POLICY STATEMENT

- To support regular attendance of all pupils;
- To ensure staff understand their roles and responsibilities in administering medicines;
- To ensure parents understand their responsibilities in respect of their children's medical needs (please see appendix 1);
- To ensure medicines are stored and administered safely.

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after. Even if they have improved, children may not return to school for at least 48 hours into a course of antibiotics, or 48 hours after time of last vomiting (or diarrhoea) incident.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

2. PRESCRIPTION MEDICINES

Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day);
All medicines should be taken directly to the school office by a responsible adult;
Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration;
The medicine should be clearly marked with the child's name and class number;
The appropriate dosage spoon should be included with all medicines sent to school;
Any medicine administered will be recorded by the staff member in the Medication Book in the School Office; Medicines will only be accepted for administration in school on completion of the appropriate form by a parent/carer. (Appendix 2)

3. NON-PRESCRIPTION MEDICINES

We will also administer non-prescription medicines if necessary. They must also be handed in at the office by a responsible adult and they will also require written permission from parents as above; They should be clearly marked with the child's name and class number; Children must not carry medicines themselves for self administration during the day. The medicine must be collected from the office and taken under the supervision of an adult; Any non-prescription medicine administered will also be recorded in the Medication Book in the School Office; We will not give paracetamol or ibuprofen routinely as their primary use is to control raised temperature for which a child should be at home;

4. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

Staff at Springfield are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self administration. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so;

- All medicines are stored securely in the office with access only for staff;
- Asthma reliever inhalers are kept in the school office cupboard and the staffroom First Aid cupboard.
- Epi pens are kept in the staffroom First Aid cupboard.

Staff must complete the 'Medication Book' kept in the office each time medicine is administered within school time and file the parental consent form as a record; Relevant staff will be trained on how to administer Epi pens.

5. PARENTS' RESPONSIBILITY

In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. Parents must complete the parental consent form kept in the office before a medicine can be administered by staff;

Primary school children may be able to manage their own medication, under adult, supervision but again, only with parental agreement given through the appropriate paperwork as above;

Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epipens, are kept up to date;

Parents are responsible for notifying the school of Asthma Care Plans and also if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

6. LONG-TERM AND COMPLEX NEEDS

Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, a health care plan may be put in place involving the parents and relevant health care professionals.

7. SAFE STORAGE OF MEDICINES.

The school is responsible for ensuring that all medicines are stored safely;

Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration;

Medicines are stored securely in the school office medicines cupboard.

Asthma reliever inhalers are kept in the school office cupboard and the staffroom First Aid cupboard to ensure swift and easy access.

Epipens are kept in the staffroom First Aid cupboard to ensure swift and easy access;

Where medicines need to be refrigerated they will be kept in the staffroom fridge.

8. MANAGING MEDICINES ON SCHOOL TRIPS

On school visits the visit leader is responsible for taking the class medicine chest e.g. asthma pump, Epipen, enzymes, eczema cream with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics following the above procedure.

Appendix 1: Does my child need to take time off school?

A guide to different illnesses

| Illness | Recommendations |
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| Athletes Foot | No need to be off, but will need treatment |
| Asthma | No need to be off school unless hospitalised. To be managed in school with inhalers |
| Aches, pains, toothache | If your child has persistent ache or pain they need to see a doctor or dentist, but normally with a dose of pain relief children should still attend school |
| Anxiety | No need to be off school, but a referral to the school nurse or the GP would be required |
| Cold Sores | No need to be off school |
| Chicken Pox | Children can return to school within 5 days from onset of the rash or once the vesicles have crusted over |
| Conjunctivitis | No need to be off school |
| Common Cold | No need to be off school |
| Coughs | Children should attend school, but if persistent they need to be seen by a doctor |
| German Measles | Children can return to school 4 days from the onset of the rash |
| Glandular Fever | No need to be off school, but will be very tired |
| Head Lice | No need to be off school |
| Headache | If your child has persistent headaches then they should see a doctor otherwise with medication children should still attend school |
| Hand, Foot and Mouth | No need to be off school |
| Impetigo | Children can return to school once the lesions are crusted or healed or 48 hours from antibiotics |
| Measles | Children can return to school 4 days from onset of the rash |

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| Mouth Ulcers | No need to be off school. School to be provided with pain relief and mouth gel for the child to use as required |
| Mumps | Keep off for 5 days from onset of swollen glands |
| Rash | Do not send your child into school with an unexplained rash until you have consulted a doctor. In most cases they are a common virus and children are able to attend school |
| Ringworm | No need to be off school but treatment required |
| Scarlet Fever | Return to school after 24 hours of starting antibiotics |
| Scabies | No need to be off school after first treatment |
| Shingles | Not to be at school if rash weeping or exposed. Treatment as required. |
| Slapped Cheek | No need to be off school |
| Sore Throat | If your child has a sore throat and no other symptoms they are fit for school. You may want to provide pain relief or other throat lozenges from the pharmacy |
| High Temperature | If your child has a high temperature above 37.5°C they should not be in school, but they should be able to return within 24 hours |
| Threadworm | No need to be off school. |
| Tummy Ache | If your child complains of a 'non severe' tummy pain and then wanting to stay at home, this may be linked to your child having a problem at school. Please send them to school, but also speak to your child's teacher to discuss the situation |
| Tonsillitis | No need to be off school. Very painful and will need antibiotics and increase intake of fluids |
| Vomiting and Diarrhoea | If your child is vomiting or has diarrhoea please keep them off school for 48 hours since the last episode. Ensure that they have adequate fluid intake |
| Warts and Verruca's | No need to be off school |
| Whooping Cough | Children can return to school 5 days from starting antibiotics |

Appendix 2

Springfield Junior School

Parental consent for pupil medication at school.

Child: Class:.....

Medication details (to include medication name, dosage amount and medication times):

I give permission for a member of school staff to supervise/help administer the above medication for the above named child.

Signature of parent/carer:

Name of parent/carer: Date:.....