

**Learning, growing, achieving together**

***An Active Learning Trust Academy***

**Medicines Policy**

**May 2019**

1. **Policy aims**

* To support individual children with medical needs to achieve regular attendance.
* To reduce cross-infection risk between children, to increase whole-school attendance.
* To ensure that medicines given at school are stored and administered safely.

Parents should not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

1. **Non-prescribed medicines**

The school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). Please make arrangements to come into school if you wish to give your child these medicines.

1. **Prescribed medicines**

In line with other schools’ policies, if medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

One the rare occasion that medicines are prescribed 4 times a day, the school strongly encourages parents or carers to make arrangements to come into school to administer these medicines themselves. Parents and carers will definitely be required to administer the first 24

hour dose of any new prescription, for example antibiotics.

***Please consider whether your child is well enough to be at school if they require medicine 4 times a day***.

If the school agrees to assist parents and carers to administer a medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

• Name of child.

• Name of medicine.

• Dose.

• Method of administration.

• Time/frequency of administration.

The instruction leaflet with prescribed medicines should show:

• Any side effects.

• Expiry date.

The school will provide blank medicines record forms, and parents/carers must complete and sign one of these forms if they leave medicine at school.

1. **Procedure for Administering Medicines**
2. Medicines to be received, stored, administered and recorded by the same member of the first aid team.
3. Parents to complete the necessary pro forma and to personally hand the form and the medicine to staff member nominated by the Head teacher.
4. Medicines to be stored in a secure, locked cupboard or fridge as appropriate.
5. Children who are to receive medicines will be collected by the first aider who completed the form and taken to the first aid area.
6. A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
7. A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
8. A record will be made to certify that the name/visual check has been made and that the dosage has been checked. A record will also be made of the date and time of the administration.
   1. **Longer term needs**

Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the care plan.

* 1. **Self-Management**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately. Epipens and inhalers will be kept in class where they can be easily accessed.

* 1. **Refusing Medicine**

When a child refuses medicine the parent or carer will be informed the same day.

* 1. **Storage and Disposal of Medicine**

The school will store medicine in a locked cabinet, or locked fridge, as necessary. Medicines that have not been collected by parents at the end of each term will be safely disposed of.

1. **Emergency treatment and medicine administration**

The school will call for medical assistance and the parent or named emergency contact will be notified. The Governing Body will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

**School illness exclusion guidelines – Appendix 1**

|  |  |
| --- | --- |
| **Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day.** | |
|  |  |
| Chickenpox | Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash. |
| Conjunctivitis | Parents/carers expected to administer relevant creams. Stay off school if unwell. |
| Nausea | Nausea without vomiting. Return to school 24 hours after last felt nauseous. |
| Diarrhoea and/or vomiting | Exclude for 24 hours after last bout. Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks. |
| German measles/rubella | Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed. |
| Hand, foot and mouth disease | Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit. |
| Head lice | No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice. |
| Cold sores | Only exclude if unwell. Encourage hand-washing to reduce viral spread |
| Impetigo | Until treated for 2 days and sores have crusted over |
| Measles | For 5 days after rash appears |
| Mumps | For 5 days after swelling appears |
| Ringworm | Until treatment has commenced |
| Scabies | Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment. |
| Scarletina | For 5 days until rash has disappeared or 5 days of antibiotic course has been completed |
| Slapped cheek | No exclusion (infectious before rash) |
| Threadworms | No exclusion. Encourage handwashing including nail scrubbing |
| Whooping cough | Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days. |
| Antibiotics | First dose must be given at home, and first 24 hour doses must be given by parent or carer. |
| Viral infections | Exclude until child is well and temperature is normal (37 degrees). |

**Appendix 2**

**PARENTAL CONSENT FOR A CHILD TO RECEIVE PRESCRIBED**

**MEDICATION IN SCHOOL**

**Only medicines prescribed by a doctor (4 times a day) or included within a health care plan will be administered by staff.**

**All other medicines must be either self administered with supervision or administered by parents.**

**ALL MEDICINES TO BE ADMINISTERED AT Time required**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: | | | |
| Class: | | Home Telephone Number: | |
| Date of Birth: | | Emergency Contact Number: | |
| Name of GP: | | GP’s Telephone Number: | |
| Hospital Consultant (if applicable): | | Hospital Telephone Number (if applicable): | |
| I consent to my child being administered the following medication during school hours: | | | |
| Name of prescribed medicine: | Dose to be given: | | Any special instructions i.e. self administer, storage in the fridge |
|  |  | |  |
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|  |  | |  |

I undertake to ensure that the school has adequate supplies of the medication/equipment.

I undertake to ensure that the medication/equipment supplied by me and prescribed by my child’s doctor is correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that the medication/procedure will be carried out by a member of staff according to these instructions.

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

**(Parent/Carer)**

**Medicine received in school by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Staff)**