

Mrs Bland's Infant and Nursery School



Management of Medicines Policy

(Part of Health and Safety Policy)

Date of Policy: September 2014

Reviewed: 19th May 2021

Next Review Date: May 2022

Aim

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular school attendance.

Overview

Parents are strongly encouraged to administer medicines to their children outside of the school day.

Medicines will be administered by the school staff during the school day when failure to do so would be of detriment to the child's health.

The appropriate paperwork, available from the school office, must be completed by parents prior to the administration of medicine.

Children on regular medication such as inhalers, should be encouraged to take personal responsibility for these items as soon as possible within the constraints of safe storage, understanding of the child concerned, and easy access.

Procedures for managing prescription medicines

Medicines should only be taken into 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.' Medicine prescribed with a frequency of 'three times a day' can be given prior to school, after school and before bed. School will only administer anti-biotics prescribed with a frequency of four times daily (unless the child is attending the after school club: at which time a three times a day dose will be administered)

Medicines that have been prescribed by a doctor, dentist, nurse or pharmacist prescriber need to have been kept in the container as originally dispensed. No changes to prescribed dosages on parental instructions to be made.

The parent must complete the appropriate paperwork, available from the school office, before a medicine can be administered. (Appendix A)

Non-prescription medicines

In paragraph 35 on page 10, the DfE guidance explains that the employer's policy should set out the circumstances under which staff may administer non-prescribed medicines. It says that where the headteacher agrees to administer a non-prescribed medicine, this must be done in accordance with the employer's policy. *Managing Medicines in School and Early Years Settings* (DfES, 2005)

Non-prescribed medicines will not be administered to pupils by school staff except:

- At Forest Schools, where written permission has been received by parents prior to the visit to administer bite and sting cream or an antihistamine where a reaction occurs from a sting. Should a child be administered medicine in this situation, the parent's permission will be sought by telephone/email.

- Where a child has a high fever and no emergency contact listed is able to collect the child immediately, due to being a great distance away, then with the parent's agreement, paracetamol (Calpol) will be administered at an age appropriate dose.

Before administering a non-prescribed medicine, staff should check that it has been administered without adverse effect to the child in the past, and that the parents have certified that this is the case.

Children under 16 should never be given medicines containing aspirin, unless prescribed by a doctor.

Administration of Medicines

Any member of staff giving medicines to a child will check: the child's name, the prescribed dose, the expiry date and any additional written instructions provided by the prescriber on the label or container. This information will be checked by a second member of staff and then the measured dose will then be administered with the second member of staff present.

If in doubt about any aspect of the procedure, staff will not administer the medicines but check first with the parents before taking further action.

Staff administering the medicine will complete and sign the appropriate paperwork (Appendix B) detailing the timing of the medicine given, the dosage and anything else of note.

All records relating to medicines will be kept in the administered medicines folder kept in the school office.

Safe storage and disposal of medicines

Large volumes of medicine should not be stored.

Staff will only store, supervise and administer medicine that has been prescribed for an individual child and is in the original container with a prescription label attached.

Medicines will be stored in accordance with the product instructions. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

Where a child needs two or more prescribed medicines, each should be in a separate container.

All prescription medicine must be kept locked in the medicine cupboard when not in use. Medication which requires refrigeration will be stored in a locked container in the staff room fridge.

Medicines should only be kept while the child is in attendance and any unused or outdated medication will be returned to the parent for safe disposal.

All medicines held at school will be returned home at the end of each half term.

Adrenaline Pens (EpiPens)

Adrenaline pens need to be easily accessible in case of emergency and should be kept in close proximity to the relevant child. All EpiPens are kept in a clearly marked cupboard in the staff room, close to the dining hall.

Ongoing Medical Needs

Children with ongoing medical needs will be encouraged to take personal responsibility wherever possible. This will be dependent on the level of understanding of the child concerned, the nature of their medical needs and after consultation with parents.

A written care plan will be drawn up in consultation with the school nurse

Wherever possible children who use inhalers regularly should be encouraged to carry their own inhalers. The nominated first-aiders are:

| Name | Course | Certificate Date | Expiry Date |
|-------------------|------------------------------|------------------|-------------|
| Alex Rounce | Paediatric First Aid | 24/05/2019 | 24/05/2022 |
| Amy Sutherland | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Becky Karas | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Becky Smith | Paediatric First Aid | 08/03/2017 | 08/03/2020 |
| Bridie Smith | Paediatric First Aid | 10/10/2019 | 10/10/2022 |
| Caroline Reynolds | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Drew Lambarth | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Emma Shumsky | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Gareth Evans | 16hr Forest School First Aid | 07/10/2019 | 07/10/2022 |
| Gareth Evans | Paediatric First Aid | 03/11/2017 | 03/11/2020 |
| Genna Phillips | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Jo Karas Ball | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| John Edwards | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Kerry Tanner | Paediatric First Aid | 02/09/2019 | 02/09/2022 |
| Lucy Marshall | Paediatric First Aid | 05/11/2018 | 05/11/2021 |
| Maria Cox | Paediatric First Aid | 22/03/2017 | 22/03/2020 |
| Michelle Hitt | Paediatric First Aid | 22/03/2017 | 22/03/2020 |
| Sarah Buchan | Paediatric First Aid | 10/10/2019 | 10/10/2022 |
| Sarah Williams | Paediatric First Aid | 05/11/2018 | 05/11/2021 |
| Sharon Lambarth | Paediatric First Aid | 10/10/2019 | 10/10/2022 |
| Sorrel Sansom | Paediatric First Aid | 22/03/2017 | 22/03/2020 |
| Tara Hastings | Paediatric First Aid | 02/09/2019 | 02/09/2022 |

Children with Infectious Diseases

The Health Protection Agency guidance will be followed to assess when it is safe for children with infectious diseases to return to school.

Please refer to West Berkshire Council's Medicines & Drugs guidance for further information.

If your child has a temperature and displays symptoms of being unwell they should not be in school. If you are unsure, please telephone the school office to discuss this.

Request for school to give prescribed medication

I request that (full name of child) _____

Address _____

be given the following medication: _____

Dosage: _____

at the following times each day: _____

For what medical condition has the medication been prescribed?

Please give brief details of any allergies/medical condition, other than the above, from which the child suffers:-

The above medication(s) have been prescribed by the family doctor, clearly labelled indicating contents, dosage and the child's name with a prescription label.

I understand that the medication must be delivered personally to the responsible adult and accept that this is a service which the school is not obliged to undertake; nor will I hold the school responsible for any reaction which may occur.

Signed _____ Date _____
Parent/Carer This request must be initialled daily.

NOTE

Medication will not be accepted in the school unless this letter is completed and signed by the Parent/Carer of the child and the administration of the medication is agreed by the Headteacher.

THE HEADTEACHER RESERVES THE RIGHT TO WITHDRAW THIS SERVICE

One copy of this completed and signed form to be kept in administered medicine folder

Appendix B
Exclusion table

| Infection | Exclusion period | Comments |
|--|--|---|
| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended. |
| Chicken pox | Five days from onset of rash and all the lesions have crusted over. | |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment. |
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local HPT. |
| Diarrhoea and vomiting | Whilst symptomatic and 48 hours after the last symptoms. | See section in chapter 9. |
| Diphtheria * | Exclusion is essential. Always consult with your local HPT. | Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT. |
| Flu (influenza) | Until recovered | Report outbreaks to your local HPT. |
| Glandular fever | None | |
| Hand foot and mouth | None | Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances |
| Head lice | None | Treatment recommended only when live lice can be seen. |
| Hepatitis A* | Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice). | In an outbreak of hepatitis A, your local HPT will advise on control measures. |
| Hepatitis B*, C*, HIV | None | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice. |
| Impetigo | Until lesions are crusted /healed or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infectious period. |
| Measles* | Four days from onset of rash and recovered. | Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or Midwife. |
| Meningococcal meningitis*/ septicemia* | Until recovered. | Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed. |
| Meningitis* due to other bacteria | Until recovered. | Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed. |
| Meningitis viral* | None | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information. |
| Mumps* | Five days after onset of swelling | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. |

| Infection | Exclusion period | Comments |
|--|---|---|
| Ringworm | Not usually required. | Treatment is needed. |
| Rubella (German measles) | Five days from onset of rash. | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife. |
| Scarlet fever | Exclude until 24hrs of appropriate antibiotic treatment completed. | A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT. |
| Scabies | Can return after first treatment. | Household and close contacts require treatment at the same time. |
| Slapped cheek /Fifth disease/Parvo virus B19 | None (once rash has developed). | Pregnant contacts of case should consult with their GP or midwife. |
| Threadworms | None | Treatment recommended for child and household. |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need an antibiotic treatment. |
| Tuberculosis (TB) | Always consult your local HPT BEFORE disseminating information to staff/parents/carers. | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread. |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms. |
| Whooping cough (pertussis)* | Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics. | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing. |

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.