

Cookridge Primary School Supporting Pupils at School with Medical Conditions/Medicines in School Policy 2022- 2024



Ratified by governing body – September 2022

Review – September 2024

***The Supporting Pupils at School with Medical Conditions/Medicines in
School Policy will be published on the school website.***

‘Together We Achieve the Extraordinary’



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Medicines in School Policy

Normal policy has been adapted for COVID. Areas lined out are no longer possible but will be reinstated as and when possible. Information in purple reflects current COVID practice

It is the policy of the school that medicines will not be accepted on the school site and that school staff will not administer medicines, except in the case of long-term medical needs, as described below, or when prescribed by a doctor. In formulating this policy, we recognise that no member of staff has any legal or contractual obligation to give medicine, supervise a child taking medicine or assist in any treatment of a child requiring medicine. In applying this policy, we take 'medicines' to mean any substances, in any form, that are taken to treat a condition medicinally. This applies equally to lotions and food supplements as to medicines in other forms. Parents and carers are asked to support the school with this policy, which aims to protect all our children.

AIMS OF THIS POLICY

- 1) To ensure the safe administration of medicines to children and to help to support attendance
- 2) To ensure the on-going care of children with long term medical needs via a health care plan
- 3) To explain the roles and responsibilities of school staff in relation to medicines
- 4) To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness
- 5) To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- 6) To outline the safe procedure for managing medicines on school trips
- 7) To reduce cross-infection risk between children, to increase whole-school attendance.

ROLES AND RESPONSIBILITIES

Headteacher/Governors

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that this policy is reviewed every 2 years

Staff

- To follow the procedures outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long-term medical needs
- To share medical information as necessary to ensure the safety of a child
- To retain confidentiality where necessary
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep first aid posts stocked with supplies
- Educational Visits Leader – see 'MEDICINES ON SCHOOL TRIPS' below

Parents/Carers

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma

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SCHOOL ATTENDANCE DURING/AFTER ILLNESS

Parents are asked to make reasonable decisions when deciding whether to bring their child to school following an illness. Please do not send children to school if they are unwell. Due to the current coronavirus, if a child has a temperature, a new continuous cough – this means coughing a lot, for more than an hour or 3 or more coughing episodes in 24 hours or a loss or change to sense of smell or taste, do not send them to school. A test should be requested and only once a negative result or an isolation period of 3 days has been completed may they return to school. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy **for guidance**. General NHS guidelines suggest that:

- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours.
- Children should not be sent to school with earache, toothache or other significant discomfort.
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness.
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school.

SAFE ADMINISTRATION OF MEDICINES AT SCHOOL

- **School will not take responsibility for either the storage or the administration of non-prescription medicines.** Painkillers such as paracetamol (including Calpol) or ibuprofen and over the counter remedies (e.g. piriton/cough medicines) may NOT be brought in to school.
- 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**. If 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.
- Only prescribed medicines provided in its original container, dispensed by a pharmacist with a clear label showing the name of the child, the name of the medicine, the dose/time/frequency and method of administration will be accepted in school. The instruction leaflet with prescribed medicines should also show any side effects and the expiry date.
- School will not accept medicines that have been removed from their original containers nor make changes to dosage on parental instructions.
- Parents should ask prescribers to provide two prescriptions for their child, where appropriate and practicable: one for home and one for use in school, avoiding the need for re-packing or re-labelling of medicines by parents.
- School require 2 epi-pens to be in school, so if one fails a second can be administered.
- Where a parent/carers feels that non-prescribed medication is necessary, they should – as far as is possible – ensure that doses are given outside of school hours. Where dosage is required during school hours, parents/carers should make their own provision, in agreement with the school, for the administration of the appropriate dosage.
- Medicines will not be accepted in school that require medical expertise or intimate contact.
- All medicines must be brought to the school office by an adult. Telephone ahead to make the office aware that medicines are going to be dropped and provide as much detail as possible. This will allow for the appropriate paperwork to be completed before they are dropped off. Medicines must NEVER be brought to school in a child's possession.
- The adult is required to complete a parental agreement form (see appendix) at the school office for the medicine to be administered by school staff.
- Tablets should be counted and recorded when brought to the office and when collected.
- Administration of medicines at school must be recorded in the **Medicines Log** by one of the office staff and witnessed by a second member of staff.
- Some children may self-administer medication, e.g. insulin, if this has been directed by the parents when filling in the medicine form.

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- If a child refuses to take medicine, staff must not force them to do so. The refusal will be recorded and parents informed.

STORAGE OF MEDICINES

- Antibiotics must be stored in the **first aid fridge** in the main office.
- Tablets must be stored in the main office.
- Asthma inhalers should be stored in the child's classroom and labelled with their name and should be taken with the child during physical activities.
- Parents are responsible for the safe return of expired medicines and used sharps to a pharmacy.
- A spare emergency inhaler is kept in the office **in case of emergencies**.
- No medication, other than asthma inhalers, epi pen and insulin, may be kept in the classroom. All other medication should be stored in the main office.

RESCUE MEDICATION

Parents/carers of a child who required rescue medication to be kept in school must provide school with sufficient information about their child's medical condition immediately. Any changes that may occur, such as dosage to medication, must be informed in writing immediately.

For children who have rescue medication, they **must** be kept in the office in the medical box. If a child required their rescue medication, a member of staff will inform the office and the medication will be brought to the child and administered by a member of staff who has appropriate training, if required.

LONG TERM MEDICAL 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, if appropriate. In this case, school staff will assist with medicines if this is in the care plan.

Parents/carers of pupils with long-term medical needs must provide school with sufficient information about their child's medical condition either prior to a child attending school or as soon as the condition becomes known.

Parents must give their written consent for medicines to be administered or observed by a member of the school staff. Without this consent, medicines will not be accepted by the school.

Where practicable, the pupil should be allowed to manage their own medication from an early age. Parents must give their written consent and the pupil should be supervised when taking it.

Any member of staff administering medicine or observing it being taken should check:

- the pupil's name;
- that there are written instructions provided by the parent or doctor;
- the prescribed dose and the expiry date of the medicine.

If there is any doubt about these details or they are not provided medication should not be given until the full details are known and parents contacted.

Each time a pupil is given medication a record should be made which the person administering the medication signs.



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Where invasive or intimate treatments are required, the person carrying out such a treatment should be of the same gender as the child receiving the treatment. Two adults should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained.

Asthma Inhalers

Where pupils are old enough, the school encourages them to take responsibility for their own inhaler and their own use of it. In the case of very young pupils, inhalers will be held in a secure location in the setting by a named adult. All inhalers must have the name of the pupil to whom they belong clearly marked.

Epipens

Epipens must be stored in a plastic box within a lockable classroom cupboard in close proximity to the child. A second epipen will be stored in the medicine cabinet in the main office. All staff should be aware of any child who may require an epipen, and designated staff should receive annual training from the school nursing team. Two epipens per pupil should be taken by designated adults on any visits off site.

Teachers and other school staff

A teacher who has a pupil with long-term medical needs in his/her class should understand the nature of the child's condition and when and where that pupil requires additional attention. In particular, staff should be aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing and be readily accessible.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions should be provided with sufficient support and advice.

Information and advice should also be provided to the school's first aiders if the child's medical condition has implications for any first aid treatment which may be given.

School transport escorts

Where the School Transport Service transports children with medical needs to and from school and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect of the medical conditions and medications of the children in their care.

Health Care Plan

To ensure that each child with medical needs receives the appropriate support in school, and that all persons who may come into contact with the child have access to sufficient information, the Head teacher must ensure that a written Health Care Plan for each child with medical needs is drawn up in conjunction with the parent.

It should give details of the child's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserve(s)) and any follow up care that may be needed.

The plan should be provided to all staff who will have contact with the child including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should be carefully planned.

Where the Head teacher wishes to share information with other staff within a school s/he should first seek permission from the child's parent or the child, if the child is mature enough. Parents' culture and religious



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views should be respected at all times.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

Refusal to take medicine

No person can be forced to take medicine should they refuse.

If a child refuses to take prescribed medicine and the information provided by the child's parent and/or GP suggests that the child is at great risk if they do not take their medication, the parents will be contacted immediately. If a parent cannot be contacted, medical advice should be sought.

School trips

Pupils with medical needs should be encouraged to participate in school trips as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk. Staff should discuss any concerns about a child's safety with parents. It may be necessary for the school to take additional measures for outside visits. These may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a pupil or pupils with medical needs, all persons supervising the trip should be made aware of the pupils' medical needs and any emergency procedures that may be needed.

- The Educational Visits Leader is responsible for designating a school First Aider for the trip
- The Educational Visits Leader is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip.
- The designated school First Aider on the trip will administer any medicines required and record the details on the School Trips Medical Form
- The First Aider will return the form and any unused medicines to the main office on return to school.
- The location to be visited may be made aware that persons with medical needs are included in the party. (e.g. such as a member of the party being epileptic). If there is any doubt regarding a pupil's participation on a school trip the school will discuss the trip with the parent and also, if necessary, seek medical advice.

Sporting activities

Most pupils with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity.

However, some children will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising children involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for the child who is participating in the lesson or activity. For extra-curriculum activity, where a child with a medical need is participating, the level of supervision and risk will routinely be assessed.



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Disposal of medicines

Under no circumstances should a school dispose of any prescribed medicine or the container from which it came. The parent of the child for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines.

Date Agreed	Written By	Review date
September 2022	R. Hoyle	September 2023
Signed (Headteacher)		
Chair of Governors)		



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Appendix 1

School illness exclusion guidelines

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 without vomiting	Return to school 24 hours after last felt nauseous.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently.
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).
COVID-19	Following a negative test, or a 3 day isolation period pupils can return to school providing they are well enough.

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.



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Cookridge Primary School Parental agreement for school/setting to administer medicine

Name of child:		Class:	
Date of Birth:			
Medical condition / illness:			

Note: Medicines must be in the original container as dispensed by the pharmacy

Medicine

Name/Type of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special Precautions:	
Are there any side effects that the school needs to know about:	
Procedures to take in an Emergency:	

Contact Details

Name:	
Daytime Telephone No.:	
Relationship to the pupil:	
Address:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any changes in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____ Print Name: _____

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Cookridge Primary School Parental agreement for school/setting to administer Emergency/ medicine

Name of child:		Class:	
Date of Birth:			
Medical condition / illness:			

Medicine

Name/Type of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	

Contact Details

Name:	
Daytime Telephone No.:	
Relationship to the pupil:	
Address:	

I confirm that I have given permission for my child to receive rescue medication if the event of an emergency.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any changes in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____ Print Name: _____