



TENTERFIELDS PRIMARY ACADEMY

POLICY FOR MEDICAL CONDITIONS AND MEDICINES

Introduction:

Tenterfields is committed to placing the Convention on the Rights of the Child at the heart of its ethos and values.

We aim to teach children about their rights and help them understand about how rights can differ throughout the world.

UNCRC Article 24 states: children have a right to **the best health possible and to medical care and information that will help them stay well.** This is fundamental to this policy.

Policy aims:

The main aim of this policy is to ensure that support is put into place for individual children with medical needs so that they may access and enjoy the same opportunities at school as any other children and to support regular attendance. At Tenterfields we work together with parents and health care professionals to allow for the best outcomes for our children. We also aim to store and administer medicines safely.

The Head teacher has responsibility to ensure that the policy is safeguarded and implemented effectively. At Tenterfields we ensure that:

- **Sufficient staff** are **suitably trained** to support children with medical needs in school.
- All relevant staff are made aware of a child's medical condition.
- Cover arrangements are made in case of staff absence or staff turnover to ensure that somebody is always available.
- Supply teachers are briefed accordingly
- **Health Care Plans, risk assessments and PEEPs** are completed for children with medical needs. This includes risk assessments being carried out for school visits and other school activities outside of the normal timetable
- Health Care Plans, risk assessments and PEEPs are monitored and reviewed at least annually if not before if a change in need or provision is required.
- We contact our **school nurse (Mrs Alex Petrovic)** to identify and discuss any child who has a medical condition that may require support at school.

Parents have a responsibility to inform the school if their child is unwell and they should consider if a child is well enough to attend school. The risk of cross-infection between children is a whole-school concern. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

Administering Medicines

There is **no legal duty** for school staff to administer medication to pupils and the staff who do so act in a voluntary capacity. Staff who provide medication, will be appropriately trained and be provided with all relevant information about the pupil's needs. **No pupils under 16** will be given medication without his or her parent's/carer's written consent.

Appointed Persons:

The Head Teacher, Deputy Head Teacher and/or SLT/MMT are appointed persons within school to call the emergency services if/when required due to illness or injury, with the support of qualified first aiders. This is in line with the **First Aid Policy** for the school.



All staff who administer medication do so with **safeguarding and child protection** at the forefront of their actions.

No adult is to administer medication that involves removal of any clothing without being accompanied by another member of staff.

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)

Parents should make arrangements to come into school if they wish to give their child these medicines.

Prescribed medicines

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.

Those parents of children **attending After School Clubs** should discuss arrangements for administering medicines with the staff.

It should be considered whether children are 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 with:

- Name of child.
- Name of medicine.
- Dose and storage instructions
- Method of administration.
- Time/frequency of administration.
- Expiry date.

The exception to this is **insulin** which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container).

The form 'Request for school to administer medication' should be completed in the school office. This form is signed by the Head teacher or a member of the senior leadership team agreeing to take responsibility of the child's medication in school.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action.

Longer term needs

Where a child has a long term medical need a written health care plan will be drawn up with staff, parents and health professionals. If appropriate individual risk assessments and Personal Emergency Evacuation Plans (PEEP) will be created. Support staff involved in the arrangements to support children with medical needs will be identified in the plan and appropriately trained staff will assist with medicines if this is in the care plan. A First Aid certificate does not constitute appropriate training in supporting a child with a medical condition.



Self-Management

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

The school will store the medicine appropriately.

Children should know where their medicines are at all times and be able to access them immediately.

Refusing Medicine

If a child refuses to take medicine or carry out a necessary procedure staff will not force them to do so, but they will follow the procedure agreed in the individual health care plan. Parents will be informed so that alternative options can be considered. When a child refuses medicine the parent or carer will be informed the same day.

Educational Visits

At Tenterfields we encourage children with medical needs to participate in safely managed visits. This will include a risk assessment for such children. At Tenterfields Primary School we ensure that all staff supervising a visit will be made aware of any medical needs. There will always be a trained First Aider on all school visits.

For residential visits, the appropriate forms should be completed and signed by parents. If a child becomes ill on a residential visit then the teacher leading the trip should seek medical advice. Parents should be informed and if necessary children should be collected from that location.

Storage and Disposal of Medicine

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

Emergency treatment and medicine administration

The school will call for medical assistance and the parent or named emergency contact will be notified. The Local Advisory 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

Chickenpox
Conjunctivitis

Nausea

Diarrhoea and/or vomiting

German measles/rubella

Hand, foot and mouth disease

Head lice

Cold sores

Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash. Parents/carers expected to administer relevant creams. Stay off school if unwell.

Nausea without vomiting. Return to school 24 hours after last felt nauseous.

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. Your child would need to be excluded from swimming for 2 weeks.

Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member.

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.

No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.

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).

Complaints Procedure

Tenterfields Academy complaints procedure can be found on the school website.

Date: November 2017

Review Date: November 2018

Mrs A Clayton: First aid co-ordinator

Mrs S Peacock: First aid co-ordinator