

ADMINISTERING MEDICATION POLICY

June 2022

This policy incorporates our Medication Procedure and Medication Care Plan for Emergency Needs. It should be viewed in conjunction with the First Aid and Health and Safety Policies.

INTRODUCTION

Bethany School takes seriously the health and welfare of its students. We are committed to reducing the barriers to participating in school life and learning for all our children and young people. The aim of this policy is to set out the steps that Bethany School will take to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

All medication will be administered to pupils in accordance with the DfE document '[Supporting pupils at school with medical conditions](#)' 2015.

Parent/Carer Responsibility

Parents/carers should not send a child to school if they are unwell and should only send medication to school with their child if it is detrimental to their health not to have the medicine during the day.

Parents/carers are expected to work with the School staff to reach an agreement on the schools role in supporting their child's medical needs. Parents must provide the school with sufficient written information about any particular medical need and treatment as soon as possible when the child first develops a medical need or during the application process. They are also responsible for completing consent forms regarding administering of non-prescribed and prescribed medicines as requested.

Where a child has a long term medical need a written Individual Health Care Plan will be drawn up with the parents and health professionals.

Staff/School Responsibility

Bethany School will ensure that there are sufficient members of staff in place (including back-up arrangements) who are able to manage medicines. This involves participation in appropriate training and guidance, being fully aware of the policy and procedures and working in partnership with parents/carers. This Policy and the First Aid Policy are regularly reviewed with staff and lists of children with medical conditions provided for each staff member at the beginning of the school year, (linked to Individual Healthcare Plans - Appendix 1). All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

MEDICATION PROCEDURE

Non Prescribed Medicines

The school holds a supply of paracetamol which can be administered to pupils when required, after first gaining the parents' permission, and following the procedure outlined below. Staff will not administer other non-prescribed medicines to a child unless it is provided by the parent. Parents must give details in **writing** to the class teacher of **any** medicines to be administered and provide medicines in the original container as stated below.

The parent must supply information about any medicine already administered on that day.

If the child requires regular treatment for an on-going condition (i.e. asthma or diabetes) the parent must complete an Individual Healthcare Plan which is taken as a medicine consent form. See Appendix 1.

Records of administering medication must be kept (file by first aid cabinets).

Prescribed Medicines

The school will not administer prescribed medicine to a child without first gaining the parent's permission.

Parents must give details **in writing** to the class teacher of **any** medicines to be administered to the child, whether prescribed or non-prescribed.

Medicines must be provided in the original container as dispensed by a pharmacist and include:

- The prescriber's instructions
- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

The parent must supply information of any medicine already administered on that day.

If the child requires regular treatment for an on-going condition (i.e. asthma or diabetes) the parent must complete an Individual Healthcare Plan which is taken as a medicine consent form. See Appendix 1.

Records of administering medication must be kept (file by first aid cabinets).

Self-Management

Pupils who are competent to manage their own medication/care are encouraged and supported to do so. A good example of this is children keeping their own asthma reliever.

Refusing Medicine

When a child refuses to take medicine, staff will not force them to do so. The parent should be informed the same day and the incident recorded using the normal incident reporting procedures. If the refusal results in an emergency, the schools normal emergency procedures apply.

Storage of medicine

All emergency medicines, such as asthma inhalers and adrenaline pens will be labelled with the pupils name and readily available/not locked away. Pupils judged to be responsible can carry their own inhaler or staff will make sure that it is stored in a safe but accessible place and marked with the child's name. This should be made clear on the Individual Healthcare Plan which is taken as permission for a child to carry their own medication if relevant.

Other non-emergency medicines will be securely stored in a locked cabinet and not accessible to pupils. Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. If controlled medicines are required in School they will be kept on behalf of pupils in a locked container to which only named persons have access. Some medicines need to be refrigerated - they can be kept in the school refrigerator containing food but must be in a container and clearly labelled.

Disposal of Medicine

Parents are responsible for ensuring that out of date medicines are disposed of safely. They should collect medicines held at the end of each school year.

Medication Care Plan for Emergency Needs

In the event of a child attending the school becoming sick or ill the following procedure will be followed:

- The child's needs will be attended to appropriately. Where and when possible a quiet area may be used to allow a child to rest peacefully.
- No member of staff will administer any medication unless consent has been provided by the parent/carer
- If the child needs to go home, the school will contact the child's parent/carer and ask them to collect their child as soon as possible, explaining the nature of the sickness. If the parent or first named carer cannot be contacted, then the next name on the emergency contact list will be informed.

- A member of staff will observe and supervise the child until the appropriate person arrives to collect them.
- Prior to the collection of the child, the staff member involved in the incident will ensure that a brief record is made and entered in the usual incident record log ?This record will be signed by the member of staff responsible and the parent or carer.
- If it is suspected that a child is suffering from a contagious disease or illness, they will be isolated, and their parents contacted immediately and asked to pick the child up as soon as possible.
- Medicines will be administered under strict supervision of the school staff and will only be given with the parent's permission
- The staff must inform the parent of any medicines administered whilst at school
- If in doubt about a procedure, staff will check with parent or healthcare professional before proceeding.

INDIVIDUAL HEALTH CARE PLANS

Parents/carers are responsible for providing the school with up to date information regarding their child's health care needs and providing appropriate medication.

Individual Healthcare Plans (see Appendix 1) are in place for those pupils with significant or continuing medical needs e.g. long-term or ongoing medical conditions such as diabetes, epilepsy, asthma, anaphylaxis etc. or anything requiring treatment for longer than 8 days.

Developing a Healthcare Plan should not be onerous and may be brief or more complex according to the needs of the individual child. They may require input from a parent only or involve the multi-disciplinary team and should provide as much detail as possible to enable everyone to easily follow the plan. A Healthcare Plan should be completed even if a pupil usually manages their own medical needs.

These plans will be completed at the beginning of the school year/when child enrolls/on diagnosis being communicated to staff.

All staff are made aware of any relevant health care needs and copies of health care plans are available in the school office or "teachers" drive on the google computer system linked to an alert on the child's individual profile.

Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.

MANAGING MEDICINES ON TRIPS, OUTINGS AND SPORTING ACTIVITIES

The school will try to make reasonable adjustments where possible to enable children with medical needs to participate fully and safely on visits and during sporting activities. This may involve reviewing procedures, altering arrangements, completing risk assessments and incorporating views of parents and medical professionals if required. Specific plans should be incorporated into a child's Individual Healthcare Plan regarding any restrictions or precautionary measures that should be taken.

The staff member in charge of a school trip or sporting activity should be aware of and prepared for any relevant medical conditions and emergency procedures, including the possible need for a specific risk assessment before the activity goes ahead.

During Family afternoon activities all parents are responsible for their own children only. This includes providing adequate supervision and administering First Aid or medication as required.

CONTAGIOUS ILLNESSES

If a child has a contagious illnesses they must be kept away from the School for a specific period of time (see Appendix 3) If a child is brought to the school with a contagious disease or illness the staff will not accept them until the minimum exclusion period has elapsed and they have recovered fully.

In addition:

- If it is suspected that a child is suffering from a contagious illnesses they will be isolated and their parents advised.
- If a child is brought to the school with any contagious illnesses the staff will not accept them until the minimum exclusion period has elapsed and they have recovered fully.
- If the child requires treatment for an on-going condition (i.e. asthma) the parent must sign the medicine consent form.
- Medicines will be administered under strict supervision of the school staff
- Parents must ensure that school staff can contact them in an emergency.
- A parent/carer must notify school staff if a child who has been attending the school becomes ill with a contagious disease.

EMERGENCY SITUATIONS (See First Aid Policy)

- In the event of an emergency situation school staff may make direct contact with the emergency services.
- Where a first aider considers it necessary, the injured person will be sent directly to hospital (normally by ambulance). Parents/carers will be notified immediately of all major injuries to pupils.
- No casualty will be allowed to travel to hospital unaccompanied and an accompanying adult will be designated in situations where the parents/carers cannot be contacted in time.

Policy Adopted by Governors on: 14/6/22

Policy Due for Review on: 2025

Appendix 1: Individual Healthcare Plan – Contact Office for IHP Template

Appendix 2: Bethany School Sample Consent Form for Academic Year.....

Please complete one form for each child in advance and return by.....

Name of Child:

- I give consent to be contacted by email by the class teacher/teaching assistant Yes/No
- My email address is.....

- I give consent for my child to visit Upperthorpe Library during School Hours Yes/No
- I give consent for my child to participate in PE lessons on the Ponderosa Yes/No during school hours
- I give my child consent to visit the playground on the Ponderosa during school hours Yes/No
- I give consent for my child to have the class teacher or teaching assistant help Yes/No them to apply Sun cream during school hours (Reception-Y3)

- I give consent to my child to have other adults who are suitably DBS checked and Yes/No insured to transport them on school trips.

- I understand that Bethany school will not administer prescribed or non-prescribed Yes/No medication to my child without first gaining parents permission
- I give consent for my child to be given calpol/paracetamol if necessary Yes/No (parents will be contacted first and be informed if and when it is given)
- I understand that the class teacher will try to contact me before giving Yes/No Paracetamol to my child but will give it to them without my knowledge if I cannot be contacted.
- I agree to advise the class teacher if my child has been given calpol/paracetamol Yes/No in the morning prior to starting school
- My child has asthma and uses a reliever inhaler. I understand that I am responsible for providing the Yes/No child's inhaler in original packaging and labelled and ensuring it is in date (Please complete an Individual Healthcare Plan if your child has a long term health condition including asthma)
- I consent to my child receiving necessary hospital/dental treatment Yes/No (including use of anaesthetics) in an emergency, where I or any emergency contacts cannot be reached, and when medical staff believe that a delay would be inadvisable.

Signed:.....

Name:.....

Date:.....

Appendix 3: Exclusion Table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	

Infection	Exclusion period	Comments
Hepatitis A	Exclude until 7 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 UKHSA HPT for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 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* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA 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 UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases,

Infection	Exclusion period	Comments
		please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus 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 or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 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. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a [useful resource](#) to share with parents.

