



# Normanhurst School

## Sickness and Medication Policy

### Main School and EYFS

## Part 1 – Sickness and General Medication

This policy reflects the guidance given to schools by the Department for Education. Parents have the prime responsibility for their children's health and must provide the school with information about any relevant medical needs.

### Section 1 – Sickness

Please take note of the following exclusions:

Condition	Action Required
<b>Antibiotics</b>	Children on antibiotics should not return to school until at least 24 hours after the course starts. They can be at school whilst finishing the course but only if well enough to be here. See <b>Section 2</b> about administering medication and the forms that will need to be completed.
<b>Asthma</b>	If your child has asthma we must be notified and must have an inhaler in school together with a Healthcare Plan. We can give two puffs but if we are worried that this does not work we will contact you immediately. A spare inhaler is required for after school clubs.
<b>Chickenpox</b>	Consult your doctor and advise the school of the diagnosis. Keep your child at home for a minimum of 6 days from the onset of the rash. Spots should be dry and your child should feel well again before returning to school.
<b>Conjunctivitis</b>	Children must be home until this is treated and they are free of all symptoms. There should be at least 24 hours of treatment before they return to school.
<b>Coughs and colds</b>	Although inevitable and not serious, young children can feel very poorly and will be unable to work. Coughs and colds spread rapidly so children should be kept at home until well enough to participate fully in activities.
<b>Croup</b>	Croup is usually fairly mild but can make children very unwell in some cases. Children must be kept at home until completely well. It usually lasts for 3 days but the cough can persist for a week or so.
<b>Cuts</b>	Deep cuts should receive medical attention. Tetanus vaccinations should be kept up to date in case of cuts from rusty metal, contamination from soil etc.
<b>Flu</b>	Keep children at home until fully recovered.
<b>Fractures</b>	We can have children in school with arms/legs in plaster provided that they can cope physically i.e. manage any stairs and take themselves to the toilet. This will require individual assessment as circumstances arise.
<b>German Measles</b>	Consult your doctor and advise school of the diagnosis. Children should be kept at home for a minimum of 4 days from the onset of the rash, and are infectious until the rash disappears.
<b>Glandular Fever</b>	Can only be diagnosed with a blood test. There is currently no cure for glandular fever, but the symptoms should pass within a few weeks. Your child can return to school when he/she feels well enough if they are certified well by the GP.

<b>Hand, Foot &amp; Mouth Disease</b>	Children should be kept at home while they are feeling unwell – there is no need to wait until all of the blisters have healed. The illness is usually fairly mild but it can take around 7 days for the blisters to disappear.
<b>Head Lice</b>	Hair should be treated appropriately and inspected again 7/10 days later. Your child will be sent home if head lice are noticed.
<b>Impetigo</b>	Children should be kept at home until all of the sores have crusted over and healed, or until 48 hours of treatment has been given. Children should wash their hands regularly and not share cups etc with other children.
<b>Measles</b>	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 4 days from the onset of the rash. Children are still infectious until the rash has disappeared.
<b>Meningitis</b>	This is variable depending upon the type. Consult your doctor and advise school of the diagnosis. Children must be certified well by their GP before returning to school.
<b>Mumps</b>	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 5 days from the onset of the symptoms or until the swelling has totally subsided
<b>Rashes</b>	If a rash appears please consult your doctor before sending your child to school and please advise the school of the diagnosis. If a rash appears during school time we will send the child home.
<b>Ringworm</b>	Children with ringworm do not need to stay off school. However, you should inform the school your child has the condition. In addition to the treatment your child should maintain a good level of personal hygiene to prevent the infection spreading. It should be covered for PE.
<b>Scabies</b>	Scabies treatment is usually recommended for members of the same household, particularly for those who have had prolonged skin-to-skin contact. You should consult your GP and children can usually return to school the day after treatment.
<b>Scarlet Fever</b>	Consult your doctor and advise school of the diagnosis. Children with scarlet fever must be kept away from school until they have been on a course of antibiotics for at least 24 hours.
<b>Sickness and/or diarrhoea</b>	Children MUST be kept at home for a full 48 hours following any sickness or diarrhoea. This is to prevent the rapid and inevitable spread of infection and to allow them time to recover. If a child is sick or has a bout of diarrhoea they will be sent home
<b>Slapcheek (Human Parvovirus)</b>	There is no need to keep your child at home, but you should consult your doctor and advise school of the diagnosis.
<b>Temperatures</b>	Children with a temperature should be kept at home. Calpol can only be administered in school as a mild pain relief and not as fever control.
<b>Threadworm</b>	This is easily remedied and children can return to school once treated. Pharmacists can recommend appropriate medications.
<b>Tonsillitis</b>	This can be viral or bacterial. It can be spread easily so children need to be kept at home until symptoms ease to avoid passing on infection.
<b>Tuberculosis</b>	Consult your GP and advise school of diagnosis. Children should remain off school until declared free from infection.
<b>Verrucae</b>	Children should wear a protective sock whilst swimming or for PE, otherwise should not participate in barefoot activities until clear.
<b>Whooping Cough</b>	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 21 days from onset of paroxysmal cough unless treated with antibiotic when child may return after minimum of 5 days' treatment and only if the child is well enough.

## Section 2 – Medical Conditions and Medication

### Introduction

Most children will need medication at some time in their school life. Although this will mainly be for short periods, (e.g., to finish a course of antibiotics), there are a number of pupils with chronic/allergic conditions, who may need regular medication throughout all/part of their school life. It is often possible for parents to arrange for medication to be taken outside school hours; however, there will be circumstances when it will be necessary for children attending school to be given medication during the school day.

Staff have a duty of care to act like any reasonably prudent parent. This duty of care may lead to administering medicine and/or taking action in an emergency. It should be recognised that some children would be unable to attend unless such 'duty of care', i.e., medication, was made available during school hours.

### Aim

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

### Overview

- Parents are encouraged to administer medicines to their children outside of the school day.
- Medicines will only be administered at school when there is no other alternative and when failure to do so may be of detriment to the child's health.
- Parents must complete the *Request for School to Administer Medication Form* before medicines are administered at school.
- Staff must keep a record of any medicines administered at school in the medicine log.
- Medicines will be kept in labelled containers in the School Office or staff room refrigerator.

### Confidentiality

The school will not disclose details about a child's medical condition without the consent of the parents or the child him/herself. All parties should agree how much other children are told about a child's medical condition.

### Duty of Care and Assessment of Risk

- Staff administering medication on behalf of the school are deemed to be acting in 'loco parentis' in terms of their duty of care.
- Some children may suffer from conditions such as Diabetes or Anaphylaxis, and in some cases may require the administration of life saving medication in an emergency. The school trains staff who may be required to administer medication in these life-threatening circumstances.
- With adequate training, the potential risks administering medication should be minimal compared with the risk to the child if medication is not given, or is delayed, in a life-threatening situation.
- If the school accepts a child with a rare, chronic or life threatening condition, the parents must provide detailed information on how the condition can be managed in school. This will include:
  - advice from the child's GP and/or paediatrician
  - procedure/s to be followed in an emergency
  - medication / day to day and food management (where relevant)

### Absence

Parents should not send a child to school if he/she is unwell. If your child is ill and not attending school, please telephone the School Office on the first day of absence and keep us informed on an ongoing basis. The school must be advised of any infectious diseases that could be passed on to other pupils. If your child is signed off by your GP, please let us know how long he/she will be away from school.

## **Training**

The school recognises the need for staff required to administer medication by injection or invasive routes to receive adequate training. A record of all medical training will be kept. It is important that all staff likely to come into contact with a child who has a condition that may require urgent medical attention should receive sufficient information and/or awareness training to enable them to recognise symptoms of the condition and take appropriate action in the event of an emergency.

Staff have access to regular training by the local health centre on the use of epipens (adrenaline) in the event of severe allergic reactions. In the event of a child with specific medical needs joining, the school may seek advice on training needs from the local authority.

New members of staff are made aware of these procedures during their induction within the first term of employment. There are numerous staff first-aiders with varying qualifications and lists are published in the school.

## **The need to take medication during the school day**

The following pupils may require medication whilst at school:

- those who have suffered an acute medical condition but are regarded by a doctor as fit to return to school provided a prescribed medicine is taken
- those who suffer certain chronic or life threatening conditions (e.g., anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given a regular dose of medicine, or medication is available in an emergency
- those children who suffer occasional discomfort, such as toothache/headache, who may require analgesics (i.e., pain relievers).

## **Procedures for managing prescription medicines that need to be taken during the school day**

Parents are required to complete the *Request for School to Administer Medication Form* if they wish the school to administer medication. This details the medication, frequency, dosage and any other relevant information. Oral information from the child/parent cannot be acted upon.

If parents need to request changes to what has been previously prescribed, either to the medication and/or dosage, then a new form has to be completed and attached to any/all previous forms so that a full medical history can be retained.

Parents are also to be reminded annually, via the first September Head's letter, to review the medication requirements for their child/children and to update the *Medication Form* should this be necessary.

Medicines must always be provided in the original container and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions. The container should be clearly labelled with:

- the child's name
- the name of the medicine
- the method, dosage and timing of administration
- the issue date and expiry date.

The school will maintain records of all medicines received and returned to parents. A daily record of each dose given must be kept to avoid overdose. The record should be signed with:

- the name of the child
- the name of the medication
- the dosage administered
- the time the medication was given.

Medicines must be kept in a safe place and at the correct temperature, separate from the 'general' first aid box. They must be stored in strict accordance with the instructions on the original packaging. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily accessible to staff and children in the appropriately pre-agreed locations and should not be locked away. Medicines no longer required must be handed back to the parent.

Where clinically appropriate, it is helpful if medicines are prescribed in dosages that enable them to be taken outside school hours. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

### **Procedures for managing prescription medicines on trips**

The school encourages children with medical needs to participate in educational trips, and will consider reasonable adjustments to enable all children to participate fully and safely. This might include writing risk assessments for specific children.

Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. Any health care plans and prescribed medication will be taken on trips in case of emergency.

A member of staff who has received basic first aid training will always accompany any educational visit. Any visit organised within the Early Years age groups must have at least one member of staff accompanying the visit who holds a Paediatric First Aid qualification. First aid facilities will form part of the Risk Assessment conducted by the Visit Leader.

### **Procedures for managing prescription medicines during sporting activities**

Any restrictions on a child's ability to participate in sport will be recorded in their individual Health Care Plan. All adults will be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and some may need immediate access to specific medicines, such as inhalers. Sport staff need to be aware of individual Health Care Plans, and ensure that the appropriate medication is readily available during all lessons, whether in the hall, playground or off site.

### **Staff responsibilities for managing medicines**

Medicine will only be administered by the school when essential; that is where it would be detrimental to a child's health if medicine were not administered during the school 'day'. If in any doubt, staff must check with the parent/s before taking further action, or discuss the concern with the Head and/or Health & Safety Coordinator.

No child will be given medicines without a parent's written consent. Any member of staff giving medicines to a child must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

Staff administering the medication must:

- ensure they are witnessed administering the medication by another member of staff
- complete and sign the Medicines Register (kept in the Office) each time they administer medication
- ensure the witness signs the Register
- complete a pro forma (kept in the Office) to go home with the child that records the medication, dosage, time and member of staff administering.

### **Parental responsibilities for managing their child's medical needs**

Parents must inform the school about any particular needs before a child is admitted or when a child first develops a medical need.

Parents should make every effort to arrange for medicines to be administered outside of the school day, or to come into school and administer medicines themselves. If necessary, it must be a parent (or any person with parental responsibility) who gives consent for medicines to be administered by the school during the day. The permission form must be completed prior to any medicines being administered.

Parents are responsible for checking the expiry date of medication and replacing asthmatic inhalers and EpiPens as required.

If a child requires creams applied to his/her skin (eg for eczema cream or sunscreen) parents should administer them before school. The *Request for School to Administer Medication Form* should be completed if medicated cream is required to be applied during the school day for a specific reason

### **Assisting children with long-term or complex medical needs**

Where a child has a long term medical need, e.g., allergies or asthma, a written Health Care Plan will be drawn up between the School the parent/s and on the advice of health professionals. An 'Allergies' register and an 'Asthma' register is kept in the School Office containing all the relevant details/information on each child's Health Care Plan. Copies are also kept by the pupils' class teacher and in the pupils' confidential file.

If your child has asthma and requires an inhaler to be held at school, please provide a spare pump so that we can hold it for use in any after school clubs that your child may attend. It is also then available as a replacement should the inhaler run out during use.

Parents must inform the school about any particular needs before a child is admitted or when a child first develops a medical need.

### **Children carrying and taking their own medication**

Older children may be able to carry and take medication for mild ailments/illness such as for eczema or asthma. However, all medication must be logged in the usual manner and the parents must give their written permission on the Health Care Plan Form.

Children will not be able to self-administer medication such as paracetamol. If deemed essential the children will need to liaise with the School Office, which will contact the parents.

### **Health Care Plan**

Children requiring regular medication, such as for asthma, hay fever or allergies, must have a Health Care Plan. This should be completed and returned to the School Office without delay.

### **Record keeping**

In all cases where medicine is to be administered by a member of staff, parents must complete and return the *Request for School to Administer Medication Form* to ensure that details of medicines are recorded. Staff should check that any details provided by parents, paediatricians or specialist nurses are consistent with the instructions on the medicine container.

The school will keep a record of any medicines administered by staff in the School Medical Register. This record will be completed by the member of staff administering the medicine. All records relating to medicines will be kept in the School Office and will be overseen by the Health and Safety Coordinator.

**Details regarding the administration of specific medication are in the Sickness and Medication Policy Part 2.**