



Stukeley
Federation

Administering Medicine Policy

in support of

William Stukeley CE Primary School

and

Deeping St. Nicholas Primary School

Policy approved by Full Governing Body: December 2023

Policy to be reviewed: December 2026

The Stukeley Federation is committed to safeguarding and promoting the welfare of children and young people, and expects all staff, volunteers and visitors to share this commitment.

Policy aims

1. The main aim of this policy is to support individual children with medical needs to achieve regular attendance.
2. A second aim is to reduce cross-infection risk between children, to increase whole-school attendance.
3. A third aim is to ensure that medicines given at school are stored and administered safely.

There is no legal requirement for school staff to administer medicines. Staff are invited to do what is reasonable and practical to support the inclusion of all pupils.

Parents and carers are asked to support the school with this policy, which aims to protect all our children. Please do not send children to school if they are unwell. Common childhood illnesses and recommended exclusion timescales are listed below; they can also be obtained from school or through the *Guidance on Infection Control in Schools* document: www.publichealth.hscni.net

Non-prescribed medicines

Following a communication from NHS Lincolnshire (July 2018) the school has adopted a more relaxed approach towards non-prescribed medicines, such as Calpol.

However, whilst we will always consider the best interests of the child, each request will be treated on an individual basis and, if permission is granted, then the attached Medication Authorisation Form would need to be completed.

Prescribed medicines

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.

Permission may be granted by the Executive Head Teacher in certain circumstances i.e. those that are prescribed in emergencies e.g. epilepsy, diabetes, anaphylactic shock; or those that are a prescribed course.

Parents and carers are required to administer the first 24-hour dose of any new prescription, for example, antibiotics.

Medicines will not be accepted in school that require specific medical expertise or intimate contact, unless training has been given to a specific member (or members) of staff, for a specific child.

Please consider whether your child is 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. It must have been dispensed by a pharmacist and must have a label showing:

- Name of child.
- Name of medicine.
- Dose.
- Method of administration.
- Time/frequency of administration.

The instruction leaflet with prescribed medicines should show:

- Any side effects.
- Expiry date.

The school will provide blank Medication Authorisation Forms, and parents/carers must complete and sign one of these forms if they leave medicine at school.

Longer term 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. In this case, school staff will assist with medicines, if this is in the care plan.

Any changes to medication will not be made without the express permission of the GP.

Administration of Specialist Medication

We recognise that there may be times when children require specialist medication to be administered for long-term medical needs, during their time in the setting.

In order that this is regulated, we will ensure that:

Specific permission, instruction and training will be obtained before an agreement is reached with a parent to administer specialist medications e.g. nebuliser, insulin injections, and life-saving / emergency medications (such as adrenaline injections) and a Health Care Plan is established.

This will include:

- A letter from the child's G.P./consultant, stating that the child is fit enough to attend the provision and sufficient information about the child's condition.
- We will discuss with parents: the medication that their child needs to take; the support required; instructions on how and when the drug/medicine is to be administered and what training is required.

- Training on the administration of the prescription medication that requires technical/medical knowledge will be arranged for staff from a qualified health professional to ensure medication is administered safely.
- Written proof of training, if required, in the administration of the medication by the child's G.P., a district nurse, specialist or community paediatric nurse.
- A Health Care Plan will be developed in partnership with parents and any health professional and will be regularly reviewed to detail the needs and support, or any changes.
- Prior written consent from the parent/guardian for each and every medicine will be obtained before any medication will be administered.
- The Medication Authorisation Form filled in appropriately and signed by parents/carers on the day the medicine is expected to be given, before they leave the child in the care of the setting.
- On the Medication Authorisation Form, parents will give signed permission for administration of medication, including the name of the child, the name of the parent, date, name of medication, the dose and time medication last given, the dose and times to be administered and how the medication is to be administered.
- The medication is clearly marked with the child's name and is in date, in the original container with prescriber instructions for administration.
- No medication will be given to the child unless provided by the parents.
- The medication is stored in accordance with the product instructions and out of reach of children at all times.
- The administration of medication is recorded on the Medication Authorisation Form and includes the signature (the administrator of the medication) and counter-signature (witness to medication being given), date, time, dosage.
- Parents must sign this before they leave the premises, to acknowledge they know the medication has been administered.

Self-Management

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a Medication Authorisation Form, noting that the child will self-administer, and sign the form. The school will store the medicine appropriately; this may include older pupils keeping asthma relievers on their person.

Refusing Medicine

If a child refuses medication, the parent or carer will be informed immediately.

Storage and Disposal of Medicine

The school will store medicines away from children. Medicines that have not been collected by parents at the end of each term will be safely disposed of. Sharps (needles) will be collected by the child's parent/s or carer.

Emergency treatment and medicine administration

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

The Stukeley Federation 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

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, five or more times a day.

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 from last episode (this is 24 hours from last episode 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 two weeks.

German measles/rubella: Return to school six 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 two weeks to remove all lice. Treatment is recommended only in cases where live lice have been seen.

Cold sores: Only exclude if unwell. Encourage handwashing to reduce viral spread.

Impetigo: Until lesions have crusted over and healed, or 48 hours after commencing antibiotic treatment.

Measles: For four days after rash appears.

Mumps: For five days after swelling appears.

Ringworm: Exclusion not usually required.

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.

Scarlet Fever: 24 hours after commencing appropriate antibiotic treatment.

Slapped cheek: No exclusion (infectious before rash). Stay off school if unwell.

Threadworms: No exclusion. Encourage hand washing, including nail scrubbing. All family members should receive treatment.

Whooping cough: Stay away from nursery, school or work until 2 days after the start of antibiotic treatment or, if not taking antibiotics 3 weeks from when the coughing bouts started.

Antibiotics: First dose must be given at home, and first 24-hour doses must be given by parent/carer.

Viral infections: Exclude until child is feeling well and temperature is normal (37 degrees).

Medication Authorisation Form

Name of child

Class

Medical condition or illness

Name of medication (as described on container)

Date dispensed

Expiry date

Dosage and method

Timing

Special precautions

Are there any side effects that the school should be aware of?

Procedures to take in an emergency

I understand I must deliver medication to the school office in person and must not send it in with a child.

I understand that medicines must be in the original container in which dispensed, with the dispensing pharmacy label attached and the prescriber's instructions for administration. I will 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.

School staff will never accept medicines that have been taken out of the container nor will they make changes to dosages on parental instruction.

I understand that the school is not obligated in any way to administer medicines and does so voluntarily.

Signed:
(Parent/Carer)

Print name:

Date:

Check completed by:

Signed:
(Staff)

Print name:

Date:

Long Term Health Care Plan

Child's name

Class

Date of birth

Child's address

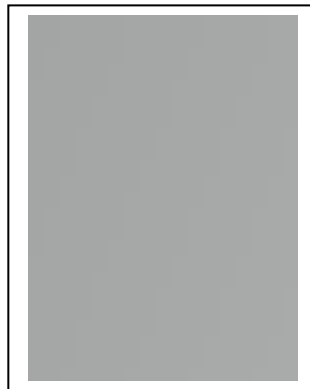
Medical diagnosis or condition

Date

Review date

Names of those involved in the drawing up of this Plan

Current photograph of child:



Family Contact Information

Phone no
(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact
Name

Phone no.

G.P.
Name

Phone no.

Describe medical needs and give details of child's symptoms

-

Daily care requirements (*e.g. before sport/at lunchtime*)

-

Describe what constitutes an emergency for the child, and the action to take if this occurs

-

Who is responsible in an emergency (*state if different for off-site activities*)

-

-

Medicine – *Medicine must be in the original container as dispensed by the pharmacy*

Number of tablets/quantity to be given to school

Name/type of medicine (*as described on the container*)

Are there any side effects that the school needs to know about?

Self-administration

Administered by trained 1:1 teaching assistants.

Sharing of Information

Staff who may need to deal with an emergency will need to know about this child's medical needs. The Executive Head Teacher and staff will always treat medical information confidentially.

By signing below the parent/carer authorises the Health Care Plan and gives permission for information to be shared with those members of staff/other professionals as decided by the Executive Head Teacher.

Parent/carer signature: _____ date: _____

Executive Head Teacher signature: _____ date: _____

School Health Professional: _____ date: _____

Class Teacher signature: _____ date: _____

Class Teaching Assistant: _____ date: _____

SENDCo: _____ date: _____

Lead 1:1: _____ date: _____

Trained 1:1 _____ Trained 1:1 _____ date: _____

Trained 1:1 _____ Trained 1:1 _____ date: _____

Senior Midday Supervisor signature: _____