

KNIVETON CHURCH OF ENGLAND PRIMARY SCHOOL

MEDICINES POLICY

Reviewed: 23.2.17

Next review: February 2019

POLICY AIMS:

- The aim of this policy is to support individual children with medical needs to achieve regular attendance.
- A second aim is to reduce cross-infection between children, to increase whole school attendance.
-

ADMINISTERING MEDICINES

Staff at Kniveton Primary are able to work alongside parents to administer medicines to their child in the following circumstances:

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.

SELF-MANAGEMENT:

Children are encouraged to take responsibility for such medicines as asthma relievers. These will be stored in the individual teacher's filing cabinet but the children can freely access them at any times of the school day. Please ensure that you regularly check the expiry dates on them and ensure we have an inhaler to keep in school. Doctors are very supportive of giving extra relievers for this reason. Parents or carers must still complete the medicine form available in the school office, noting that the child will self-administer and sign the form.

PRESCRIBED MEDICINES:

If medicines are prescribed 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. We will welcome you in at lunchtime to administer these to your child. Staff members cannot administer these medicines.

Current policy dictates that we are unable to administer medicines to children in the following situations:

NON-PRESCRIBED MEDICINES

The school will not be able to store or give medicines that have not been prescribed by a doctor to a child (e.g. Calpol, Piriton or cough medicines) unless there is a specific prior written permission from the parents. There is a 'Request for school to administer medication' form in the school office which would need to be completed. Parents are warmly welcome into school if they wish to give their child these medicines. Lunchtime is a good opportunity for this.

EDUCATIONAL VISITS:

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. There is always a section on our parental consent forms where parents can identify any specific medical needs of their child. Please ensure your child brings their inhalers with them on such occasions. Staff will be made aware of these medical needs.

EMERGENCY TREATMENT AND MEDICINE ADMINISTRATION:

The school will call for medical assistance and the parent or named emergency contact will be notified. The Governing 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, such as the use of an epi pen for severe nut allergies.

Below is a table of school illness exclusion guidelines. We hope you will find this useful.

Chickenpox

Until blisters have all crusted over or the skin is healed, usually 5-7 days from the onset of the rash.

Conjunctivitis

Parents/ carers expected to administer relevant creams. Stay off school if unwell.

Nausea

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

Diarrhoea and/or vomiting

Exclude for 24 hours after the last bout.

German measles /rubella

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

Hand, foot and mouth disease

Until all blisters have crusted over. No exclusion from school if the child only has white spots. If there is an outbreak the school will contact the Health Protection Unit.

Head lice

No exclusion once treated. However if live lice are observed on a child's head then parents/carers will be contacted to fetch their child and treat accordingly. Please wet comb thoroughly for the first treatment and then every three days for the next 2 weeks to remove all lice.

Cold sores

Only exclude if unwell. Encourage hand-washing to reduce viral spread.

Impetigo

Keep child at home for the first 2 days and until 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.

Slapped cheek

No exclusion.(infectious before rash appears)

Threadworms

No exclusion. Encourage hand-washing, especially nail scrubbing.

Whooping cough

Until 5 days on antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.

Antibiotics

First dose must be given by parents/ carer at home.

Viral infections

Exclude until the child is well and temperature is normal.(37 degrees)