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Medical/Medicines Policy Introduction

At St Mary's CVA, children with medical conditions will be properly supported in school so that they can play a full and active role in school life, achieve their academic potential and enjoy the same opportunities at school as any other child.

Section 100 of the Children and Families' Act 2014 places a duty on governing bodies of schools to make arrangements for supporting pupils at their school with medical conditions.
The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their full potential.

This policy has been written following the Supporting Pupils at School with Medical Conditions guidance issued by the DfE, April 2014.

Aims of the Policy

- To ensure parents and staff of the school understand the expectations and procedures for children who are unwell on a school day or at school.
- To ensure the safe administration of medicines to children where necessary and to help support attendance.
- To ensure the on-going care and support of children with long term medical needs via a health care plan.
- To explain the roles and responsibilities of school staff in relation to medicines.
- To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness.
- To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage.
- To outline the safe procedure for managing medicines on school trips.

Procedures for unwell pupils

Children displaying any signs of infection/ illness will be sent home and recommended to see a doctor.
If a child is identified with sickness and diarrhoea, the parent/carer will be contacted immediately and the child must go home, and only return after 48 hours have passed without symptoms. If the school is unable to contact the parent/carer in any situation, the child's first emergency contact will be contacted.
Parents are asked to disclose if their child has a medical condition which makes them vulnerable to infection.
If a vulnerable child, which includes those being treated for leukaemia or other cancers, those on high doses of steroids and those with conditions that seriously reduce immunity, is exposed to chicken pox or measles, the parent/carer will be informed immediately and further medical advice sought.

Students should not return to school, following an infectious illness, any sooner than the recommended absence period outlined in Appendix B.

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Infection control

Parents should not bring their child into school in the following circumstances:
- The child shows signs of being poorly and needing one-to-one attention
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has untreated head lice
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended period to be kept away from school, outlined in Appendix B, has not yet passed.

We do understand that sometimes children will appear unwell or say they are unwell for reasons other than being poorly. If you feel your child has any worries about coming to school and is feigning illness, please contact school to discuss your concerns. Likewise, if a child suddenly appears to be well early in the day, they can come to school for the afternoon session or even come in late for the morning.

Infectious diseases
If a member of staff suspects the presence of an infectious disease in the academy, they should inform the Headteacher and school office. If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms. If a child is identified as having a notifiable disease, as outlined in Appendix B, the school will inform the parents, who should inform their doctor. It is a statutory requirement for doctors to then notify the Public Health Agency. Administration of Medicines School can only administer medicines under certain conditions
These are:
- Medicines prescribed by a doctor, dentist, nurse or pharmacist
- Medication that needs to be administered 4 times per day or if it specifically states before/with lunch
- If circumstances deem that parents are unable to administer this at the correct time e.g. Medicines which cannot be administered outside of school hours, occasions when a child is attending an after school club which then puts the timings of taking 3 doses of medicine outside the boundary etc

School will administer non-prescriptive medicines.

In this instance, parents must come in to school on a daily basis to arrange the administration. **Where it is essential for medicines to be administered:**

- Parents will need to fill in a 'Request for the School to Administer Medication' form (Appendix A).
- Parents are responsible for bringing the medicine into school and for taking it home and must not be brought by the child.
- Parents will need to provide the medication in its original container that carries the original label detailing, name, dosage, frequency of dose, expiry date.
- Mrs Oxley will arrange the administration of medication in conjunction with class staff. This will ensure that dosages are checked before administration and that logs of treatments are kept.
- On a school trip the medication will be kept and administered by the named first aider.
- Medicines will be kept securely or in suitable storage if the instructions require this (e.g. in a fridge)
- Inhalers may be carried and used by children where that is appropriate and judged to be safe by staff. Inhalers are stored in class. In an emergency the school's inhaler will be administered.

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Emergency medicines/ treatment

If a child has a severe allergic reaction e.g. peanuts/diary staff are trained to administer epi pens. Epi pens must be provided by parents. School requires 4 epi pens- 2 for class and 2 for within the office area.
If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital. Where relevant, a child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

Sunscreen.

Children will be allowed to put on their own sunscreen when appropriate. If sunscreen is brought into school, it should be labelled with the child's name and given to the teacher for safe keeping. Staff will not support with the application of sunscreen.
We recommend that parents apply sunscreen at home before the start of the school day.

Long Term or Complex Medical Needs/ Individual Health Care Plans

School will co-operate with health care professionals in the treatment of children whose needs are long term or complex. We will participate in the drawing up of health care plans. Their purpose is to ensure that they provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.
The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional, e.g. Specialist or community nurse.
Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
Responsibility for ensuring the plan is finalised rests with the school. St Mary's CVA will ensure the individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social wellbeing is managed minimising disruption.
Reviews will be linked to any education healthcare plan the child may have.

The school's Intimate Care Policy provides further clarification regarding dealing with specific needs.
Medical needs related to food There may be occasions when children require a special diet due to

allergies to certain food types eg nut allergy or intolerance to gluten/ wheat. The catering service is well equipped to provide meals for children with allergies/ intolerances.
However, this cannot be done unless parents provide medical evidence stating the medical condition and which food types should not be given to the child.
A form must be completed by the parent and the school and submitted to Catering section at Derbyshire County Council, Matlock. If parents cannot provide this then a standard school lunch will be provided.

Children with specific allergies will have their photos displayed in relevant areas around school (such as in the kitchen, staffroom and main office) to ensure that all staff are aware of their particular needs and emergency action that may need to be taken.

Training for Staff
The school will ensure that as many staff as possible are trained in first aid and that the training is kept up to date. Where training in the administration of medication is required, we will also ensure that it is given and kept up to date. Staff undertake the full Paediatric First Aid training.
If Individual Healthcare Plans determine that additional training is required, then school will ensure that this is met and up to date.

Record Keeping
Staff administering first aid will log the treatment on the school log sheet for minor incidents. In the event of more serious injury: unconsciousness, broken limbs or hospitalisation, the relevant Health and Safety Executive forms will be used through DCC.
In every incident of a head injury, whether this appears to be small or large, parents will be informed and given the option of coming into school to check on their child. 'Bump notes' are given to children to keep parents informed where children have had first aid and/ or there are visible injuries.
A record is kept of any allergic reactions which have occurred, a record is also kept of near issues e.g. a child almost been given the wrong lunch.

Risk Assessments
Certain medicines and procedures will involve risks to staff and pupils. Appropriate risk assessments will be carried out by the Senior Leadership Team in these cases.

Review

This policy will be reviewed on an annual basis.

Appendix A Request for the School to Administer Medication Form (Available from the school office)
Appendix B
This table details the minimum required period for pupils to stay away from school following an infection, as recommended by the Public Health Agency.

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Infection	Recommended minimum period to stay away from school	Comments
Rashes and skin infections		
Athlete's foot	None	Treatment recommended; however, this is not a serious condition.
Chicken pox*	Five days from onset of rash	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR). Follow procedures for pregnant staff.
Hand, foot and mouth rashes	None	If a large number of pupils/staff are affected, contact the Public Health Agency.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	None
Measles*	Four days from onset of rash	Preventable by vaccination. Follow procedures for vulnerable children and pregnant staff.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	None
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will need treatment also.
Scarlet fever*	24 hours after commencing antibiotic treatment	Antibiotic treatment recommended.
Slapped cheek (fifth disease or parvovirus B19)	None	Follow procedures for vulnerable children and pregnant staff.
Shingles	Stay away from school only if rash is weeping and cannot be covered	Spread by close contact. Can cause chicken pox in those who are not immune. Follow procedures for vulnerable children and pregnant staff.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

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Infection	Recommended minimum period to stay away from school	Comments
Diarrhoea and vomiting illnesses		
Diarrhoea and/or vomiting	48 hours from the last episode of diarrhoea or vomiting	None
E.coli*	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Typhoid* and paratyphoid* (enteric fever)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Shigella* (dysentery)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Cryptosporidiosis*	48 hours from the last episode of diarrhoea or vomiting	Exclusion from swimming for two weeks after diarrhoea has settled is recommended.
Respiratory infections		
Flu (influenza)	Until recovered	Follow procedures for vulnerable children.
Tuberculosis*	Consult the Public Health Agency for recommendation	Requires prolonged close contact to spread.
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. Non-infectious coughing can continue for many weeks.
Other infections		
Conjunctivitis	None	If an outbreak occurs, contact the Public Health Agency.
Diphtheria*	Consult the Public Health Agency for recommendation – exclusion is always necessary	Preventable by vaccination. Family contacts must be excluded until cleared to return by the Public Health Agency.
Glandular fever	None	None
Head lice	None	Treatment is recommended.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	In an outbreak, the Public Health Agency will advise control measures.
Hepatitis B*, C and HIV/AIDS	None	Not infectious through casual contact. Follow procedures for bodily fluid spills.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. The Public Health Agency will advise on any action needed. There is no reason to exclude those who have been in close contact.