



PRESTFELDE

Illness and Administration of Medication Policy

We strive to ensure compliance with the relevant legislation and guidance in *Health Guidance for Schools* with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at is held by the headteacher but delegated to our School Matron.

All medical information is treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the *Health Guidance for Schools* document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Aims and Objectives

Our administration of medicine requirements are achieved by establishing principles for safe practice in the management and administration of:

- prescribed medicines
- non-prescribed medicines
- maintenance drugs
- emergency medicine

We:

- provide clear guidance to all staff on the administration of medicines
- ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- ensure that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- ensure the above provisions are clear and shared with all who may require them
- ensure that this policy is reviewed periodically or following any significant change which may affect the management or administration of medicines

Illness

In the event that a child is poorly for any reason careful consideration must be made as to whether the child is well enough to attend school and or causes a risk to other members of the school community.

Advice to parents regarding illness and exclusion periods is communicated with parents with reference to the Public Health advice and guidance.

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

COVID-19

In light of the COVID 19 pandemic and re-opening of the school, careful consideration is made to Government, Public Health and the World Health Organisation guidance. Risk assessments are written adhering to this guidance and evaluated responsively, considering any changes and updates.

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

Signs and symptoms and what to do <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

Page 10 of guidance [September guidance 2020 post COVID.docx](#) and how we will implement measures to safeguard our community at Prestfelde.

This information, risk assessment and guidance are communicated regularly with parents to ensure that they are clear upon expectations to safeguard our community.

Any child or person displaying these symptoms will be isolated within our Health Care centre (lilac room) and parents called immediately with information and advice in how to gain a COVID 19 test.

In the event that we have a confirmed case of COVID 19 within the school we must inform Public Health England and follow their instructions.

Manage confirmed cases of coronavirus (COVID-19) amongst the school community

Schools must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Schools should contact the local health protection team. This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.

The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.

The health protection team will work with schools in this situation to guide them through the actions they need to take. Based on the advice from the health protection team, schools must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:

- direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
- proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
- travelling in a small vehicle, like a car, with an infected person

The health protection team will provide definitive advice on who must be sent home. To support them in doing so, we recommend schools keep a record of pupils and staff in each group, and any close contact that takes places between children and staff in different groups (see [section 6 of the system of control](#) for more on grouping pupils). This should be a proportionate recording process. Schools do not need to ask pupils to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.

A template letter will be provided to schools, on the advice of the health protection team, to send to parents and staff if needed. Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.

Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

They should get a test, and:

- **if the test delivers a negative result, they must remain in isolation for the remainder of the 14-day isolation period.** This is because they could still develop the coronavirus (COVID-19) within the remaining days.
- if the test result is positive, they should inform their setting immediately, and should isolate for at least 10 days [was: 7] from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

In the majority of cases, schools and parents will be in agreement that a child with symptoms should not attend school, given the potential risk to others. In the event that a parent or guardian insists on a child attending school, schools can take the decision to refuse the child if in their reasonable judgement it is necessary to protect their pupils and staff from possible infection with coronavirus (COVID-19). Any such decision would need to be carefully considered in light of all the circumstances and the current public health advice.

Further guidance is available on [testing and tracing for coronavirus \(COVID-19\)](#).

Local health protection team - West Midlands North HPT
Public Health England
Stonefield House
St Georges Hospital
Corporation Street
Stafford
ST16 3SR

Telephone 0344 225 3560 (option 2)

Out of hours advice 01384 679 031

Administration of Medicines

The administration of medicines is the overall responsibility of parents/carers. The headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents/carers.

Consent to administer medicines

All parents/carers are required to give signed written permission authorising us to administer prescribed medicines and after all medication has been given.

Prescribed medicines

It is our policy to manage prescribed medicines (e.g. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from, the parents/carers.

Non-prescribed medicines

Non-prescribed medicines i.e. Calpol will only be administered with prior written consent and administered by our Matron.

Maintenance drugs

It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from parents/carers. On such occasions, a health care plan is in place for the child concerned

Non-Routine Administration (Emergency medicine)

We manage the administration of emergency medicines such as:

- injections of adrenaline for acute allergic reactions EPI pens
- rectal diazepam for major fits
- injections of Glucagon for diabetic hypoglycemia

In all cases, professional training and guidance from an appropriate source will be received before commitment to such administration is accepted

Procedure for Administration

When deciding upon the administration of medicine needs for children we discuss this with the parents/carers concerned and make reasonable decisions about the level of care required. Any child

required to have medicines will have an 'administration of medicines/treatment' consent form completed and signed by the parent/carer and kept on file prior to any administration of medication.

Individual health care plans are completed for children where required and reviewed periodically in discussion with the parents/carers to ensure their continuous suitability.

All administration of medicines is recorded.

Date

Time

Medicine details

Signature of who administered the medication

Signature of a witness to the administration of the medicine

Parent signature after the medication has been administered e.g. at the end of the school day.

If a child refuses to take medication, parents/carers are informed at the earliest available opportunity.

Schedule Two Drugs

These drugs, which include Ritalin, are governed by the Misuse of Drugs Act and are kept in a locked cupboard in our Health Care Centre, which conforms to the legislation. It is kept locked at all times except when being accessed for storage or administration of medicine. Keys are kept to a minimum and are held only by our Office Coordinator.

A register of controlled (schedule two) drugs is kept which records:

- medication provided
- medication administered
- the name of the person for whom they were supplied.
- the name and quantity of the drug/medication supplied
- the amount administered each time and the amount left each time.
- the type of medication i.e. tablet/liquid and expiry date.
- two signatures for each dose of medicine given.
- two signatures for each time the medications are counted and checked. This is done once a week. The second signature is a witness.

This register is kept for at least two years from the last entry made.

All pupils with ongoing medical needs have a health care plan. This includes pupils with diabetes, Epi pen, heart problems, epilepsy and very severe asthma.

Contacting the Emergency Services

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity and parents/carers informed to accompany the pupil to the hospital if at all possible.

Training

Where staff are required to carry out non-routine, more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source is sought before commitment to such administration is accepted.

Storage

The storage of medicines is the overall responsibility of the Matron who ensures that arrangements are in place to store medicines safely. Secure storage is situated in our Health Care Centre.

The storage of medicines is undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents/carers to provide medicine that is in date. This should be agreed with the parents/carers at the time of acceptance of on-site administration responsibilities.

Disposal of Medicines

It is the responsibility of the parents/carers to ensure that all medicines no longer required, including those which have date-expired, are returned to a pharmacy for safe disposal.

'Sharps boxes' are always used for the disposal of needles. Collection and disposal of the boxes is arranged as appropriate.

Asthma Policy Statement

- This school is an inclusive community that aims to support and welcome children with asthma
- We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma
- This asthma policy was drawn up in consultation with a wide range of local key stakeholders within both the school and health settings
- We ensure that all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All school staff receive annual asthma awareness training
- We have clear guidance on the administration of medicines at school
- We have clear guidance on the storage of medicines at school
- We have clear guidance about record keeping
- Each member of the school and health community know their roles and responsibilities in maintaining and implementing an effective medical condition policy. This asthma policy is regularly reviewed evaluated and updated. Updates occur every year

Policy Guidelines

- We are an inclusive community that aims to support and welcome children with asthma:
- Children with asthma are encouraged to take control of their condition
- Children feel confident in the support they receive from the school to help them do this
- Children with asthma are included in all school activities
- All staff feel confident in knowing what to do in an emergency

- The school asthma policy is understood and supported by the whole school and local health community

We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma:

- We are committed to providing children with a physical environment which is accessible to children with asthma
- Our commitment to an accessible physical environment includes out of school visits and we ensure these visits are accessible to all children
- We ensure the needs of children and young people with asthma are adequately considered to ensure they have full access to extended school activities such as school discos, school productions, after school clubs and residential visits
- We are aware of the potential social problems that children with asthma may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies
- We use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst children and to help create a positive social environment
- We ensure all staff understand that pupils with asthma should not be forced to take part in physical activity if they feel unwell
- We ensure all PE/Games teachers, classroom teachers and school sport coaches are aware of the potential triggers for children's asthma when exercising and tips to minimise these triggers
- We ensure all children have the appropriate medicines with them during physical activity and that children take them when needed
- Risk assessments are carried out for any out of school visit and asthma is considered during this process. Factors to consider include how routine and emergency medicines are stored and administered and where help could be obtained in an emergency
- There may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school

Our asthma policy has been drawn up in consultation with a wide range of local key stakeholders both within the school and health settings

- We recognise the importance of providing feedback to those involved in the development process and are committed to acknowledging input and providing follow up to suggestions put forward

All staff understand asthma and are trained in what to do in an emergency:

- We understand our duty of care to children in the event of an emergency
- In an emergency situation staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines
- We receive training and know what to do in an emergency for the children in our care with asthma
- Training is refreshed for all staff at least once a year
- We use school asthma healthcare plans to inform the appropriate staff (including supply teachers and support staff), of children in their care who may need emergency help

- We have procedures in place for a copy of the pupil's health care plan to be sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent or the information on it is communicated to the hospital as soon as possible
- If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives.
- Generally, staff should not take children to hospital in their own car unaccompanied

Emergency medicines

- All children with asthma have easy access to their emergency medicines
- All children are encouraged to carry and administer their own emergency medicine, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition
- Children who do not carry and administer their own emergency medicines, should know where the drugs or medicines are stored and how to gain access
- All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent. In an emergency situation, this may include taking action such as administering medicines

Non-emergency medicine

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medicine or supervise a pupil taking medicines unless they have been specifically contracted to do so
- Many other members of staff who are happy to take on the voluntary role of administering medicines may administer prescribed and non-prescribed medicines to children under the age of 16, but only with the written consent of the parent
- Training is given to all staff members who agree to administer medicines to children and the Local Authority provides full indemnity
- Should the medicine change or be discontinued, or the dose or administration method change, parents/carers will notify the school immediately
- Staff record if a child refuses medicine. Parents/carers are informed as soon as possible
- All staff attending off site visits are aware of any children on the visit with asthma. They receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed
- If a trained member of staff, who is usually responsible for carrying or administering medicine, is not available we make alternative arrangements to provide the service. This is addressed in the risk assessment for the activity

Safe storage – emergency medicine

- Emergency medicines are readily available to children who require them at all times during the school day or at off-site activities
- Most children carry their emergency medicine on them at all times. Children keep their own emergency medicines securely
- Children are reminded to carry/take their emergency medicines with them at all times

- Children, whose healthcare professionals and parents advise us that their child is not yet able or old enough to self-manage and carry their own emergency medicines on them, know exactly where to access their emergency medicines

Safe storage – general

- All medicines are supplied and stored, wherever possible, in their original containers. All medicines are labelled with the pupil's name, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency. This is managed by our Matron.
- Medicines are stored in accordance with instructions paying particular note to temperature.
- Some medicines may need to be refrigerated. All refrigerated medicines are stored in an airtight container and are clearly labelled in the Health Care Centre.
- All medicines are sent home with children at the end of the school year. Medicines are not stored in school over the summer holidays.
- Secure storage is available in our Health Care Centre.

It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year

Safe disposal

- Parents are asked to collect out of date medicines from school
- If parents do not pick up out of date medicines or at the end of the school year medicines are taken to a local pharmacy for safe disposal
- Matron is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year

Record Keeping

Registration

- We ask parents/carers if their child has any health conditions or health issues on registration.
- Parents of new children starting at other times during the year are also asked to provide this information on registration forms.
- Health details are updated annually
- Asthma Health Care Plans
- We use an adapted School Health Care Plan from "Managing Medicines in Schools and Early Years Settings" guidance to record important details about individual children's medical needs, their triggers, signs, symptoms, medicines

A school health care plan, accompanied by an explanation, is sent to all parents of children with asthma for completion:

- at the start of the school year
- at registration
- when a diagnosis is first communicated to the school

Parents/carers are asked to fill out the pupil's school Asthma Health Care Plan. Parents then return these completed forms to the school. Parents may need to liaise with their child's health care professionals to complete the form

School Asthma Register

Asthma Health Care Plans are used to create a centralised register on ISAMS of children with asthma

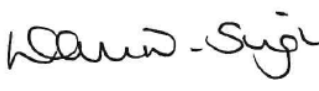

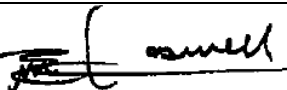
Matron has responsibility for the register.

Parents/carers are regularly reminded to update their child's Asthma Health Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change

- We regularly check that information held by the school on a pupil's condition is accurate and up to date
- Every health care plan is reviewed annually
- Health care plans are kept in a secure central location in the Health Care Centre.
- All members of staff have access to the health care plans of children in their care
- When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the health care plans of children in their care
- We seek permission from parent/carers to allow the health care plan to be sent ahead to emergency care staff should an emergency happen during school hours or at an out of school hours school activity

We use the health care plans to:

- Inform the appropriate staff and a supply teacher about the individual needs of a pupil with a medical condition in their care
- Identify common or important individual pupil triggers at school that bring on symptoms and can cause emergencies
- Ensure that all medicines stored at school are within the expiry date
- Ensure emergency care facilities have a timely and accurate summary of a pupil's current asthma management and healthcare in the event of an emergency.

APPROVED DATE	September, 2021		
REVIEW DATE	September, 2022		
SIGNED MATRON		PRINT NAME	Lita Collins-Singh
SIGNED HEAD		PRINT NAME	Fiona Orchard
SIGNED DEPUTY HEAD		PRINT NAME	Michael Haswell

