

Alston Lane Catholic Primary School and Nursery Medicine Policy

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Policy aims

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

Parents and carers are asked to support the school with this policy, which aims to protect all our children.

Please do not send your child to school if he/she is unwell. Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

The requirements of the Early Years Foundation Stage are also met through this policy.

Non-prescribed medicines

The school strongly encourages parents or carers to make arrangements to come into school to administer non-prescribed medicines themselves. If this is not possible, in exceptional circumstances, the school is able to administer over the counter medicines, recommended by a pharmacist or nurse, such as pain and fever relief. Written permission from parents is required however, using the school's consent form showing dosage and frequency of administration. Please speak to office staff if your child requires over the counter medicine to be administered during the school day.

Please note that staff will only administer non-prescribed medicines, such as paracetamol based liquid, if the child complains of feeling unwell or is in pain, unless a regular dosage has been recommended by a doctor or chemist. When a dose is given, it will be recorded on the child's consent form and dated. It will remain the parent's responsibility to check whether a dose has been administered by checking the consent form at the school office. School is prohibited from administering any non-prescribed medicines that contain aspirin.

Cough lozenges – parents wishing their child to have a cough lozenge during the school day should write a note to the class teacher. The class teacher will look after the lozenges until required. Children will be expected to stay inside the school building until the lozenge has been finished.

Prescribed medicines

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.

If medicines are prescribed 4 times a day, parents and carers will definitely be required to administer the first 24 hour dose of any new prescription, for example antibiotics. The school also strongly encourages parents or carers to make arrangements to come into school to administer further doses themselves. If this is not practicable, the school will administer the medicine following written permission from parents, using the school's consent form showing dosage and frequency of administration.

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. The following details must be provided:

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

- Expiry date.

The school will provide medicine consent forms, and parents or carers must complete and sign one of these forms if they leave medicine at school. A record of the time, date and member of staff who administered the medicine will be recorded on the consent form and kept in the school office.

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 (Asthma)

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. Parents or carers must inform the school if their child is to do this. Children will usually keep their inhalers in their trays, but teachers may also keep them in a safe place within the classroom. The school keeps a register of children who have asthma. Please help us keep this up-to-date if your child's circumstances change.

The school has a blue Salbutamol inhaler for asthmatic emergencies. This will be used **only, in exceptional circumstances**, when a child does not have their own.

Refusing Medicine

When a child refuses medicine the parent or carer will be informed the same day.

Storage and Disposal of Medicine

The school will store medicine in a locked cabinet, or fridge as necessary. Medicines that have not been collected by the end of each term will be safely disposed of.

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.

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 - 5 or more times a day.

Chickenpox	Until blisters have all crusted over or skin healed, usually 5 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout 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 2 weeks.
Flu	Until recovered.
German measles/rubella	Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days with antibiotics and sores have crusted over/healed.
Measles	4 days from onset of rash.
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.
Scarlet Fever	Child can return 24 hours after antibiotic treatment has commenced.
Slapped cheek	No exclusion (infectious before rash).
Threadworms	No exclusion. Encourage handwashing including nail scrubbing.
Whooping cough	Until 2 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	First dose must be given at home, and first 24 hour doses must be given by parent or carer.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. An enhanced DBS is a requirement for all staff.

This policy was agreed by the Governing body in March 2023.
This policy will be reviewed by Governors in March 2025.