



INFECTIOUS DISEASES & ADMINISTRATION OF MEDICINES IN SCHOOL

This policy is for use with pupils who have short term medical conditions that require medicine. The needs of those pupils who have long term medical conditions are dealt with under the 'Medical Conditions Policy and Guidance'.

1 REMIT

This policy relates to all sections and activities of the school e.g. the Senior School, the Junior School (including EYFS), Wrap Around Care, Offsite Activities and School run Holiday Activities or Clubs.

This policy should be read in conjunction with the following School policies and procedures:

- Asthma Policy
- Intimate Care Policy
- Long Term Medical Conditions Policy
- Pupils' Mental Health and Well-being Policy and Guidance

Parents retain the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Children should be kept at home if they are acutely unwell and in the case of contagious diseases only return when they are no longer infectious. Further information on Infectious Disease Control can be found in Appendix 1.

2 AIM

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

3 THE ROLE OF STAFF

Teaching staff are not required to administer medicines to children. Those members of staff who volunteer to administer medicines or administer medicines as part of their role within school will receive appropriate training.

The School Council fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following School Council's guidelines.

4 PRESCRIBED MEDICINES

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Parents must complete the form, **Parental Agreement to Administer Medicine or Request for Child to Carry His/Her Medicine** prior to any medicine being brought into school.

The School will accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. Normally medicines will be securely stored under the control of the school office unless a **Request for Child to Carry His/Her Medicine** form has been completed.

5 CONTROLLED DRUGS

The school will not look after prescribed medicines that are scheduled under the Misuse of Drugs Act. Children who require a controlled drug must be prescribed one that does not require administration during the school day.

6 NON-PRESCRIBED MEDICINES

This would include if your child suffers from seasonal allergies e.g hayfever, or if your child needs medication for occasional use e.g. migraines or period pain which would not require further assistance from staff. This would also include if your child needs to bring medication in to school for a short period of time

e.g. a week course of penicillin.

- Staff should never give non-prescribed medicine e.g. paracetamol to a child unless there is specific prior written permission from the parents. Parents must complete the form, Parental Agreement to Administer Medicine prior to any medicine being administered by school staff.
- Only in exceptional circumstances will more than one dose of a non-prescribed medicine be given to a child during the day.
- A child under 16 should never be given aspirin unless prescribed by a doctor.

7 ADMINISTERING MEDICINES

- Details of the medicine administered must be recorded, signed on the medical sheets at the Senior School or using the Record of Medicines Administered to Children Form in the Junior School.
- For children in EYFS, when medicine is administered, parents are informed the same day or as soon as reasonably practicable.
- When a child refuses medicine the parent should be informed, if practical, the same day.

8 ADMINISTRATION OF MEDICINES ON TRIPS AND VISITS

Red House School will make all reasonable adjustments to ensure that children may take a full part in all aspects of the curriculum. Where a child requires medication to be administered on a trip or visit it is the responsibility of the trip or visit organiser to assess the practicalities of administering such medicine as is required.

9 SELF-MANAGEMENT OF MEDICINE

Children are supported and encouraged to take responsibility for managing their own medicines from an early age. Children may carry medicine e.g. Epipens and carry and administer e.g. asthma reliever where appropriate, parents must in these circumstances complete the form Request for child to carry his/her own Medicine (Appendix 5).

10 CHILDREN WITH LONG-TERM OR COMPLEX MEDICAL NEEDS

Where a child has a long-term or complex medical need the school will draw up a health care plan in consultation with parents and relevant health professionals, if necessary. Further information can be found in the School's "Long Term Medical Conditions Policy and Guidelines".

APPENDIX 1 - INFECTIOUS DISEASE CONTROL

To prevent the spread of infectious diseases please would parents observe the following periods of absence from school when their child has an illness. Not all illnesses are listed. Full details are available from Public Health England www.phe.gov.uk or from the school.

Illness	Recommended period of absence	Comments
Diarrhoea and/or vomiting	48 hours from last episode	
Whooping cough	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccine. After treatment non-infectious coughing may continue for many weeks.
Athletes foot	None	Treatment recommended
Chicken Pox	5 days from onset of rash	<i>See below</i>
Cold Sores	None	Avoid contact with sores
German Measles (Rubella)	5 days from onset of rash	Preventable by vaccine. <i>See below</i>
Impetigo	Until lesions healed	Antibiotics
Measles	5 days from onset of rash	Preventable by vaccine. <i>See below</i>
Shingles	Only if rash is weeping and cannot be covered	Can cause chicken pox, spread by close contact and touch. <i>See below</i>
Warts and Verrucae	None	Verrucae should be covered
Glandular fever	None	About 50% of children get this before they are five, many adults acquire disease without being aware of it
Head lice	None	Treatment with solution. Regular checking.
Mumps	Five days from onset of swollen glands	Prevention by vaccination

Vulnerable children: Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include: those being treated for leukaemia or other cancers, on high doses of steroids by mouth and with conditions which reduce immunity. They are particularly vulnerable to chickenpox or measles and if exposed to either of these the parent should be informed promptly and further medical advice sought. N.B Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection.

Pregnant women: Chicken Pox, German Measles and Measles can affect the pregnancy. Medical attention should be sought.

Immunisations: Immunisation status should be checked at school entry. For up to date advice check on: www.nhs.uk/conditions/vaccinations

APPENDIX 2 - LIST OF STAFF TRAINED IN THE ADMINISTRATION OF MEDICATION

Mrs Rosalind Green

Mr Ian McKay

Miss Cheryl Ford

Miss Lisa Simpson

Mrs Maria Wait

Miss Linda Ward

Reviewed by L Ward
Ratified by the Health & Safety Sub-Committee of School Council
June 2020