

# THE ASPIRE HUB MEDICATION POLICY

# **MEDICATION POLICY**

#### INTRODUCTION

As an Independent School, The Aspire Hub has a duty to take reasonable care of children and where necessary staff members. This includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication



or those requiring occasional dispensing of medicines. The Aspire Hub will make every effort to safeguard the health and safety of those who may be more at risk than their peers due to existing medical conditions.

# **MANAGEMENT AND ORGANISATION**

When medicines are to be administered in The Aspire Hub it is essential that safe procedures are established which are acceptable to appropriate Hub staff involved. It is essential that clear written instructions are supplied by parents when requesting that medication be administered to their child. Parents should always complete a Medication Form available from The Aspire Hub office filling in the form clearly with instructions on the dose to be administered to the child, the time to be given and for what period. Medication must be in its original packaging including the prescriber's instructions. Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a medical professional. The form should be signed by the parent or guardian and retained in The Aspire Hub office for reference by staff involved.

In cases where the child's medical needs may be greater than those of their peers, an individual Healthcare Plan will be supplied by the School. In such cases, consultations on the Plan will include The Aspire Hub, health service practitioners and the parents/guardians. This will also clarify the extent of responsibility taken by The Aspire Hub.

The Aspirations Room Leaders will be responsible for managing the administration of medicines and drugs with the agreement of named members of staff. Staff should be able to act safely and promptly in an emergency situation, as well as with the routine administration of medicines.

Only those members of staff who have current First Aid qualifications will be required to act in an emergency. Other members of staff who are willing to dispense medicines to pupils i.e. Office staff, should be advised of the correct procedure for each pupil by the Aspirations Room Leader, who will liaise with Parents/Carers.

It is the responsibility of the Aspirations Room Leader to ensure that new members of staff receive appropriate training.

Parents and staff should be kept informed of The Aspire Hub's arrangements for the administration of medicines and drugs and will be informed of any changes in these procedures.

A record should be kept of all the medicines and drugs administered by the members of staff responsible i.e. on ScholarPack.

If the parent or carer requests that The Aspire Hub administer medication (prescribed and non-prescribed), the Aspirations Room Leader will allow this on the condition that The Aspire Hub's Medication form is completed and signed by the parent. If the instructions have not been given in writing, it will not be possible for The Aspire Hub to accept responsibility for administering the medication. In exceptional circumstances a telephone call may be made to the parent / carer to obtain verbal consent. A record will be kept on ScholarPack.

In the case of chronic illness or disability, i.e. asthma, diabetes, syndromes such as ADHD etc. pupils may need to take prescribed drugs or medicines on a regular basis during The Aspire Hub. Staff will administer these drugs, on the basis that parents have completed the medicine form and written instructions have been given to staff. Staff will not under any circumstances administer drugs by injection and parents would be expected to attend to the pupil in The Aspire Hub hours in such cases.

#### THE ASPIRE HUB TRIPS

It is the part of the Inclusion Policy of The Aspire Hub that all pupils should be encouraged to take part in trips wherever safety permits. It may be that The Aspire Hub would need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult



situation might arise. It may be necessary to take medication for pupils on a trip, i.e. EpiPen, Inhalers or Epilepsy emergency medication. This medication must be logged in and out of The Aspire Hub. It may also be necessary to take copies of any relevant care plans in case of emergency. Emergency medication must be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to the paramedics to administer when necessary.

#### **INHALERS FOR ASTHMA**

When appropriate, pupils in Key Stage 2 should assume responsibility for their own inhalers. Spare, individually named inhalers can be kept in The Aspire Hub office but parents should complete The Aspire Hub's Medication Form. It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the child's placement.

In the case of pupils in Early Years and Key Stage 1 The Aspire Hub can supervise the child using the inhaler. The inhaler should be given to the Aspirations Room Leader or kept in The Aspire Hub office and written instructions given. As before, all inhalers should be regularly renewed and collected at the end of the child's placement.

# **ANTIBIOTICS**

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to The Aspire Hub, but it may also be essential that the full course of medication should be completed. In this case, named staff can administer the antibiotics supplied by the parent or carer. A Medication Form should always be completed giving full instructions for administration of the medicine. It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.

# **DIABETES**

The Aspire Hub will monitor pupils with Diabetes in accordance with their care plan. Pupils with diabetes must not be left unattended if feeling unwell or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents / carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.

# **MAINTENANCE DRUGS**

A child may be on daily medication for a medical condition that requires a dose during The Aspire Hub day. As with all other medicines a Medication Form should be completed giving clear instructions to staff at The Aspire Hub. A record of all doses administered will be kept.

# **UNUSUAL DRUGS**

In all cases, proper training will be provided by the Child Health service and parents will need to complete a Medication Form accepting responsibility. In cases of eczema or skin conditions, it will be expected that the child will be able to use the cream/lotion on their own.

# **NUT ALLERGIES/ANAPHYLAXIS PROCEDURES**

Medication for the treatment of nut allergies will be kept in easily identifiable containers in The Aspire Hub office or individual classrooms. Each container should be clearly labelled with the child's name and class.

# **EMERGENCY PROCEDURES**

In the case of emergency, The Aspire Hub will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Staff should never take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.



In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Aspirations Room Leader of The Aspire Hub. However, ultimate responsibility remains with the parents/carers.

#### **HYGIENE AND INFECTION CONTROL**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

# **CORONA VIRUS (COVD-19)**

There are important actions that children and young people, their parents and those who work with them can take during the coronavirus outbreak, to help prevent the spread of the virus.

In all education, childcare and social care settings, preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- Minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend childcare settings, schools, or colleges
  - To do this The Aspire Hub will require daily information and to take temperatures of staff and children prior to entering the building or accessing Aspire Transport which will be recorded Anyone exhibiting a high temperature or symptoms relating to corona virus will be advised they are unable to attend as described in government guidance
- Cleaning hands more often than usual wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
  - The Aspire Hub will implement good hygiene procedures including regular hand washing and throughout the day hand sanitiser, moisturiser and barrier cream will be used, staff and children will use gloves for washing pots, staff and children will wear one set of aprons and tabards for food prep and a different set for craft/ art activities.
- Ensuring good respiratory hygiene promote the 'catch it, bin it, kill it' approach
  - To promote the 'catch it, bin it, kill it' approach all staff and children will be encouraged to use paper towels to dry hands after washing and discard in the bin.
- Cleaning frequently touched surfaces often using standard products, such as detergents and bleach
  - The Aspire Hub will ensure regular wiping of surfaces throughout the day. At the end of each day the large furnishing will be cleaned and disinfected.

- Minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)
  - The Aspire Hub will be opening on a reduced timetable with a reduced number of children in the first instance.
  - Individual risk assessments for children will highlight the need for physical intervention.
  - Where possible children will work outside and where possible social distancing measures will be implemented.
  - o Personal protective equipment (PPE) including face coverings and face masks
  - Wearing a face covering or face mask in schools or other education settings is not recommended. Face
    coverings may be beneficial for short periods indoors where there is a risk of close social contact with people
    you do not usually meet and where social distancing and other measures cannot be maintained for example
    on public transport or in some shops. This does not apply to schools or other education settings. Schools and
    other education or childcare settings should therefore not require staff, children and learners to wear face
    coverings
    - At the aspire Hub social distancing measures are not always possible.
    - At times during the day children and staff will need to be in close proximity, during these times staff will be required to wear coverings to prevent the risk spreading germs.
  - Children, young p36eople and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
  - If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn
    - At the Aspire hub where a risk assessment would identify that a child may display any of the above staff will be provided with eye protection.

We will revisit this advice when the science and government indicate it is safe to invite more children back to the hub.

# STORAGE OF MEDICATION

All medication must be stored in the designated medication areas i.e. the secure medication cupboard in The Aspire Hub office or the staff room fridge (depending on prescriber's instructions.) The key to the medication cupboard will be kept in the office key cupboard. EpiPen's and Inhalers should be readily available and not locked away. Some children have EpiPen/Inhalers in their classrooms in accordance with the recommendation of their care plan.

# **DISPOSAL OF MEDICINES**

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a Pharmacy for safe disposal.

Summary of Procedure to Dispense Medication

- Permission to dispense medication form must be completed by the parent/carer.
- Medicine must be in original packaging clearly marked with name of child and dose to be administered.
- Recommended / prescribed dose will not be exceeded without written permission from a medical professional.
- All medication given must be recorded and witnessed in Medication Record book.



- It will be the parent / carers responsibility to collect medication at the end of each The Aspire Hub day where necessary.
- Medication being taken out of The Aspire Hub on trips or visits must be logged in and out with The Aspire Hub office and be the responsibility of a member of staff at all times.



# **ILLNESSES AND EXCLUSION PERIODS**

Children recovering from a short-term illness/infection who are clearly unwell should not be in The Aspire Hub and the Aspirations Room Leader can request that parents or carers keep the pupil at home if necessary. In the event that a child falls ill whilst at The Aspire Hub, the Aspirations Room Leader will determine whether or not the child needs to go home for the remainder of the day. If a child is not well enough to be at The Aspire Hub, then a member of staff will contact parents/carer and ask for the child to be collected.

We will also inform school of any absences and any other relevant outside agencies.

For the sake of the health of every child attending The Aspire Hub, it is necessary for us to have in place and actively enforce exclusion periods for certain illnesses.

Rashes and skin infections	Recommended period to be kept	Comments
Athlete's foot	away from The Aspire Hub None	Athlete's foot is not a serious condition.
Attriete \$ 100t	Notie	Treatment is recommended
Chickenpox*	Five days from the onset of rash	See: Vulnerable children and female staff –
Chickenpox	Five days from the onset of fash	
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores.
Cold soles, (Herpes simplex)	None	Cold sores are generally mild and self-
		limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2
German measies (rubena)	Six days from onset of rash	doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of
Hand, 100t and modern	None	children are affected. Exclusion may be
		considered in some circumstances
Impetigo	Until lesions are crusted and healed,	Antibiotic treatment speeds healing and
	or 48 hours after commencing	reduces the infectious period
	antibiotic treatment	Todadoo and amounda poince
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See:
	,	Vulnerable children and female staff –
		pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require
		treatment
Scarlet fever*	Child can return 24 hours after	Antibiotic treatment recommended for the
	commencing appropriate antibiotic	affected child
	treatment	
Slapped cheek (fifth disease or	None	See: Vulnerable children and female staff –
parvovirus B19)		pregnancy
Shingles	Exclude only if rash is weeping and	Can cause chickenpox in those who are not
	cannot be covered	immune i.e. have not had chickenpox. It is
		spread by very close contact and touch. SEE:
		Vulnerable Children and Female Staff –
		Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming
		pools, gymnasiums and changing rooms



Diarrhoea and vomiting illness	Recommended period to be kept away from The Aspire Hub	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)  Shigella* (dysentery	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from The Aspire Hub	Comments
Corona Virus	Exclusion for 7-14 days	Follow procedures above
Flu (influenza)	Until recovered	
Tuberculosis*	Follow doctors' advice	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary



Other infections	Recommended period to be kept	Comments
	away from The Aspire Hub	
Conjunctivitis	None	
Diphtheria	Exclusion is essential.	Family contacts must be excluded
		until cleared to return
		Preventable by vaccination
Glandular fever	None	
Head lice	None	Treatment is recommended
Hepatitis A*	Exclude until seven days after onset	
	of jaundice (or seven days after	
	symptom onset if no jaundice)	
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are
		bloodborne viruses that are not
		infectious through casual contact.
		For cleaning of body fluid spills.
Meningococcal meningitis*/	Until recovered	Meningitis C is preventable by
septicaemia*		vaccination. There is no reason to
		exclude siblings or other close
		contacts of a case.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis
		are preventable by vaccination.
		There is no reason to exclude
		siblings or other close contacts of a
		case.
Meningitis viral*	None	Milder illness. There is no reason to
		exclude siblings and other close
		contacts of a case.
MRSA	None	Good hygiene, in particular
		handwashing and environmental
		cleaning, are important to minimise
		any danger of spread.
Mumps*	Exclude child for five days after	Preventable by vaccination (MMR x
	onset of swelling	2 doses)
Threadworms	None	Treatment is recommended for the
		child and household contacts
Tonsillitis	None	There are many causes, but most
		cases are due to viruses and do not
		need an antibiotic.



Date	Ratification	Reviewed by
Feb 17	This policy was ratified by the board of Directors	Directors
Feb 18	No changes made	LB
Nov 18	Amended to reflect change to school status	LB
September 19	Changes to reflect school status and changes to reporting system	LB
May 20	Changes made to incorporate Covid- 19	GB LS