



Supporting Medical Needs in School
(Incorporating: Administration of Medicines)
Policy and Procedures

Safeguarding Statement

At Garretts Green Nursery School we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Garretts Green Nursery School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

Rationale

The Children and Families Act 2014 states that the school has a legal responsibility to support children in the management of medical needs in order that they may access the same full entitlement to educational provision as every other child in the school.

This Policy is important in ensuring that the responsibilities are understood, are met by the school and that staff are equipped to meet the medical needs of the children in their care.

Medical needs fall into two main categories:

1. Short-term medical needs which may require support in the administration of medicines or short-term support,
2. Long-term medical needs which may be linked to a disability or to a life-limiting condition and as such will also be likely to be identified as a Special Educational Need, possibly requiring an Education, Health and Care Plan.

All children with medical needs must be allocated a place based on the school's admission criteria and no child can be refused entry on the grounds of medical need.

A diagnosis of a named medical condition should not prevent the child from being given the appropriate care and support. Support must be based on need not on the reliance of a diagnosis, particularly important in such conditions as autism where monitoring and assessment of the child's ability and capability may delay a diagnosis but where support will be required even prior to the diagnosis.

Aims:

This Policy and the procedures within it aim to:

- Implement the statutory requirements of the Children and Families Act 2014 regarding management of medical conditions in school
- Identify responsibilities for the provision of appropriate care
- Assist parents in providing medical care for their children
- Arrange training for staff to support individual pupils
- Ensure safe and appropriate management of medical needs

- Ensure access to full education if possible
- Liaise with parents and outside professionals
- Monitor and keep appropriate records

The Policy should be read in conjunction with:

- Special Educational Needs Policy
- Inclusion Policy
- Safeguarding Policy
- Well-being Policy
- Intimate Care Policy

Leadership and Management Responsibilities

It is the responsibility of the Governing Body, Head Teacher and SENCO to ensure that:

- Supporting Medical Needs in School Policy is in place and is reviewed according to agreed timelines
- Practical arrangements are in place to support the medical needs of pupils in the school
- Children are admitted equitably regardless of need
- The Governing Body's nominated Governor for SEN will also monitor the support for children with medical needs in school.
- The Head Teacher's Report provides updated information regarding the management of medical needs.
- Staff are provided with appropriate training to support the management of medical needs
- Appropriate and accurate records are kept and that records are updated accurately.
- Any record of medical information is stored securely and treated confidentially.
- Liaison with outside agencies is secured in order to support staff to meet medical needs.
- EHC Plans are in place and reviewed, where required.
- Care Plans are negotiated with Health Visitors or the School Nurse and that they are in place and understood by staff.
- Arrangements are made for the safe administration and storage of medicines and equipment.
- Space is provided for outside agencies to support the child, as required, with time for feedback to staff.
- Care Plans are in place for all children requiring on-going medical support.

Staff Responsibilities

It is the responsibility of members of staff in Nursery who have a Teacher or Key Worker role to ensure that:

- His or her level of training in the management of medical needs is adequate to support that responsibility by attending training provided and requesting additional training, when required.
- All children are treated equitably regardless of their needs.
- Records are kept of any medical support provided in accordance with agreed procedures, using agreed formats for recording.
- Liaison with parents is on-going, constructive and supportive in the management of the child's needs.
- Any changes in care notified to individual members of staff are recorded and shared with key staff, mindful of confidentiality.
- Administer medicines and/or treatments as directed by medical practitioners to support the child in maintaining attendance.
- Store medicines in appropriate safe conditions and return medicines after administration to a safe storage site.
- Parents are informed in advance of the 'use by date' to ensure the replacement of medicines.

Parental Responsibilities

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also be expected to:

- Provide all necessary information about their child's medical needs to the school.
- Provide the school, where appropriate with medical reports which will support the school in the management of the child's medical needs.
- Provide information regarding the health professionals involved.
- Medication forms are completed and stored alongside medicines.
- Ensure that medicines are supplied to the school in the original containers as prescribed by medical professionals. (The bottle of medicine must have an original pharmacist's label on stating the child's name, date and dosage.)
- Ensure that details of medical equipment required are shared with the school or that equipment is provided for the school.
- Ensure that medicines are within their 'use by date' and that they are replaced appropriately
- Inform the school of any changes to the child's condition that may require the details of the medication and/or care to be altered.

General information

Do's and don't's

- Every child requiring medication should have a zipped wallet containing the medication or inhaler spacers and information form.
- **No** medication is to be administered without a medication form having been completed correctly by the child's parent(s) and a member of the nursery staff.
- **No** dose other than the dose stated on the bottle to be given to the child without a replacement prescription.
- Medication to be given to the child by a member of the nursery staff with another member of staff present.
- The medication record form should then be completed immediately or as soon afterwards as is practical.
- Parents should be informed at the end of the session or immediate telephone contact made in cases where staff consider that the child would be more appropriately cared for at home or where the condition requires further medical advice/treatment
- **Under no circumstances is any medication not prescribed by the child's doctor to be administered.**
- **Staff are not permitted to give any injections or administer medical interventions such as tube feeding or replacing oxygen to a child unless fully trained to meet the child's individual needs.**
- **In the case of serious medical conditions which may be life-threatening, a pack of information for emergency services will be stored by the office telephone.**
- Staff should never administer non-prescription medicines, such as Calpol, paracetamol or other temperature-reducing medication, in school: child with a high temperature should be at home until the temperature returns to normal.
- In the case of paracetamol being required to avoid febrile convulsions, for example, the medicine will be prescribed by a GP and the bottle must display a pharmacist's label.

Storage of Medicines and equipment

- All medicines must be in original containers

- All medicines must have pharmacist's labels clearly displayed, showing the child's name, date and dosage and the 'use by' date.
- Storage of medicines is in labelled wallets for individual children along with a medical information form signed by parents.
- Medicine is stored according to instructions (which may be refrigerated)
- Medicines are stored safely out of access of children and visitors in a locked cupboard which is clearly identified.
- Medical equipment must be stored according to directions or on the advice of professionals (eg: oxygen canisters must be stored safely avoiding electrical sources and the risk of perforation)
- Medical equipment must be stored safely with attention to the health and safety of those using the Nursery.

Allergies

- Allergic reactions can happen at any time and be in response to any number of triggers.
- If staff believe a child may have had an allergic reaction, parents will be contacted and a request to collect their child will be made immediately.
- If a child has a severe allergic reaction it may be necessary to call emergency services as well as contacting parents.
- Where children are known to suffer from allergies every attempt will be made to ensure that no contact with the trigger is made. However, if this were to occur the child must be given his/her prescribed medicine, following the steps above. In all cases parents will be contacted immediately.
- A child who already has an Epi-pen will be treated by a trained member of staff (All staff have recent training)
- Parents must be notified at the end of the session (or immediately in the case of emergencies) of any treatment given in school

Asthma and inhaler use

- Any child suffering from asthma or who uses an inhaler must have an inhaler in Nursery at all times to be administered as directed on the pharmacist's label.
- Parents should be informed at the end of the session by a note in the child's drawer and verbally where possible.
- Severe asthma attacks that do not respond to the use of the inhaler are rare but require immediate medical intervention and emergency services must be contacted immediately.

**Procedures for contacting emergency services
are displayed by each telephone point through school.**

School Trips and visits

See also: Educational Visits Policy

Administration of medicines on school trips should follow the same management issues as in school with rigorous care taken during planning and preparation to ensure safety of all pupils.

- Any child requiring an inhaler or other regular medication should be monitored during the trip to ensure that the condition is not triggered in unfamiliar circumstances
- All medicines should be carried in labelled wallets as in school and administered according to instructions and pharmacist's dosage
- If children are grouped, all medication and medical forms should be carried by a responsible adult with the child.
- All children requiring medication should be listed along with details of medication required

- The list should be carried by the responsible adult accompany the child
- Parents should be informed of any medication given on return to Nursery
- Emergency contact details must be carried.
- Risk assessments must be completed prior to trips and visits in order to identify possible hazards and appropriate actions to avoid risks.

Minor conditions

The main aim of this policy and procedures is to maintain full attendance in school wherever possible. However, in the case of minor illnesses or common medical conditions there may be the need to recommend that parents keep their children at home until they are fully recovered.

Information about medical conditions is stored in the Head Teacher's office and in Resource Base in the file, 'Medical Needs in the Early Years'. These files are up-dated with any new information as it is published.

- Any child who has been prescribed antibiotics must spend at least the first 24 hours at home following the first dose of each cycle in case of an allergic reaction to the drug.
- Conjunctivitis is treated with local application of eye drops or ointment at home and the child can then attend as usual. Staff **should not** administer eye drops or ointment due to the likelihood of a rapid spread of the condition.
- Vomiting and diarrhoea: children would be expected to remain at home for 48 hours after the last bout of the illness in order to prevent spread of the illness. No medical support from school is required but parents should be made aware that their child should remain at home.
- Common childhood illnesses require no medical support in school: in cases of illnesses such as chicken pox and rubella parents should notify the school in order for vulnerable children, parents or staff to make any arrangements required to ensure their personal well-being.

Information for Parents

- A Medical Information display board is situated in the main corridor.
- Parents are given general information regarding attendance and the management of minor medical conditions.
- Any complex medical needs are discussed individually with the families concerned.
- Support for parents from external professionals will be sought, where required.

This policy is subject to change based upon new information from health agencies or due to updated national guidelines, particularly in relation to the implementation of the Education, Health and Care Plan.

Presented to Governors:

Proposed Review date:

Signature of Chair of Governors: