

Garretts Green Nursery School



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.

The Administration of Medicines in Schools and Settings

The following guidance has been adopted as a model policy.
It should be read and adopted alongside the following:

PrescQIPP. Administration of medicines in schools and early years settings settings, August 2018
<https://www.prescqipp.info/our-resources/bulletins/bulletin-226-medicines-in-schools/>

DfE. Supporting Pupils at School with Medical Conditions, December 2015
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

DfE. Statutory Framework for the Early Years, March 2017
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Rationale

Section 100 of 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. In fact, this legislation does not apply to Nursery Schools but the principles should not be overlooked as irrelevant and the guidance is followed as agreed good practice.

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 or Disability, 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.(See also: Autism Policy 2018)

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
- Autism Policy
- Asthma and Inhalers 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 Acting 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 in partnership with parents.
- 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.
- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy

- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

All school staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- maintain effective communication with parents including informing them if their child has been unwell at school
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions

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.

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions.

- All staff are aware of the most common serious medical conditions
- Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication
- Training is refreshed for all staff at least once a year for allergy and asthma awareness and epi-pen where necessary.
- School has made arrangements to take Healthcare Plans to the hospital in the event of an emergency.
- If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

- Generally, staff should not take pupils to hospital in their own car. However, if this is necessary then 2 members of staff will attend.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. There are several members of staff who have specifically signed to say they are happy to administer medication.
- Many other members of staff are happy to take on the voluntary role of administering medication.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- 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 medication.
- Parents understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

First aiders have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- ensure that an ambulance or other professional medical help is called.

Special educational needs coordinator has the responsibility to:

- help update the school's medical condition policy
- know which pupils have a medical condition and which have special educational needs because of their condition

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 conditional requires further medical advice/treatment
- **Parents / carers need to hand over the medication personally to the key worker.**
- **Liquid medication should be accompanied by a 5ml spoon or an oral syringe.**
- **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.**

Over the counter medication (OTC) Non-prescription

- Sometimes a pupil's medication may mean they need to take OTC medication.
- OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the Head Teacher in accordance with the school's policy as set out in the pupil's care plan, if one is in place.
- With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging. Staff will check with parents the date and time the child took the most recent dose.
- Medicine forms will still be completed and signed by the parent.
- Record of medicine form will be completed by the key worker.

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 require 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.
- **A copy of the child's medical record will be kept with the medication.**

Safe disposal

- Parents are asked to collect out-of-date medication.
- If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- The DHT is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.
- If there is no expiry date the medication should have been disposed of within 6 months.
- Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or Paediatrician on prescription. All sharps boxes are stored in a cupboard out of the reach of children.

Refusing medication

- If a child refuses to take medication, staff should never force them to do so.
- The refusal should be noted and the parents / careers informed as soon as possible on the same day.
- In the event of a child refusing to take emergency medication settings should call for an ambulance. Parents / carers should be informed as soon as possible.

- Staff should not restrain a child to administer medication unless it is an emergency, e.g. a child may need to be held firmly whilst administering and Epi-pen

Allergies

- Allergic reactions can happen at any time and be in response to any number of triggers.
- If staff believe that 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 is 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.
- When medication is reaching its expiry date or when there is a limited supply remaining, the child's Key Worker or SENCo should inform parents immediately and request a renewed supply.
- An emergency asthma kit will be kept in school for children with inhalers to use if theirs runs out.
- The emergency asthma kit can only be used by children who already have an inhaler in School.
- Parents need to sign consent for their child to be given the emergency asthma inhaler.
- Parents will be contacted immediately if the emergency inhaler has been used.
- The DHT will be responsible for ensuring that the emergency inhaler is within date.

Anti-biotics

- School should encourage parents to ask GP's to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.
- If the prescription says twice daily then these can be given before and after school.
- If the prescription says three doses a day these can often be given in the morning before school, immediately after school and at bedtime.
- It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.
- School should check with parents that the child is not known to be allergic to the antibiotic and notes the response on the parental consent form.

Application of creams and lotions

- Creams and lotions can be applied in the setting. Parents / Carers must complete a medical form giving full details of the cream and where to apply.
- The cream / lotion should have been applied previously to the child.
- Creams need to be labelled for the individual child/

- Steroid creams for eczema are usually prescribed for twice daily application; these forms should be applied at home.
- Parents / carers are responsible for checking all creams / lotions are in date.

**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.
- **Emergency asthma kit needs to be taken when children with inhalers are on the trip**

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. It must be made clear to parents that the child will not be allowed to return prior to 48 hours free from symptoms.
- 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.

Healthcare Plans

Drawing up Healthcare Plans

- **School uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.**

- A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition.
- This is sent at the start of the school year or when a diagnosis is first communicated to the school.
- If a pupil has a short-term medical condition that requires medication during school hours, a medication form is completed by the Parent, Deputy and Key Worker.
- The parents, healthcare professional, Deputy and Key worker are asked to fill out the pupil's Healthcare Plan together.
- School ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

School Healthcare Plan register

- Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at School.
- The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

- Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- Staff use opportunities such as teacher–parent interviews to check that information held by the school on a pupil's condition is accurate and up to date.

Storage and access to Healthcare Plans

- Parents are provided with a copy of the pupil's current agreed Healthcare Plan.
- Healthcare Plans are kept in a folder in the filing cabinet in the front office.
- Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.
- All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils 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 Healthcare Plans of pupils in their care.
- School ensures that all staff protect pupil confidentiality.
- School seeks permission from the parents before sharing any medical information with any other party.

Use of Healthcare Plans

Healthcare Plans are used to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. School uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure School's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

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.

First Aid box:

Minimum expected first aid box contents for 50 people:

- Guidance leaflet giving general guidance on first aid, e.g. HSE leaflet Basic advice on first aid at work
- adhesive plasters
- No 16 eye pad
- Triangular bandage
- safety pins
- First aid dressings (18 x 18cm)
- First aid dressings (12 x 12cm)
- Pairs of gloves
- Wipes

Minimum contents of a travelling first aid box:

- Guidance leaflet giving general guidance on first aid, e.g. HSE leaflet Basic advice on first aid at work
- First aid dressings (18 x 18cm)
- First aid dressings (12 x 12cm)
- Triangular bandage
- Safety pins
- Eye dressings
- Plasters
- Sterile wipes
- Pairs disposable gloves
- First Aid for children pocket guide
- Pupil accident book

Reviewed: October 2021

Next Review: September 2024

Signature of Chair of Governors: