

## **The Federation of Kintore Way Nursery School & Children's Centre & The Grove Nursery School**

### **Supporting Children with Medical Conditions and Administering Medicines**

This policy has been drawn up in accordance with the DFE guidance 'Supporting pupils at school with medical conditions' DFE 2015 and the 'Statutory Framework for the Early Years Foundation Stage' DfE 2017.

#### **Rationale**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that children's health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

#### **Definition of the term 'medical conditions'**

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the school complies with their duties under the Equality Act 2010. Some children may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. To view each school's policy for special educational needs, please visit:

[www.grove.southwark.dbprimary.com](http://www.grove.southwark.dbprimary.com) or  
[www.kintoreway.com](http://www.kintoreway.com)

#### **AIMS AND OBJECTIVES**

- To provide quality learning experiences for all children based on a broad and balanced curriculum.
- To provide a whole school approach to supporting pupils with medical needs.
- To ensure that all relevant staff, parents and governors are familiar with procedures relating to pupils who have medical conditions.
- To help pupils to take on an increasing responsibility for their own medication, [subject to each individual's need and understanding] and to be increasingly involved in arrangements to provide for their medical needs.
- To establish clear links with outside agencies to ensure that there is continuity of provision for all pupils with medical need.
- To minimise the disruption to a pupil's learning caused by absence resulting from a medical condition.
- To meet legal requirements with regard to storing and administering prescription medication in school.

## **Managing Long Term Medical Conditions**

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children.

It is important to have sufficient information about the medical condition of any child with long term needs. Children with long term medical needs will have an individual health care plan.

Additional measures may need to be taken for outside visits and added to a risk assessment. Care plans should be carried to ensure emergency information is to hand. All children will be given the opportunity to join in with visits outside of nursery.

## **Individual Health Care Plans**

The purpose of the Health care plan is to identify the level of support that is needed for an individual child. Health care plans are written in partnership with parents, nursery staff and health professionals. The Senior Leadership Team (SLT) makes the final decision on whether a health care plan needs to be in place.

- It is the parent's responsibility to inform staff of any medical conditions or changes to children's medical conditions.
- Care plans will be written and kept up to date by the child's key person, teacher, SENCo and other medical professionals.
- Care plans to be agreed and signed by the SLT, and the child's parents, copies of care plans are given to parents.
- All procedures will only be adopted with the consent of the parents.
- Plans will be shared when the child transitions to another setting.

The health care plan will include:

- Details of the child's condition.
- Special requirements.
- What constitutes an emergency.
- What action to take in an emergency.
- Who to contact in an emergency and their contact details.
- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues.

## **Medical information**

- Medical information folders are to be kept in the office and classrooms. These will be easily accessible in case of emergencies.
- Medical information should be considered confidential and only shared with appropriate adults.
- It should not be assumed that similar conditions require the same treatment.

## **The role of staff**

The school will ensure that staff receive sufficient and suitable training and achieve the necessary levels of competency before they take on responsibility to support children with medical conditions.

## **Training**

- Professionals will be contacted for appropriate training or advice.
- It is the responsibility of the SENCo to arrange appropriate staff training.
- Training wherever possible will be put in place before the child has started nursery in exceptional circumstances this will be within the first half term that the child starts nursery.
- It is the responsibility of the key person to gather the information that is needed to be included on the care plan and the key person is responsible for updating care plan information.
- The SENCo will review plans annually or earlier if information is updated.

## **Medication**

- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). Medication must have the child's name and date on the packaging.
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer (Please see Appendix A). Staff must record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable (Please see Appendix B).
- Non prescribed medicines will not usually be given by staff members at either school. The reason for this is a child needing over the counter paracetamol/ibuprofen has either a temperature, or pain, if this is the case, they should be at home resting until they are well enough to return to nursery. Should any other circumstances arise in which this medication is required, this will be considered by SLT on a case by case basis.
- Medication will be administered by senior staff or first aiders where possible. This will be administered according to the instructions on the label. The Senior Leadership team will have responsibility regarding administration of all medicines.
- Non prescribed medication will have to be provided in a sealed bottle and given to key person on arrival.(Please see flow chart appendix C as example).
- Staff will seek confirmation of allergies from a health practitioner prior to administering anti-histamine on a long term basis.
- Parents are required to complete a medicines administrations consent form before staff can give medication to their child.
- Manufacturer's instructions on the medicine are in line with what is being requested.
- Staff must check the medication is in date and the instructions given by parents/carers.
- All medication will be stored in sealed containers within the classroom out of children's reach.
- It is the responsibility of the parent to ensure that all medication stored at nursery are in date.
- Parents must record on the medication form any doses they have given to the child before bringing them to school.

If a medical emergency occurs trained staff, with the support of qualified 1<sup>st</sup> aiders, will follow the procedures on the child's care plan and inform the parents immediately. A member of SLT should also be informed.

## **The role of the child**

Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Wherever appropriate, a child should be able to access their medicines and self-medicate as quickly as possible.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered. Include details on the care plan about what to do if a child refuses medication or a procedure.

### **The role of parents/carers**

Parents/carers should provide the school with sufficient and up to date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and the school will work in partnership with parent/carers in the development and review of their child's individual healthcare plan.

### **Administering Medication**

All staff can volunteer to administer medication and key people are encouraged to administer medication to their key child. Each school ensures there is always someone with pediatric first aid on site who can also administer medication. Training is provided for staff who are caring for children with more complex medical needs such as; anaphylaxis, feeding tubes or a tracheostomy.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should be given prescription medicines without their parent's written consent.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

Each school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. If a child has been prescribed antibiotics for a short-term illness, s/he should be kept at home for the first 48 hours.

All medicines should be stored safely. Staff should know where medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

Each school will keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff should have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school. Any side effects of the medication to be administered at school will be noted. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.

Sharps boxes should always be used for the disposal of needles and other sharps.

### **Record Keeping**

The school will ensure that written records are kept of all medicines administered to children (Appendix B). Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school. Parents will be asked to record the time and sign for any doses they have given to children before arriving at school.

### **Emergency Procedures**

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Staff Taking Medication**

Staff/practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability, those practitioners must seek medical advice. The Senior Leadership Team of the school will ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair the staff's ability to look after children properly. Staff medication must be securely stored, and out of reach to children at all times.

Parents and visitors to either Nursery School must not take any form of medication while in the classrooms, if medication is needed to be taken while on premises, the office should be informed in order that arrangements can be made.

### **Storage of Medicines**

- Medicines are stored at the appropriate temperature in their original containers, packaging clearly labeled, with the child's name and prescribed dose. The date of prescription should be within one week of being prescribed. All medication to be stored inaccessible to children.
- Expiry dates should be checked before accepting medicines from parents /carers, also staff giving medicines should check the expiry date and the prescriber's instructions of medicines which are stored for ongoing use.
- It is the parents/carers responsibility to ensure medication is replaced when out of date. There may be a requirement for parents to stay with their child if medication is not in date or replaced.
- When the medication is administered, the member of staff completes the child's individual Medicine Record sheet (also in photocopying originals). These records are filed in an agreed place in each room.
- Medicines should be returned to the parents for disposal if the expiry date is reached. If however the child has transferred or left the setting the medicine should be taken to the nearest pharmacy for safe disposal.

### **Accidental Ingestion of Medication**

If a child is found with any medication or it appears they may have put it in their mouth or swallowed it an ambulance will be called immediately and parents informed.

### **Day trips and Outings**

Each school will consider what reasonable adjustments might need to be made to enable children with medical needs to participate fully and safely on visits. A risk assessment will usually be carried out so that planning arrangements take account of any steps needed to ensure that children with

medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Unacceptable practice**

Although each school will use its discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

No parent should have to give up working because the school is failing to support their child's medical needs

### **Health**

If a child becomes unwell throughout the day the following procedure will be followed:

The key person or class teacher will, alongside a first aid trained member of staff, assess and monitor the child's needs. Their temperature is checked once every fifteen minutes

If a child's temperature remains higher than 37 degrees, the parent will be telephoned and informed of their child's condition. Staff will ensure that the best possible care is given whilst waiting for the parents/carers to arrive.

If a child's temperature is above 38 degrees or below 36 degrees parents will be telephoned immediately. If a child's temperature is over 39 degrees an ambulance will be called.

If a child suffers a severe allergic reaction which involves swelling of the body and/or face an ambulance will be called, and instructions from the ambulance service will be carried out. A member of the Senior Management Team (or person "in charge") will be called and responsibility will be handed over.

If parents/carers cannot be contacted the child's condition will be closely monitored. If it is felt that the child has become seriously unwell a senior member of staff will assume responsibility and an

ambulance will be called. A member of staff will go with the child to the hospital. The Nursery School will continue to try and contact the child's parents/carers. Staff will remain at the hospital until the parents/carers arrive.

If a child shows signs they may be suffering from a contagious virus or infection e.g. a fever, increased bowel movements and/or vomiting parent/carers will be asked to collect their child in order for them to recover in an appropriate environment.

### **Exclusion Times**

Children who suffer from an infectious illness must be kept away from school until they are clear of the illness. This is for the protection of children and staff. Parents/carers must report any infectious illness which their child has been suffering. The school informs the Health Protection Unit (HPU) of any infectious outbreaks. In severe cases, or outbreaks of conjunctivitis, parents may be asked to keep their child at home.

In all cases, The Federation follows the guidance from the local Health Protection Unit. If children have suffered from an infectious illness which has caused vomiting and/or diarrhoea they cannot return to school until 48 hours after the last episode of vomiting and/or diarrhoea.

If staff have suffered from an infectious illness which has caused vomiting and/or diarrhoea the same 48 hour exclusion will apply.

Diarrhoea is defined as three or more loose or watery bowl movements in a day. Other symptoms may include; uncontrolled movements or watery movements soon after eating.

### **Good Hygiene Practices**

Each school promotes good hygiene practices. Gloves, face masks and visors are used during nappy changes and also when dealing with situations where body fluids may be present. Staff are rigorous in hand washing routines. Signs/posters are displayed in the bathrooms and around the Nursery school. Hand disinfectant is located throughout both schools and is used on entering the school and as much as possible throughout the day.

Meal/snack times are an integral part of the daily routine, as part of this routine children are encouraged to make healthy choices by having the opportunity to wash their hands, lay the table and help serve the food.

### **Liability and indemnity**

The school's insurance arrangements should cover staff providing support to children with medical conditions.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

### **Responsibility and Complaints**

Ultimate responsibility for the management of this policy is the Executive Headteacher and the Governing Body with the SENCo Headteacher managing the day to day implementation.

Steps	Medical conditions flow chart
1	Parent/carer or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed
2	Executive Headteacher co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the child
3	Meeting held to discuss and agree on the need for an individual care plan to include key school staff, child, parent/carer and relevant healthcare professionals
4	Develop the individual health care plan in partnership with healthcare professionals and agree on who leads.
5	Staff training needs identified
6	Staff provided with relevant training and review date set
7	Individual Health Care Plan implemented and circulated to relevant staff
8	Individual Health Care plan reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to step 3)

**Individual Health Care Plan**

**Name of pupil:**

**Date of birth:**

**Name and contact details of parents:**



**Signs of a mild reaction:**

**Action to be taken:**

**Condition:**

**Ongoing medication:**

**Dietary Needs:**

**Allergies to:**

**What constitutes an emergency?**

**Action to take in this emergency:**

**When should 999 be dialled for emergency help?**

**Activities that should be avoided on medical advice: N/A**

**Are antihistamines required/supplied for allergies? Yes**  **No**

Plan agreed by (signatures)

.....Parents

.....Senior Leadership Team

.....Key person

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# The Federation of Kintore Way Nursery School & Children's Centre & The Grove Nursery School

Policy Name

Supporting Children with Medical Conditions and Adminstering Medication

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Adopted and signed on behalf of The Federation of Kintore Way Nursery School & Children's Centre & The Grove Nursery School by the Governing Body at the meeting on

14th December 2020

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Name of Governing Body Representative

Teresa Ali

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Signature of Governing Body Representative



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Date signed 14th December 2020

Date to be reviewed: December 2021

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**Request for Storage and Administration of Medicines in School**

In order for your child to be supervised during the administration of any medicines at school, the following information is required to be completed by the parent/carer and sent to the Executive Headteacher or Deputy. If there are any subsequent changes in medicines or doses to be given, then these must be notified immediately to the school. All doses given during school hours, whether by pupil or staff, will be recorded on the school medicine record sheet.

**Name of pupil:**.....

**Room:**.....

Name of medicine (to include full details as given on the container label issued by the pharmacist):

Dose and when to be taken:

Any additional information (about the medicine):

Contact telephone number:

Any prescribed medicine must be supplied to the school in a container clearly labelled (by the pharmacist) with the name of the medicine, full instructions for use, and the name of the pupil. Any non-prescribed medicine should be in the original container bearing the manufacturer's instructions/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

This form should be renewed by the parent/carer at the beginning of each term for pupils on long-term medication.

**Parent/Carer Print Name:**.....

**Parent/Carer Signature:**.....

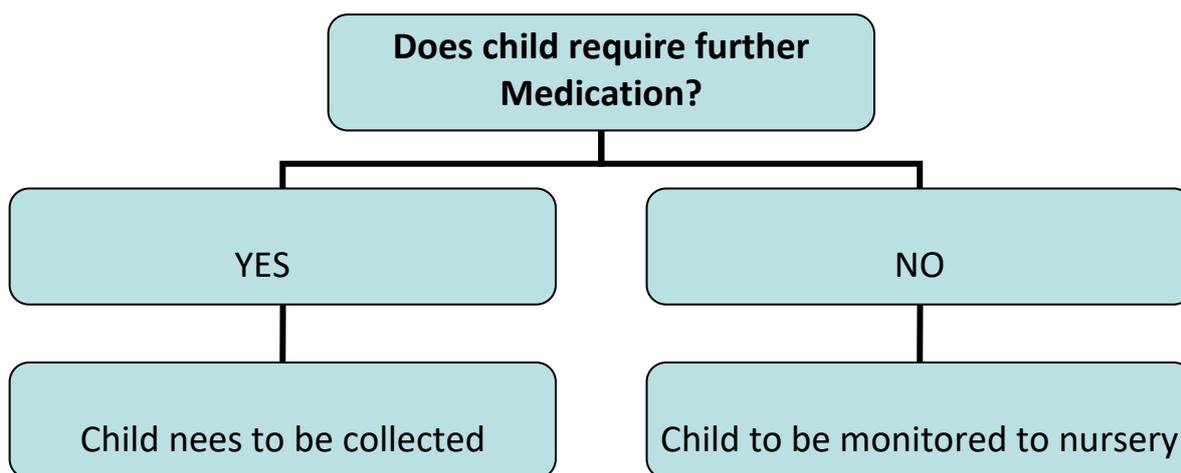
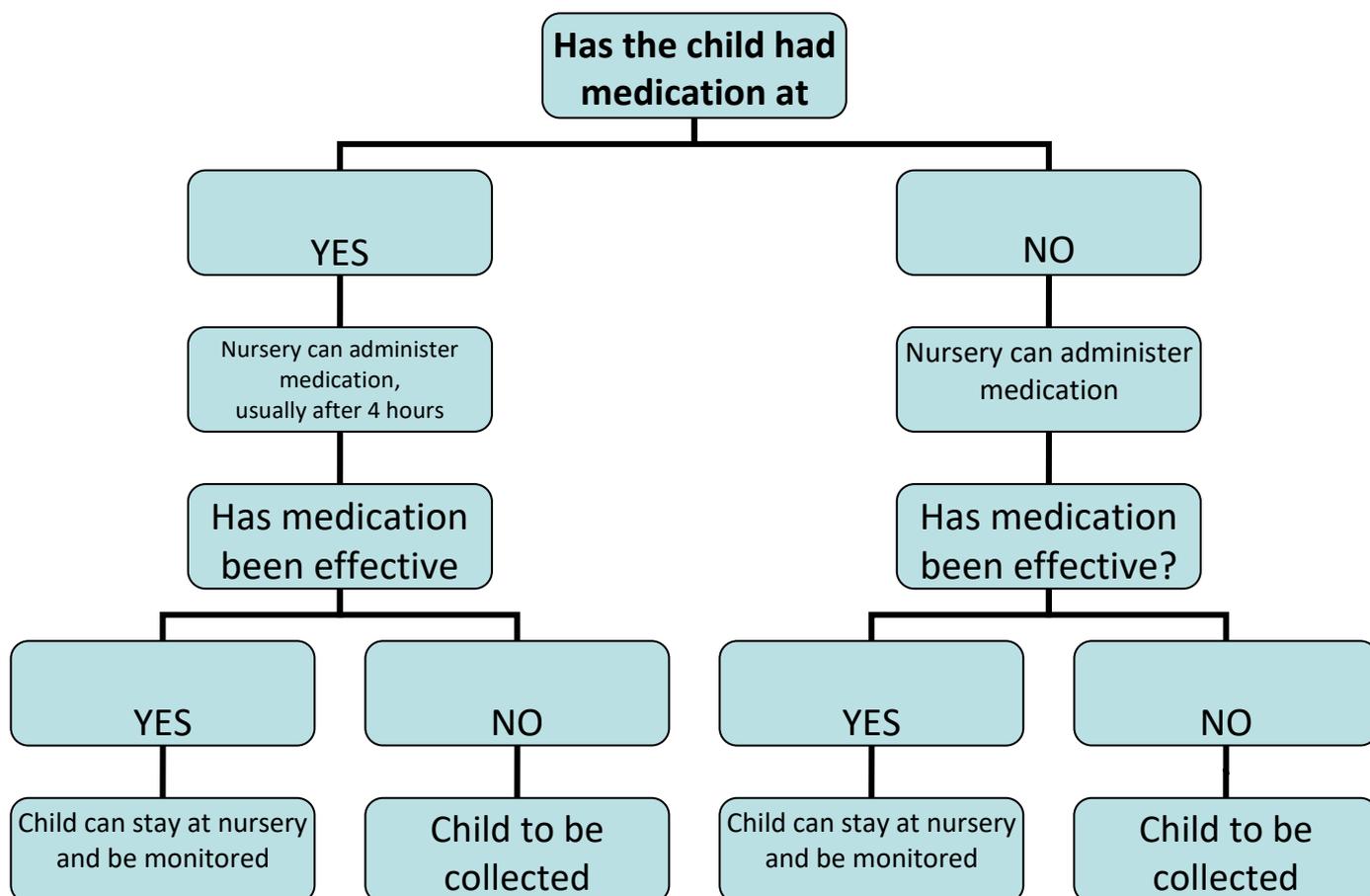
**Date:**.....







**OVER THE COUNTER MEDICATION ADMINISTRATION**



**Day 2, same process as above**

**Day 3, child to be seen by GP. Nursery to discuss return date with parents**