

Harewood Nursery School and Pre-School



Managing Medicines and First Aid Policy

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Position	Signature	Date
Headteacher		
EYFS Lead		
Pre - School Lead		
Chair of Governors		

Introduction

This policy has been written following guidance from the DFE publication, Supporting Children with Medical Conditions (December 2015).

We adhere to the guidance as set out in The Statutory Framework for Early Years (2017).

Most children will at some time have a medical condition that may affect their participation in school activities, for many this will be short-term. Other children have medical conditions that, if not properly managed, could limit their access to education.

This policy supports children with both long term and short term medical needs, including the management of Medication.

Responsibilities of managing medical needs

The Governing Body

The governing body will ensure that arrangements are in place in schools to support children at school with medical conditions and delegate this responsibility to the headteacher.

The governing body will ensure that school leaders consult health and social care professionals, children and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The governing body will ensure that the arrangements they put in place, delegating this to the headteacher, are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

The governing body will ensure that school develops a policy for supporting children with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

The governing body has a named governor with responsibility for all health and safety matters. (Mrs Sarah Conway) It is this governor's responsibility to keep the governing body informed of new regulations regarding any health and safety, and to ensure that the school regularly reviews its procedures with regard to health and safety matters. The governor in question also liaises with the local authority and other external agencies where necessary, to ensure that the school's procedures are in line with those of the local authority.

The Headteacher

The headteacher will have overall responsibility for the implementation and review of this policy.

The headteacher implements the school's medicines policy on a day-to-day basis, and ensures that all staff are aware of the details of the policy as it applies to them. The headteacher also reports to governors on any health and safety issues.

The headteacher will ensure that all relevant staff are made aware of the child's condition.

The headteacher will ensure that cover arrangements are in place in case of staff absence. This includes the briefing of cover staff.

The headteacher will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The headteacher will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The headteacher will continually review arrangements for the child in school and ensure staff are aware of how medical conditions impact on a child's ability to learn.

The headteacher will ensure that staff are properly trained to provide the support that children need.

The headteacher will assess risk assessments if any are in place for the child on a daily basis in school. Risk assessments for visits should always include reference to supporting the child's medical needs.

The headteacher will ensure arrangements are put in place as soon as possible for a child joining the school who has a long term medical need.

The headteacher will ensure that information is passed to a receiving school if a child with a long term medical condition moves schools. This will be done in a timely manner.

School Staff

Every member of staff must take seriously the medical needs of all children.

The headteacher is designated as the specific post holders taking the key responsibility for children with medical needs.

All staff must have an understanding of the common medical conditions or needs that can affect children and understand the importance of protecting the dignity, confidentiality, privacy and wellbeing of children.

Staff need to be aware that extra care may be required in supervising some activities to make sure that children with medical needs, and others, are not put at risk.

All staff must be aware of their duty of care to children and are able to act appropriately in case of emergency this includes the need to pass relevant information to cover staff when necessary.

The administering of medicines is a voluntary role, however school ensures they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

Where staff are willing to administer medication they will receive appropriate training and support however, there is no legal duty that requires school staff to administer medication. If liability (loss, claims, civil action) arise as a result of the administration of medicines by a member of staff, the Local Authority as employer will indemnify the member of staff providing the following conditions apply:

- The member of staff is an employee of the school;
- The medication is administered during the course of employment at the school;
- The member of staff has followed the school policy and procedure, the child's health care plan, and directions received in training.

Cover Staff

In the case of cover staff, they are directed to the most senior member of staff available for information and shown where medication and related paperwork are kept. A list of all medical needs, is also kept in the headteacher's office.

Parents /Carers

The school requires sufficient information about the medical condition of any pupil with long term medical needs. The parent / carer will be asked to supply this information either prior to their child attending the school or as soon as the condition becomes known.

On entry to school parents complete an admission form, which includes medical details. If further information is required the child's keyworker / teacher will arrange a meeting to discuss this with the parents and gather further information. The details are recorded on the school's management information system and information will be shared with members of staff as required. The detailed health care plan may also be drawn up at this point .

The 'Admission Form' includes the following questions:

- Name and telephone of their GP and surgery
- Relevant medical history (asthma, hay fever, epilepsy, etc)
- Regular medication:
- Reminder to complete appropriate forms for medication
- Any allergies
- Difficulties with vision, hearing, speech,

The forms are completed when their child starts at Harewood Nursery School, then information is checked and any changes updated at the start of each school year or when parents/carer inform school.

We ask that parents / carers inform school **IMMEDIATELY** if there is a change to their child's medical needs.

Long Term Medical Needs

Children at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Children with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

In making decisions about the support that these children may need we will establish relationships with relevant local health services to help us and also listen to and value the views of parents and children.

At Harewood Nursery School we recognise that having a long term medical condition may result in social and emotional implications for the child. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems will affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), may also have an impact and appropriate support will need to be put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

It is our aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

In the need for reintegration back into school, this will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Some children with long term medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body will comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with Special Educational Needs and Disability (SEND) policy.

School Trips

Teachers will be aware of how a child's medical condition will impact on their participation, there will be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Where possible school will make arrangements for the inclusion of children in such activities with any adjustments as required, unless information from a clinician such as a GP states that this is not possible.

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits.

Risk assessments will 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 children and advice from the relevant healthcare professional to ensure that children can participate safely.

The Health Care Plan

A Healthcare Plan is used to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

The purpose is to ensure that staff have sufficient information to understand and support a child with medical needs. Their aim is to capture the steps which school should take to help the child to manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services to achieve this. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan will be linked to or become part of that plan.

The Health Care Plan is drawn up in conjunction with the parents/carers, following advice and guidance from the child's GP or other health care professionals and will set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. The information in the plan will be shared effectively but in a way that protects the child's confidentiality. They are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Parents/carers are asked to ensure that any changes to the information are provided to school as soon as possible so that the plan can be updated. Health Care Plans are checked on an annual basis or earlier if evidence is presented that the child's needs have changed. This will be done at the start of the academic year and shared with relevant members of staff.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

In some cases where part-time attendance at school in combination with alternative provision arranged by the local authority, school will work with parents, the local authority and outside agencies to best support the child's needs.

Short Term Medical Needs

Prescribed Medicines

Many children will need to take medication at school at some time. Mostly this will be for a short period only, to finish a course of antibiotics or apply a lotion. However, children should only return to school once they are well enough to cope with most aspects of the curriculum. If medication is essential:

- Parent / carer must bring the medication into school and complete the appropriate form
- Parent / carer must collect the medicine from school – this will not be sent home with a child
- The medicine is kept in the designated medicine cupboard or refrigerator, accessible by staff
- The medication must be clearly marked with the child's name, dosage required and times for it to be administered
- A member of staff will supervise the child taking the medication
- Any member of staff giving medicines always check:
 - Child's name
 - Prescribed dose
 - Expiry date
 - Written instructions provided by the prescriber on the label or container
- If a pupil becomes unwell we will immediately contact the parents and ask them to collect their child
- Staff will complete and sign a record each time they give medicine to a child

Short term medical needs: non-prescribed medicines

- For non-prescribed medication (eg. Calpol / Piriton) parents are asked to come in to school, at an agreed time, to administer the dose to their child.

Children feeling unwell

If a child becomes unwell during the school day their parent/carer will be informed by telephone. The child will stay with an adult until they are collected.

Storage of Medication and Medical Equipment

Medicines are potentially hazardous substances and keeping **any** medicines in school represents a risk. The following approaches reduce or control the risk:

- Medication should only be taken to school when absolutely essential
- Parents / carers must complete a form to establish clear guidance of dosage and description of symptoms
- The medication must be clearly marked with the child's name

- The medicine is kept in a high cupboard in the nursery or pre - school kitchen or in an airtight container in the refrigerator in the nursery or pre – school kitchen as appropriate;
- In some circumstances, such as diabetes or epilepsy for example, when the child may require the medication urgently then a member of staff trained to administer the particular medicine will carry the medical equipment with them, this must be documented in the child's care plan, agreed with the headteacher and all staff must be made aware.
- The school paediatric first aiders ensures the correct storage of medication at school by checking:
 - Medication is clearly labelled with the child's name, the name and dose of the medication and the administration and frequency of dose (the only exception to this will be insulin pens which have daily variable doses)
 - The medication is supplied and stored in its original container
 - That medication is stored in accordance with instructions, paying particular note to temperature
 - All refrigerated medication is stored in an airtight container and is clearly labelled
 - The container is stored in the nursery or pre – school kitchen refrigerator which is inaccessible to children
 - Checking expiry dates
 - All controlled drugs and inhalers are kept in a high cupboard in the nursery or pre - school kitchen and only named staff have access; even if a child normally administers the medication themselves
 - All non-emergency medication is kept in a high cupboard in the nursery or pre – school kitchen
 - That appropriate record keeping takes place
 - All children's medicines are returned to parents / carers for disposal
 - A 'sharps' box is available in school when needed.

Inhalers

Inhalers should be signed into school in the same way as any other prescribed medication. If a child has been advised that they may at times need to use an inhaler by a GP, they should keep a spare inhaler in school. This will be labelled clearly with their name and kept in a cupboard in the nursery or pre – school kitchen. When leaving the school premises to go on a visit or local walk, inhalers **MUST** be taken. This is the responsibility of the child's key worker.

All staff must be aware of those children who require inhalers and be familiar with the frequency and occurrence for a child needing to take these. This information should be displayed on the inside of the kitchen cupboard where it can be shown to cover staff and students if appropriate. Where children need support to take their inhaler this should be given. Asthma training for all staff is updated annually.

Where possible, children are expected to take responsibility for their asthma inhalers, dependent upon the age of the child.

In rare, but emergency situations where a child is in need of an inhaler and their own inhaler is either not in school or cannot be located, school holds an inhaler for emergency use. In such cases staff follow the Department of Health protocol¹. Parents would then be informed.

¹ <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

First Aid

All school staff are Level 3 Paediatric First Aid trained. Any new staff to school are allocated a place on a first aid course as soon as possible. There are 10 paediatric first aiders in school.

Annual training is sourced externally from the school nursing team for asthma and the use of an Epipen. Further training is accessed when required, e.g. Epilepsy.

First aid equipment is kept in the medicine cupboards in the kitchens of both the nursery and the pre – school. Additional first aid supplies are stored in the staffroom. It is the responsibility of all staff to inform the school business manager when supplies need replenishing.

All first aid equipment is checked for dates and damage annually and any out of date or faulty items are disposed of and replaced.

A portable first aid kit is always taken when children participate in trips or activities out of school.

Parents / carers who accompany children on out of school experiences are made aware of who the first aiders are and how to contact them for support if required.

Recording the Management of Medication and First Aid

Written records are kept of all medicines administered to children, this includes their use of inhalers. Where medicine is administered during the day, including the use of inhalers, parents will receive written confirmation and be asked to sign this. School will keep a copy of this.

Where first aid has taken place on a child, this will also be recorded. Parents will be informed in writing and asked to sign as confirmation that they have been informed. Where a person or persons other than a parent picks a child up from school, they will be asked to sign on behalf on the parent and asked to inform them.

Where children have had an accident at school that requires more than superficial first aid or has left a noticeable wound or mark on the child, parents will be informed immediately by telephone. This will be followed up in writing and logged in the school accident record book.

If a child has sustained an injury which first aiders believe warrants a parent or carer coming to school to check on their child or take their child home, they will be informed immediately by telephone. This will be followed up in writing and logged in the school accident record book.

Where an injury has taken place that first aiders believe warrants a child been taken to a GP or hospital, a phone call to parents/ carers will be made and this will be made clear to them. This will be followed in writing and logged in the school accident record book.

Where an injury has taken place which warrants immediate medical attention, an ambulance will be called first, followed by a telephone call to parents/carers. This will be followed in writing and logged in the school accident record book. 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.

If a child sustains an injury, they should be encouraged to get themselves up off the ground and should not be lifted up or carried by an adult, (unless it is deemed that they are at risk of further injury). A first aider must be called out to the child to administer first aid and assess the likely course of action to be taken.

Hygiene and Infection control

All staff understand the importance of following basic hygiene procedures. Protective disposable gloves are used when dealing with spillages of blood, disposal of dressings / medical waste or contact with bodily fluids. The 'Yellow bag & bin' is used for safe disposal.

We will ensure that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) that all accidents resulting in death, major injury or the prevention of the injured person undertaking their normal work for more than three days will be reported to the Health and Safety Executive (HSE).

Further Information:

Although school **staff should use their discretion and judge each case seperately** 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Document Templates

Template A: individual healthcare plan

Name of school	
Child's name	
Group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped

Signature(s)

Date

Template C: record of medicine administered to an individual child

Name of school	
Name of child	
Date medicine provided by parent	
Group	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines

Name of school

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [*name of member of staff*].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting children at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, children, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Annex A: Model process for developing individual healthcare plans

