



Supporting Children with Medical Conditions and Administering Medicines

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Lark Hill Nursery School

Supporting Children with Medical Conditions and Administering Medicines

This policy has been drawn up in accordance with the DFE guidance 'Supporting children at school with medical conditions' DFE 2015 and the 'Statutory Framework for the Early Years Foundation Stage' DfE 2021.

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 the nursery's policy for special educational needs, please visit:

<https://www.larkhill-nur.stockport.sch.uk/about-us/send>

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 children with medical needs.
- To ensure that all relevant staff, parents and governors are familiar with procedures relating to children who have medical conditions.
- To help children 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 children with medical need.
- To minimise the disruption to a children'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 Headteacher / SENCO 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 Headteacher, 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 children'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 locked drawers in the main room. 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 3A). 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 3B).
- Non prescribed medicines will not be given by staff members. 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 headteacher on a case by case basis.
- Medication will be administered by first aiders and witnessed by another member of staff. This will be administered according to the instructions on the label. The Headteacher and Nursery Teacher will have responsibility regarding administration of all medicines.
- 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 an administering medications 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 1st 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 paediatric 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.

Nursery 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.

All medicines should be stored safely. Staff should know where medicines are at all times and be able to access them immediately. 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.

Record Keeping

The Nursery will ensure that written records are kept of all medicines administered to children. 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 Strategy 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. On eof the fridges in the staffroom is the medicine fridge.
- 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.



- 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 children and advice from the relevant healthcare professional to ensure that children 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 children 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 Nursery Teacher or Headteacher 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 Strategy 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 Team (HPT) 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 nursery follows the guidance from the local Health Protection Team. 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 available 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 the 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 Headteacher and the Governing Body with the 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	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)





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Form 1 - Individual Health Plan

For pupils with complex medical needs at school

Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		

1. Pupil's Information

Name of School:		
Name of Pupil:		
Class/Form		
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female

2. Contact Information

Pupil's Address	
	Postcode:

Family Contact Information

a.	Name:	
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	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	

GP	
Name:	
Phone:	
Specialist Contact	
Name:	
Phone:	
Medical Condition Information	
3. Details of Pupil's Medical Conditions	
Signs and symptoms of this pupil's condition:	
Triggers or things that make this pupil's condition/s worse:	



4. Routine Healthcare Requirements
(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:	
Outside school hours:	

5. What to do in an Emergency

Signs & Symptoms	
In an emergency, do the following:	

6. Emergency Medication
(Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):	
How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school needs to know about?	
Can the pupil administer the medication themselves? (please tick box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff members name:

Is there any other follow-up care necessary?	
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Who should be notified? (please tick box)	<input type="checkbox"/> Parents	<input type="checkbox"/> Carers
	<input type="checkbox"/> Specialist	<input type="checkbox"/> GP

7. Regular Medication taken during School Hours

Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Medication expiry date:	

**8. Regular Medication taken outside of School Hours
(For background information and to inform planning for residential trips)**

Name/type of medication (as described on the container):	
Are there any side effects that	



the school needs to know about that could affect school activities?	
9. Members of Staff Trained to Administer Medications for this Pupil	
Regular medication:	
Emergency medication:	
10. Any Other Information Relating to the Pupil's Healthcare in School?	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child/young person's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) (If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	
Permission for Emergency Medication	
<input type="checkbox"/> I agree that I/my child/young person can be administered my/their medication by a member	



of staff in an emergency

- I agree that my child/young person **cannot** keep their medication with them and the school will make the necessary medication storage arrangements
- I agree that I/my child/young person **can** keep my/their medication with me/them for use when necessary

Name of medication carried by pupil:

Signed (Parent/Carer)

Date

Headteacher Agreement

It is agreed that (name of child/young person):

- will receive the above listed medication at the above listed time (see part 7).
- will receive the above listed medication in an emergency (see part 6).

This arrangement will continue until:

(Either end date of course of medication or until instructed by the pupil's parents/carers).

Signed (Headteacher):

Print Name:

Date:

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

.....Strategy Team

.....Key person

Form 3a – Medication Permission & Record – Individual Child



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Stockport **NHS**
NHS Foundation Trust

Form 3a – Medication Permission & Record – Individual Child

Name of School:	Lark Hill Nursery School
Name of Child:	
Date medication provided by family:	
Name of medication:	
Dose and Method: (how much and when to take)	
When is it taken (time)	
Quantity Received:	
Expiry Date:	
Date and quantity of medication returned to parent / carer:	
Any other information:	
Staff signature:	
Print name:	
Parent/Carer Signature:	
Print name:	
Parent/Carer Contact Number:	

