

Administering of Medicines and Healthcare Plans Policy

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. The governing body of Chichester Nursery School Children and Family Centre will fulfil its statutory duties by making sure the necessary arrangements within its power are in place and follow guidance outlined in 'Supporting pupils at school with medical conditions (April 2014)'.

We believe it is every child's right to have access to an inclusive education. We will endeavour to support children's medical needs, ensuring they receive proper care and support, as we believe this will have a significant impact on their learning and be a positive influence on the attitudes of other children. Our aim is to enable all children to attend school and access the curriculum as regularly and fully as possible.

This policy should be read in conjunction with the Children's Health and Wellbeing, First Aid and Health and Safety policies

Children needing medication in school fall into one of two groups:

- short term medical needs, including emergency protocol for a child with a spiked temperature.
- long term medical needs

SHORT TERM MEDICAL NEEDS

These are children who are finishing a course of medication prescribed by a doctor or who may need emergency medication, such as Calpol for a spiked temperature.

The following points must be followed, remembering that there is no statutory responsibility for staff to administer medicine and that only prescribed medicines can be administered (with the exception of Calpol in an emergency situation, and antihistamine when recommended by a GP - individual protocols detail these circumstances).

- Written consent must be given by the parent for any medicine to be administered at Chichester Nursery School and Children's Centre (see the Administering of Medication form – Annex A)
- The medicine must have been previously used at home
- A child refusing medication will not be forced to take it – parents will be notified immediately if this is the case.
- Medication received from parents must be in a pharmacy container with written instructions leaflet, child's name, dose and expiry date.

- Medication is stored in a pre-designated cupboard in a secure area of the Nursery in its original container. Medication kept in a refrigerator must be stored in a labelled air tight container in the Up to 3s' Nursery kitchen.
- Designated persons/Keyworker are **only** able to administer medicine with a second person to act as witness, both of whom must sign the Administering of Medication form at Annex A.
- Parents are responsible for ensuring a sufficient supply of medicine, and for collecting and disposing of any unused medication.
- Records of medication forms must be retained by law until the child is 24 yrs old.
- Allergy, Asthma and Medical Alert boards are used to keep all staff informed of individual medical conditions.

Individual Protocol for Emergency Use of Calpol (liquid paracetamol) **Annex B**

Very occasionally infants and young children can spike a high temperature. In order to be able to respond quickly the Nursery will have a supply of Calpol to use in these circumstances. In this situation a parent will be contacted by phone at the time, in order to obtain verbal permission.

Generic permission for the Nursery to administer Calpol to a child will be sought at Home Visits when the parents will be asked to complete the Individual Protocol for Emergency Use of Calpol at Annex B.

Protocol for the administration of Calpol

- Verbal parental consent must be gained during the day to administer Calpol for the first four hours a child is in Nursery, irrespective of generic permission having been given. The member of staff phoning the parent will check that not more than 3 doses of Calpol have been given in the last 24 hours at 4 hour intervals and that 4 hours have elapsed since the last dose. If the parents cannot be contacted Calpol cannot be administered.
- In exceptional circumstances the Nursery can administer Calpol without additional parental consent on the day, if the parent is uncontactable by phone, providing the child has been in Nursery for four hours.
- If Calpol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The Nursery will complete the Administration of Medicines form (Annex A) for Calpol as for prescribed medication and the parent will be asked to sign when collecting the child.
- Parents **must not** put Calpol (or other types of medication) in children's bags.

Protocol for Administering Antihistamine

Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,) The school can administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil)

Administering Antihistamine Appendix C

LONG TERM MEDICAL NEEDS

These are children needing medicine for a diagnosed medical condition on a long term basis e.g. epilepsy, allergies, asthma.

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines, Wendy Maber in the Over 3s' or Charlotte Bedford in the Up to 3s' will complete an assessment of the support required. This might include the development of an Individual Healthcare Plan (IHP) and additional staff training. The Nursery will endeavour to put arrangements in place to support that pupil as quickly as possible. However the Nursery may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place to ensure that child's safety and wellbeing.

The following points must be followed

- An Individual Healthcare Plan (see Individual Healthcare Plan and Parental Agreement to Administer Medicine – Annexes D & E), outlining detailed information about any condition and medication required is to be completed with parents
- Advice is to be sought from appropriate Healthcare professionals to identify the level of support needed and any necessary training arranged.
- A Named Person and support staff who will carry out the Health Plan on a day to day basis should be identified, with clearly defined roles and responsibilities in the event of an emergency.
- Further staff should be nominated to act for the above in their absence.
- All staff including supply and students should be notified of condition.
- Inhalers, Epipens should be readily available and staff should be aware of their location.

Asthma

Asthma is the most common chronic condition, affecting one in eleven children. Children should have their own reliever inhaler at Nursery to treat symptoms and for use in the event of an asthma attack.

Staff will receive regular training in the administering of asthma inhalers

An Asthma Information Form will be used to record information (see form Annex F)

RESPONSIBILITY OF PARENTS

It is the responsibility of parents to:

- Complete appropriate forms giving consent to administer medicine (and sign the Administering of Medication form at the end of the day if treatment has been given)
- Provide sufficient information about any medical condition, treatment and care required.
- Keep named staff informed of any changes in medication/condition
- Ensure there is sufficient quantity of medication at all times.
- Provide medicine in a pharmacy container with written instructions of the child's name, dose and expiry date.
- Be responsible for the daily transporting and safe disposal of unwanted medication.
- To note that in the case of Asthma only a reliever inhaler (usually blue) and administered via a spacer should be given. A child needing a preventor inhaler (usually brown) whilst in Nursery will probably be too ill to attend.

- To ensure that any long term medication eg epi-pens, asthma inhalers are in date and replace as necessary.

RESPONSIBILITY OF HEADTEACHER

It is the responsibility of the Headteacher to:

- Take overall responsibility for the day to day administering of medicines and their safe storage.
- Work with named person and parents to develop a Healthcare Plan.
- Liaise with appropriate professionals e.g. Health Visitor etc in support of a child's Healthcare Plan.
- Ensure parents, governors and staff are aware of this policy and procedures
- Ensure that staff act according to training given and use "their best endeavours".
- Ensure that correct procedures are followed during any off site visits e.g. prior Risk Assessments etc.

RESPONSIBILITY OF NAMED PERSON / SCHOOL STAFF

It is the responsibility of the Named Person and school staff to:

- Understand the nature and needs of a particular child and when they may require extra attention.
- Be aware of emergency procedures.
- Be aware of any medical needs and where medication and inhalers etc. are stored.
- Report any deterioration to appropriate person/Keyworker who should inform parents.
- Encourage the child where appropriate to begin to be involved in the management of their medication.
- To act according to training given and with full knowledge of parents and Head Teacher

Annexes included with this Policy are listed below:

Forms to support short-term medical needs	Forms to support long-term medical needs
Annex A – Record of Medicine Administered to an Individual Child	Annex D – Individual Healthcare Plan (IHCP)
Annex B – Individual Protocol for Emergency Use of Calpol	Annex E – Parental Agreement for Setting to Administer Medicine
Annex C – Individual Protocol for Using Anithistamine	Annex F – Asthma Information Form

Date: November 2015

To be reviewed: Autumn 2018

Record of medicine administered to an individual child

Name of school/setting	Chichester Nursery School Children and Family Centre
Name of child	
Reason for medication	
Date medicine provided by parent	
Group/Keyworker	
Name of medicine	
Dose and time to be administered	
Side Affects	
Verbal permission gained to administer Calpol – date/time	

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

Medication has been administered at home previously? Yes/No

Staff signature _____

Signature of parent _____

Date			
Last time given			
Time(s) / Dose			
Name of member of staff			
Witnessed by			
Parent signature			

Date			
Last time given			
Time(s) / Dose			
Name of member of staff			
Witnessed by			
Parent signature			

Annex A page 2

Date

Last time given

Time(s) / Dose

Name of member of staff

Witnessed by

Parent signature

Date

Last time given

Time(s) / Dose

Name of member of staff

Witnessed by

Parent signature

Date

Last time given

Time(s) / Dose

Name of member of staff

Witnessed by

Parent signature

Date

Last time given

Time(s) / Dose

Name of member of staff

Witnessed by

Parent signature

Date

Last time given

Time(s) / Dose

Name of member of staff

Witnessed by

Parent signature

Annex B

Individual Protocol for Emergency Use of Calpol Sugar Free Infant Suspension (Paracetamol)

Very occasionally infants and young children can spike a high temperature. In order to be able to respond quickly the Nursery will have a supply of Calpol to use in these circumstances. In this situation a parent will be contacted by phone at the time, in order to obtain verbal permission.

Name of pupil:

Date of Birth:

Class:

School:

Family Contact 1

Name:

Relationship:

Tel: Home:

Tel: Work:

Tel: Mobile:

Family Contact 2

Name:

Relationship:

Tel: Home:

Tel: Work:

Tel: Mobile:

Contact details for the GP:

Dosage & Method: As prescribed on the container appropriate for the age and weight of the child.

Protocol for the administration of Calpol

- Verbal parental consent must be gained during the day to administer Calpol for the first four hours a child is in Nursery, **irrespective of generic permission having been given**. The member of staff phoning the parent will check that not more than 3 doses of Calpol have been given in the last 24 hours at 4 hour intervals and that 4 hours have elapsed since the last dose. If the parents cannot be contacted Calpol cannot be administered.
- In exceptional circumstances the Nursery can administer Calpol without additional parental consent on the day, if the parent is uncontactable by phone, providing the child has been in Nursery for four hours.
- If Calpol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The Nursery will complete the Administration of Medicines form (Annex A) for Calpol as for prescribed medication and the parents will be asked to sign when collecting the child.
- Parents **must not** put Calpol (or other types of medication) in children's bags.

Calpol Emergency Administration Permission Form



Name of child

I give general permission for my child to be given Calpol at Nursery.

I confirm that I have administered **Calpol Sugar Free Infant Suspension**, in the past to my child without adverse reaction. I am aware that I will be informed by the school in writing when medication has been administered and recorded on a medication form

I am aware that my child can only have 4 doses of Calpol in any 24 hour period.

Agreed by: Parent.....Date.....

Print name.....

Annex C

Individual Protocol for.....Using Antihistamine (eg Piriton)

Name:

Date of Birth:

Class:

School:

Nature of Allergy:

Please attach a photo
here

Contact Information

Family Contact 1

Name:

Relationship:

Phone Numbers:

Home:

Work:

Mobile:

Family Contact 2

Name:

Relationship:

Phone Numbers:

Home:

Work:

Mobile:

GP

Contact

Name:

Phone No:

Address:

Clinic/ Hospital

Name:

Phone No:

Address:

MEDICATION - Antihistamine

Name on Antihistamine & Expiry date:

.....

- **It is the parent's responsibility to ensure the Antihistamine has not expired**

Dosage & Method: **As prescribed on the container.**

- **It is the school's responsibility to ensure this Care Plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by

School Representative:.....Date.....

Print Name:.....

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

Agreed by

Parent:.....Date.....

Print Name:.....

Individual Protocol for.....Using Antihistamine
(e.g. Piriton)

Symptoms may include:

- Itchy skin
- Sneezing, itchy eyes, watery eyes, **facial swelling** (does not include lips/mouth)
- Rash anywhere on body

Stay Calm

Reassure
.....

Give Antihistamine

Delegated person responsible to administer antihistamine, as per instructions on prescribed bottle

Observe patient and monitor symptoms

Inform parent/guardian to collect

.....

from school

If symptoms progress and there is any difficulty in swallowing/speaking /breathing/ cold and clammy

Dial 999

A = Airway

B = Breathing

C = Circulation

If child is prescribed an adrenaline auto injector administer it - follow instructions on protocol

If symptoms progress Dial 999 - Telephone for an ambulance

You need to say: "I have a child in anaphylactic shock".

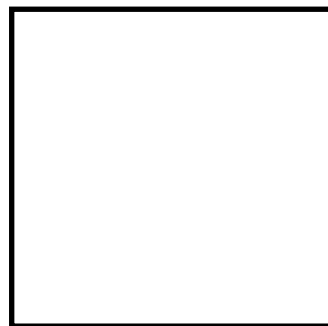
Give school details:

Give details: Child's name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Individual Healthcare Plan (IHCP)



Name of school/setting	Chichester Nursery school Children and Family Centre
Child's name	
Group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
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.	

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

Other information

Arrangements for school visits/trips etc

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

Plan developed with

Staff training needed/undertaken – who, what, when

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

Signed by parent or guardian

Print name

Date

Review date

Signed by Lead for Managing Medicines

Print name

Date

Parental agreement for setting to administer medicine (to be used alongside an Individual Healthcare Plan)

The school/setting will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Group	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
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	

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.

Parent Signature:..... Print Name:.....

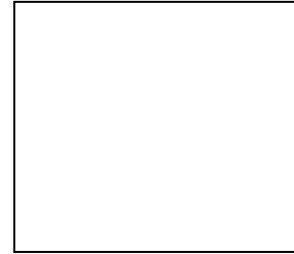
Date:.....

Lead for Managing Medicines Signature:..... Print Name:.....

Date:.....

Annex F

Asthma Information Form



Dear Parent/Carer

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME..... Age Group

1. Does your child need an inhaler in Nursery? Yes/No

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

.....
.....

3. What triggers your child's asthma?

.....

It is advised to have a spare inhaler in Nursery. Spare inhalers may be required in the event that the first inhaler runs out. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep an emergency salbutamol inhaler for emergency use.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in nursery. I agree that the Nurse can administer the emergency salbutamol inhaler if required.

Signed:.....

I am the person with parental responsibility

Print Name:..... Date.....

Circle the appropriate statements

- My child requires a spacer and I have provided this
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**

Reassess after 5 minutes

- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed:..... Date.....

Print Name:.....

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.

Thank you

Parental Update (only to be completed if your child no longer has asthma)

My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.

Signed:.....

Date:

Print name:.....

I am the person with parental responsibility

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		First aid room			
2 nd inhaler (Advised)		In office/first aid room			
Spacer (if required)					

Record any further follow up with the parent/carer: