



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 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 last updated August 2017)'.

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

In general, children's medical conditions can be divided into long and short term needs.

LONG TERM MEDICAL NEEDS

An assessment of the child's needs will be made using the processes described in this policy, and the appropriate documentation completed. Generally children's long term medical needs fall into the following three categories:

- Children with complex and fluctuating long term conditions (including severe allergies and asthma) – these will be detailed using an Individual Healthcare Plan (Annex D)
- Children who need medication for mild to severe allergic reactions - see section on Piriton later in this policy and permission form at Annex C. For more severe allergic reactions that require a specific auto-injector see permission forms at Annex F
- Children with mild asthma – see section on asthma later in the policy and form at Annex E. Children with more severe asthma will usually fall into the first category and have an Individual Healthcare Plan

Parent/guardians are asked to provide the Headteacher with sufficient information about their child's medical condition and treatment or special care

needed at Nursery, including any relevant and supporting documentation from health professionals such as consultants, specialist nurses, physiotherapists etc. Healthcare plans will be reviewed annually or earlier if there is a change in a pupil's condition. Please see the section on Long Term Medical Needs later in this policy for more information.

SHORT TERM MEDICAL NEEDS

These are children who are finishing a course of medication prescribed by a doctor, such as antibiotics, or who may need emergency non-prescribed medication, such as Calpol for a spiked temperature or Piriton due to an allergic reaction, e.g. hay fever (see information later in this policy)

Finishing a course of prescribed medicine

This medication can be administered as long as it comes into Nursery in its original packaging with the pharmacy instruction label still attached. Parents will be asked to complete the Consent and Record of Medicines form at Annex A:

- To give their consent for the Nursery to administer the medicine
- To confirm that the child has been given at least one dose at home and 24 hours have passed with no adverse effects
- To record the time that the last dose was given
- At the end of the day, to confirm that they are aware that the Nursery has administered the medicine

Non Prescribed Medicine

The Nursery is able to administer certain types of non-prescribed medicine described below:

- Calpol for short term medical needs, including for a child with a spiked temperature, as long as parents have given generic permission for the Nursery to administer Calpol on the form Annex B
- Calpol for pain relief for young infants who are teething or before and after immunisations. Parents are asked to talk to their child's Keyworker at the start of the session and give permission on the Consent and Record of Medicines form at Annex A for Calpol to be administered to their child if needed during the day
- Piriton, in the case of an allergic reaction, provided parents have given generic permission on the form at Annex C

Nursery will have its own supply of Calpol and Piriton and in signing the generic forms, parents are giving permission for these specific medications to be given and confirming that they have administered these specific medicines at home with no adverse effects.

Nursery staff will follow the dosage guidelines for both Calpol and Piriton as laid down on the bottle/carton. See further information on Calpol and Piriton later in this policy.

In **exceptional** circumstances, where it is deemed necessary for a child's health, other forms of non-prescribed medication may be administered, an example of this could be treatment for conjunctivitis. GPs now expect parents to obtain this type of

medication from the Pharmacy and are no longer willing to prescribe due to the costs involved.

Please note Ibuprofen and other brands of pain killing medication can only be administered if supported by a doctor's letter.

Non-prescription medications will only be administered by staff providing:

- The parent completes the Consent and Record of Medicines form at Annex A:
 - To give their consent for the Nursery to administer the medicine
 - To confirm that the child has been given one dose at home with no adverse effects
 - To record the time that the last dose was given
 - At the end of the day, to confirm that they are aware that the Nursery has administered the medicine
- In the case of Calpol and Piriton, generic permission has been given on the specific forms (see Annex B and C)
- Medication is licensed as suitable for the child's age:
- Medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition:
- Administration is required more than 3 to 4 times a day:
- Medication is supplied in the original packaging with the manufacturer's instructions;

The Nursery will not administer:

- Alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or cough medicine.
- Non-prescription medication:
 - As a preventative measure i.e. in case the child develops symptoms
 - If the child is taking other prescribed or non-prescribed medication that is for the same condition
- Non-prescription medication for more than 48 hours – parents will be advised if symptoms persist to contact their doctor
- Medication that is sucked i.e. cough sweets

A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for two weeks after the initial episode. It will be assumed that the prolonged expression of symptoms requires medical intervention, parents will be advised to contact their doctor.

As part of a child's personal care, parents can provide proprietary creams in order to prevent or treat nappy rash or to moisturise eczema. These must be handed over to the child's Keyworker, be in their original containers and be labelled with the child's name. In no circumstances must they be left in a child's bag. Sometimes these creams are prescribed by the doctor to avoid parents having to pay for them over the counter. However, they will be treated in the same way as bought creams and the Consent and Administration of Medicines form does not have to be completed.

The following procedures must be followed staff and parents to ensure the safe administration of all medicines:

Staff must ensure that:

- The appropriate consent forms are completed (see the Consent and Record of Medicines form at Annex A)
 - To give the Nursery consent to administer the medicine
 - To confirm that the child has been given one dose at home with no adverse effects
 - To record the time that the last dose was given
 - At the end of the day, to confirm that the parent is aware that the Nursery has administered the medicine
- In the case of Calpol and Piriton, that generic permission has been given on the specific forms (see Annex B and C)
- Medication received from parents is in a pharmacy container with written instructions leaflet, child's name, dose and expiry date.
- In the case of non-prescribed medication:
 - Instructions confirm that the medication is suitable for the child e.g. is appropriate for the age of the child
 - That it does not conflict with any other medication or condition that the child might have
 - That no other prescribed/non-prescribed medication is being taken for the condition
- 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.
- Only staff who have completed the Medicines in School – Competency Test administer medicine, with a second person (who has also completed the test) to act as witness, both of whom must sign the Consent and Record of Medicines form at Annex A.
- Parents are notified immediately if a child has refused medication (no child will be forced to take medication except in emergency circumstances)
- Records of medication forms are 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.

See also **Wider responsibilities of staff** at the end of this policy

Parents must:

- Complete the appropriate consent forms (see the Consent and Record of Medicines form at Annex A)
 - To give the Nursery consent to administer the medicine
 - To confirm that the child has been given one dose at home with no adverse effects
 - To record the time that the last dose was given
 - At the end of the day, to confirm that they are aware that the Nursery has administered the medicine
- In the case of Calpol and Piriton, inform Nursery at drop-off time if their child has had these medications at home (and of the number of doses given within a specific period of time). This information will then be recorded on the Consent and Record of Medicines form at Annex A
- Understand that a child refusing medication will not be forced to take it (unless it is an emergency situation) and that they will be notified immediately if this is the case.

- Ensure that medication is in a pharmacy container with written instructions, leaflet, child's name, dose and expiry date.
- In the case on non-prescribed medication, staff must ascertain from parents:
 - That Instructions confirm that the medication is suitable for the child e.g. is appropriate for the age of the child
 - That it does not conflict with any other medication or condition that the child might have
 - Confirm that no other prescribed/non-prescribed medication is being taken for the condition

If necessary, staff will support the parent in reading the leaflet that accompanies the medicine to check that it meets the criteria above

- Understand that they are responsible for ensuring a sufficient supply of medicine, and for collecting and disposing of any unused medication.
- Provide sufficient information about any medical condition, treatment and care required including relevant documents from health professionals
- Keep named staff informed of any changes in medication/condition
- Be responsible for the daily transporting and safe disposal of unwanted medication.
- 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 preventer inhaler (usually brown) whilst in Nursery will probably be too ill to attend.
- Ensure that any long term medication e.g. epipens, asthma inhalers are in date and replace as necessary.

Parents of children who have auto-injectors/epipens are strongly advised to have two in Nursery, in case one malfunctions or medical advice is that a second dose is given.

Protocol for the administration of Calpol

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. We would then expect the parent to collect their child as soon as possible and take them home.

We will not administer Calpol to a child who is clearly unwell, in order for them to stay in Nursery for the session/day.

Generic permission for the Nursery to administer Calpol to a child will be included in the Admissions booklet, when the parents will be asked to complete the Individual Protocol for Emergency Use of Calpol (Annex B).

Parents should also be aware that they should inform Nursery staff at Drop-off if their child has had Calpol at home (including the number of doses given over a specific time period). This should then be recorded on the Consent and Record of Medicines form at Annex A

Irrespective of the above, 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 again 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. Parental permission and the time that this was given will also be recorded on the Consent and Record of Medicines form at Annex A.

If the parents cannot be contacted Calpol cannot be administered (except in exceptional circumstances see below)

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.

Staff will administer the dosage appropriate to the age of the child as given on the bottle/carton, having checked, to the best of our knowledge, that the medicine does not conflict with any other condition or medicine the child might have.

If Calpol is administered at any time during the school day parents will be informed of the time of administration and dosage as soon as possible.

The Nursery will complete the Consent and Record of Medicines form at Annex A for Calpol as for other medication and the parent will be asked to sign when collecting the child.

In giving generic permission, parents must confirm that their child has been given this specific brand of Calpol at home with no adverse consequences.

Parents need to inform the Nursery if their child is temporarily unable to take Calpol due to it conflicting with another medication they are taking.

Parents **must not** put Calpol (or other types of medication) in children's bags.

Protocol for the administration of Piriton (antihistamine)

Occasionally infants and young children need Piriton for the treatment of a mild allergic reaction. In order to be able to respond quickly the Nursery will have a supply of Piriton to use in these circumstances.

Generic permission for the Nursery to administer Piriton to a child will be included in the Admissions booklet, when the parents will be asked to complete the Individual Protocol for Emergency Use of Piriton (Annex C).

Parents should also be aware that they should inform Nursery staff at Drop-off if their child has had Piriton at home (including the number of doses given over a specific time period). This should then be recorded on the Consent and Record of Medicines form at Annex A

Irrespective of the above, verbal parental consent must be gained during the day to administer Piriton for the first four hours a child is in Nursery, even though generic permission may have already been given. This is so that the maximum dosage over a given time period is not exceeded. Parental permission and the time that this was given will also be recorded on the Consent and Record of Medicines form at Annex A.

The school will administer the dose of Piriton according to instructions on the bottle or carton.

If a period of 4 hours has elapsed since the child arrived in Nursery, provided generic permission has been given, the Nursery will administer Piriton without contacting the parent if the allergic reaction is mild (see section for children under 2 below)

Parents will always be contacted if the allergic reaction is severe or the condition continues to worsen after Piriton has been given

The Nursery will complete the Consent and Record of Medicines form at Annex A for Piriton as for other medication and the parent will be asked to sign when collecting the child.

In giving generic permission for Piriton to be administered, parents must confirm that their child has been given this specific brand of Piriton at home with no adverse consequences.

Parents need to inform Nursery if their child is temporarily unable to have Piriton due to it conflicting with another medicine they are taking.

Children under 2:

Parental permission to administer Piriton must always be sought for children under 2 years of age

Piriton is not suitable for children under 1 year of age

LONG TERM MEDICAL NEEDS

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

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines, Julie Nolan in the Over 3s' or Justine Rollings 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 the child's safety and wellbeing. Copies of the Healthcare Plans for children with significant medical needs will be kept in a file in the School Office, with parental permission that these can be handed to a member of the emergency services if needed.

The following points must be followed

- An Individual Healthcare Plan (see Individual Healthcare Plan and Consent and Record of Medicines form at Annex A), 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
- The Keyworker, or designated person standing in for the Keyworker, will carry out the Healthcare Plan on a day to day basis

- Due to the large, free-flow nature of the environment and the large number of part-time staff, all staff will be trained in the emergency procedures relating to specific children. This is because they might be first on the scene
- All staff including supply and students should be notified of condition
- The Nursery Emergency inhaler, auto-injectors and other emergency medicine should be readily available and staff should be aware of their location
- They should also be taken out of the building in the case of emergency evacuation and on trips if the relevant children are involved

Severe allergic reactions needing an auto-injector

- Children with severe allergic reactions will often need to have an auto-injector in Nursery
- These children will have a Healthcare Plan (see Annex D)
- Parents will also be asked to give specific permission for the type of auto-injector they have been prescribed, see forms at Annex F
- **It is strongly recommended that parents supply the Nursery with 2 auto injectors in case one malfunctions or a second dose is to be given on advice of medical professionals**

Asthma

Asthma is the most common chronic condition, affecting one in eleven children. Children should have their own reliever inhaler at Nursery and a spare to use in the event that the first inhaler runs out, to treat symptoms and for use in the event of an asthma attack. The Nursery will also keep a spare salbutamol inhaler and parents will be asked to give permission for this to be used in the case of an emergency. Staff will receive regular training in the administering of asthma inhalers. Information regarding severe cases of asthma will be recorded on a Healthcare Plan. An Asthma Information Form will be used to record information for mild cases of asthma (Annex E).

Using the **Asthma Toolkit** see Annex G, developed by the school Nurses all staff must familiarise themselves with the signs and symptoms of asthma and the procedures to follow during an asthma attack.

Responsibility of Headteacher

It is the responsibility of the Headteacher to:

- Take overall responsibility for ensuring that the procedures laid down in this policy are followed by all staff
- Work with the Keyworker, Leads for Managing Medicines (named below) and parents to develop a Healthcare Plan
- Liaise with appropriate healthcare professionals 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. any necessary medication taken along with the First Aid kit

Responsibility of the Leads for Managing Medicines (Julie Nolan and Justine Rollings)

It is the responsibility of the Leads for Managing Medicines to:

- Have day to day oversight to ensure that the procedures laid down in this policy are followed by all staff
- Have oversight of all Healthcare Plans and support Keyworkers in their completion and delivery
- Induct new staff in procedures and make sure that they are aware of children with long term, significant health needs
- Ensure that medicines are properly stored and that staff know where to find them
- Ensure arrangements are in place for the taking out of emergency medication (the Nursery inhaler, auto-injectors and other emergency medication) in the event of an evacuation of the building
- Bring issues and concerns to the attention of the Headteacher
- Provide additional training and information, as appropriate, to staff at staff meetings etc

Responsibility of the Keyworker

It is the responsibility of the Keyworker to:

- Complete Healthcare Plans for children in their group and bring these to the attention of the Leads for Managing Medicines above and other Nursery staff
- Implement the Healthcare Plan on a day to day basis
- Ensure that any member of staff standing in for them is briefed about the medical conditions in their group (see bullet point in section below for cover in case of unforeseen sickness and absence)

Wider Responsibilities of all staff

It is the responsibility of all staff to:

- To follow the procedures laid down in this policy
- Undertake training and take the “Medicines in school – competency test”, as required, in order to be able to administer medicines
- 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 supporting documentation is 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 Headteacher
- If covering for a Keyworker at short notice, to familiarise with the health and medical information on the back of the group register and relevant forms and documentation held in the First Aid room

Annexes included with this Policy are listed below:

Medical forms	
Annex A – Consent and Record of Medication form	Annex E– Asthma Information Form (for mild asthma)
Annex B – Permission to administer Calpol	Annex F – Auto-injector permission form
Annex C – Permission to administer Piriton	Annex G – Asthma Toolkit
Annex D – Individual Healthcare Plan (IHCP)	

Date: Autumn 2021 with an amendment Feb 2023 **To be reviewed:** Autumn 2024