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Policy for administration of medicines

The Governing Body of St. Paul's Nursery School endeavours to write and adopt policies that are fully inclusive for all children / staff / parents / carers / governors and members of the wider community.

Policy approved by Governors: May 2021

Signature of Chair of Governors: J Hedley Jones



Loving, learning and living

At St. Paul's Nursery School we strive to create a happy atmosphere where learning is fun, where children, parents and staff can learn together and where we all develop to be the best that we can be.

We aim to:

- Put the children at the heart of everything we do.
- Provide a setting where children are seen as individuals, where their needs are identified and responded to and where they are given the best possible chance to fulfil their talents.
- Encourage children to grow in confidence and self-esteem, to become more independent and learn to take responsibility.
- Encourage curiosity, creative thinking and questioning minds.
- Create a happy, safe, secure and stimulating environment.
- Work together as a mutually supportive, creative and innovative team.
- Support parents and carers in their role as educator and value their contribution.
- Value everyone and celebrate all achievements.
- Always try our best in all that we do.
- Respect ourselves, each other and our world.
- Promote a brighter future for us all by developing the potential of the whole school community and beyond.

St. Paul's Nursery School Aims

~~We believe that all children should be excited about and enjoy their learning, and should be appropriately challenged in order to make good progress and do the best they can, within a caring and sharing environment~~

~~We aim to provide:~~

- ~~• a setting where children are seen as individuals, where their needs are identified and responded to and where they are given the best possible chance to fulfil their talents;~~
- ~~• a safe, happy and secure environment where children can learn to be independent and take responsibility;~~
- ~~• a broad, balanced and exciting curriculum, which offers a wide range of opportunities to develop children's abilities in all areas. We want children when they leave nursery, to be happy, rounded young people who are confident, will always try their best, have questioning minds and have respect for people and the environment around them;~~

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- ~~• a positive ethos where everyone is valued and achievements, however small, are celebrated.~~

POLICY FOR THE ADMINISTRATION OF MEDICINES

INTRODUCTION

The nursery school is committed to reducing the barriers to participation in activities and learning experiences for all children. This policy sets out the steps which the nursery will take to ensure full access to learning for all children who have medical needs and are able to attend the nursery school.

Medicines should only be taken to nursery school when they are essential, life saving medicines. That is where it would be detrimental to a child's health if the medicine were not administered during the nursery session.

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking essential prescribed medication during the school day, where those members of staff have volunteered to do so. There is no legal duty which requires school staff to administer medication; this is purely a voluntary role. If staff follow documented procedures, they are fully covered by their employer's public liability insurance.

The nursery school will ensure that staff receive proper support and training where necessary. The ~~H~~eadteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager.

~~The nursery school will access support and training via the agreed City of York pathways outlined in **Appendix A.**~~

~~All practices and procedures referred to in this document reflect the collaborative agreement reached between City of York Council Learning, Culture and Children's Services, York Hospitals Foundation Trust, North Yorkshire and York Primary Care Trust, Teaching Unions and UNISON. The policy is based on the documents published by the DfE. 'Supporting Pupils at school with medical conditions', updated 2017 and CYC 2015 policy 'Guidance for supporting children and young people in schools with medical conditions.' DfES 2005 (now DCFS) publication 'Managing Medicines in Schools and Early Years Settings,' updated in November 2007.~~

This policy is available on request.

~~This policy has been agreed by (the Governors) and is reviewed annually.~~

~~Signed..... (Chair of Governors)~~

~~.....(Headteacher/Manager)~~

~~Date~~

1. Prescribed Medicines

Medicines should only be brought into nursery school when essential. Where possible parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in nursery school. Staff should check that any details provided by parents/carers are consistent with instructions on the container or on the consent form.

Medicines will not be accepted anywhere in nursery school without prior agreement of the Headteacher. Complete written and signed instructions from parent/carer are required (Form 3 and 4 in 'Supporting Children with Physical Disabilities and Medical Needs, York CC', stored in the medical room)

Medicines must always be provided in the original container as dispensed by a pharmacist and handed directly to the Headteacher/Head of Setting or to a nominated person authorised by the Headteacher/Head of Setting. Each item of medication must include the prescriber's instructions for administration. Medicines that have been taken out of the container as originally dispensed will not be accepted. Parental requests for changes to dosages will not be made without receiving a new supply which is correctly labelled or a written request from the doctor.

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.

This will require an amendment to Form 3.

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Parents/carers or the child's doctor should provide the following details as a minimum:

- Name of child
- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment
- Last date and time the medicine was administered.

Surplus or out-of-date medication will be returned to parent/carers for safe disposal.

2. Controlled Drugs

The nursery school agrees in principle to the administration of controlled drugs (eg methylphenidate), provided that the correct procedures are followed, as outlined in this policy and in accordance with the Misuse of Drugs Act.

The controlled drug will be kept in a locked non-portable container and only named staff will have access to it. A record will be kept for audit and safety purposes, as for other medication.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. If this occurs the nursery school will inform parents and, where necessary, the police.

Early years settings, Early years and Foundation Stage, Key Stage 1

Asthma inhalers will be kept within the setting in a designated container which is recognised by all staff and the children concerned. A designated member of staff will take this container to other locations in the building when children move between areas.

3. Long Term Medical Needs / Individual Health Care Plan

Where there are long-term medical needs requiring medication, an Individual Health Care Plan will be completed, using **Form 2**. The nursery school will involve parents / carers and other relevant parties such as:

- Headteacher or head of setting
- Child (if appropriate)
- Key person
- Staff who are nominated to administer medicines
- Staff who are trained in emergency procedures
- Specialist teacher for Physical Disability/Medical needs
- Health professionals (when appropriate and in line with local agreement).

In the case of long term medication, the nursery school will agree with parents/carers how often they should jointly review the individual health care plan. This will be at least once a year, or when circumstances change.

In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and written by health care professionals, then shared with schools and settings. The 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the individual health care plan. **(Form 2)**.

4. Dealing with medicines safely

4.1 Storage

The nursery school will ensure that all emergency medicines such as asthma inhalers and adrenaline pens are readily available to children and not locked away. Whenever possible children are encouraged to carry their own inhalers.

Medicines are stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which it was dispensed.

Medicines which need to be refrigerated are kept in a refrigerator in *(specify location/s.)*

(NB Cupboards should be well constructed and lockable and should generally be in a room not accessible to children. Medicines can be stored in a refrigerator containing food provided they are in an airtight container and clearly labeled. There should be restricted access to a refrigerator storing medicines.)

Children are told where their own medicines are stored and who holds the key.

Staff should be aware of the implications for safe storage of their own medicines.

7.2 Administration of Medicines

No child under 16 can be given medication by staff employed by the nursery school or setting, without their parent/carer's written consent.

Staff giving medicines will routinely check

1. the child's name
2. prescribed dose
3. expiry date
4. written instructions provided by the prescriber the child's parent/carer.

7.3 Record Keeping

The nursery school will keep a record of medicines given to children and the staff involved. *This is a legal requirement for early years settings. (Forms 5 & 6)* This will also apply to off-site activities eg residential trips etc.

[They will record what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should also be noted in the records.](#)

A record will be kept of all medicines received, including quantity, even if they are not subsequently administered.

7.4 Refusing Medication

If a child refuses their medication, staff will not force them to take it but will immediately inform parents/ carers and note it in the records. The nursery school will provide parents/carers with details of when medication has been refused or has not been administered for any other reason, on the same day. If

a refusal to take medicines results in an emergency, the nursery school's emergency procedures will be followed.

8. Sporting Activities

The nursery school will ensure staff are aware if a child requires medication as a precautionary measure before taking part in PE or other physical activity, along with any emergency procedures. Inhalers will routinely be taken to PE or other physical activity. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert ® (eg a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be aware of the significance of the MedicAlert ® and will keep it safe.

9. Educational Visits

The nursery school is aware of its responsibilities under the Disability Discrimination Act and will make every effort to continue the administration of medication to a child whilst on trips away from the nursery school premises, even if additional arrangements are required.

Appropriate risk-assessments will be undertaken and agreed with the parent/carer. Arrangements for taking any necessary medicines will be considered. Staff will be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures.

Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP.

10. Home/school transport

If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Statement of Special Educational Needs. Where appropriate and with parental agreement, individual health care plans will be shared with home-school transport escorts and respite care providers.

11. Disposal of Medicines

Parents/carers are responsible for disposing of medicines safely, including ensuring that date-expired medicines are returned to the pharmacy for safe disposal. Parents/carers are requested to collect medicines held at the end of each term. A record will be made ~~and using Form 3 of~~ all medicines returned to parents/carers.

If parents/carers do not collect all medicines, they will be taken to the local pharmacy for safe disposal. ~~A record of disposal will be made on Form 3.~~

12. Hygiene/Infection Control

All staff are aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicines.

Staff will have access to protective, disposable gloves. Extra care will be taken when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. A sharps container will be used for needles. Parents are responsible for its provision, collection and disposal.

13. Training

The nursery school will ensure that staff receive proper support and training where necessary. The ~~H~~eadteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager. ~~The nursery school will access support and training via the agreed City of York pathways outlined in Appendix A.~~

The nursery school will work within the CYC 201509 policy '[Managing Medicines in York Schools Early Years and Out of School Settings](#) Guidance for supporting children and young people in schools with medical conditions.' when responding to the needs of children with the following common conditions:

Asthma

Epilepsy

Diabetes

Anaphylaxis

[Personal care including continence](#)

[Physiotherapy programmes](#)

General awareness raising provided through the pathway in Appendix A will cover:

- The employer's policy on administration of medicines
- Tasks staff should not undertake
- Understanding labels and other instructions
- Administration methods eg tablets, liquids, ointments, eye drops, inhalers etc
- Infection control measures
- Side effects or adverse reactions to medicines and medical procedures and how to report this
- Recording the administration or failure to administer eg if a child refuses medicines
- How and when to contact the child's parent, GP, nurse etc
- Safe storage of medicines
- Disposal of waste materials
- Awareness of policies on infectious diseases
- Awareness of policies on admitting children with or recovering from illnesses

Child specific training will be accessed via [the setting](#).

the agreed pathway in Appendix A.

Unacceptable practice.

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 or medical room 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 pupils 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. (DFE Supporting Pupils at school with medical conditions, updated 2017)

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How to complain

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

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Policy approved by Governors:

Signature of Chair of Governors:

Date for renewal: