



## POLICY FOR THE MANAGEMENT OF MEDICATION IN SCHOOL

Date- Autumn 2015

Reviewed Date: Autumn 2024

Next review: Autumn 2025

### **Rationale**

- School will do everything possible to ensure that any child with medical problems is given access to the EYFS curriculum.
- Teachers are not obliged to administer/ supervise pupil's medication
  - Emergency action may be needed, both in school & on outings
  - Prime responsibility lies with parent/ carer

### **Aims**

- Assist parents with medical care of their children
- Educate staff & children regarding special medical needs
  - Adopt / implement DfES / LEA guidance
- Arrange training for staff willing to support children with medical need
- When necessary, liaise with medical services in support of children with medical needs
  - Ensure access to broad, balanced curriculum
  - Maintain appropriate records

### **Entitlement**

- Pupils with medical needs have a right to a full education
  - Need proper care & support
- Staff can consider - whether to be involved with a pupil's medical care - having appropriate training - working to clear guidelines - legal implications - concerns regarding the support of children with medical needs

### **Expectations**

- Staff are not asked to consider administering medication unless - it is essential that it be taken in school hours - the child is unable to manage his /her own medication and a child is placed on extended periods of medication
- The pharmacist will dispense the medication with the prescription & dosage printed on the outside - the name of the pharmacist should be visible
  - ANY MEDICATION THAT IS INCORRECTLY LABELLED CANNOT BE ACCEPTED
  - The school will consider each request to administer medication for a pupil with complex medical needs, liaising with the School Health Service to seek advice & support.

## Practice

Children taking prescribed medication must be well enough to attend the nursery

When a parent/ carer requests that we administer medication we will:

- Consider whether the school's identified staff are prepared to administer the medication
  - Work with the parent to set up a Healthcare/Medical Plan for the child
- Ensure children's medicines are stored in their original containers in a locked cupboard, are clearly labelled and are inaccessible to the children. If refrigerated they should be in an area where children cannot access alone. If the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- Medicine spoons and oral syringes must be supplied by the parent if required.
- Medications may only be used for the child whose name appears on the medicine. This includes emergency adrenaline injections (Epipen).
  - Ensure each time that it is administered, a record is completed and parents informed verbally.
- The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided: full name of child and date of birth; name of medication and strength; if child has had medication prior to nursery Y/N. If yes, what time and dosage amount; dosage to be given in the nursery; signature, printed name of parent and date.
- At the end of term or end of treatment, any remaining medication is to be handed over to the parent /carer by the designated person.
  - A member of staff from the child's room is responsible for ensuring medicine is handed back at the end of the day to the parent.
  - For some conditions, medication may be kept in the nursery. Staff check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the parent/carer fails to collect the medication, it will be destroyed and the details of the action taken recorded or it will be passed onto the forwarding school.
  - When treatment is completed, this will be noted on the care plan, and the record retained as a point of reference.

### **Children who have long term medical conditions and who may require ongoing medication**

- A health care plan for the child is drawn up with the parent outlining the key person's role, and what information must be shared with other staff who care for the child.
  - The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
  - Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### **Managing medicines on trips and outings**

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box, with the medication, is a copy of the consent form/medication form with the details as given above, which the parent signs on our return. On no account may medicine be decanted into other containers or packets or envelopes. The original pharmacy labelled medication should be within the box.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
  - This procedure is read alongside the outings procedure.

### **A REGISTER OF PUPILS' MEDICAL NEEDS IS TO BE KEPT INDICATING WHETHER A CARE PLAN IS IN PLACE AND WHERE THE INFORMATION IS AVAILABLE TO STAFF**

### **Disseminating and Implementing this Policy**

All nursery staff will be required to read this policy on their induction and to comply with the contents of the policy. The policy will be kept in the policy folder and will be available for staff to refer to at all times. The implementation of the policy will be monitored by nursery staff on a day to day basis. If incidences of non-compliance do occur, this will be dealt with on a case by case basis through performance management of staff. Any adverse incidents will be recorded and reviewed to ensure the policy is fit for purpose. The policy will be formally reviewed at least every three years.

### **APPENDIX 1 PROCEDURE TO BE FOLLOWED WHEN ADMINISTERING MEDICINES IN THE NURSERY PROCEDURE RATIONALE**

1. Wash hands with bactericidal soap and water or alcoholic hand rub or wear gloves. Avoid touching the preparation. To minimize the risk of infection and contamination
2. Read the medication chart/written direction, checking the name on the chart with the patient. To ensure the correct medication chart/written direction is being used
3. Select the correct medication checking the drug name and instructions against the administration chart To ensure the correct medication is selected
4. Check the patient name against the medication administration card. To ensure that the medication is administered to the correct patient

- 5/6. Explain procedure. For children parental consent should have been obtained previously. The patient has a right to refuse
- 7/8 Administer dosage form appropriately using tot, spoon or oral syringe and offer assistance. To ensure the medication is taken safely
9. Ensure patient has a drink if allowed and appropriate. To ensure the medication is swallowed and to aid swallowing
10. Record administration on chart. Communicate any problems to the parent or guardian. To ensure an audit trail. So that problems can be followed up.
11. Remove all waste in the correct manner.

### **Rationale**

1. To minimize the risk of infection and contamination
2. To ensure the correct medication chart/written direction is being used
3. To ensure the correct medication is selected
4. To ensure that the medication is administered to the correct patient

5/6. The patient has a right to refuse

7/8 To ensure the medication is taken safely

9. To ensure the medication is swallowed and to aid swallowing
10. To ensure an audit trail. So that problems can be followed up.
11. Remove all waste in the correct manner.

### **Equality Impact Assessment Report**

Your Equality Impact Assessment Report should demonstrate what you do (or will do) to make sure that your function/policy is accessible to different people and communities, not just that it can, in theory, be used by anyone.

1. Name of policy or function Administering Medicines (Bentilee Nursery School)
2. Responsible Manager/Headteacher – Miss Juliet Levingstone
3. Date EIA completed September 2016 with annual reviews with this policy
4. Description of aims of function/policy
  - To ensure safe administration of medicines to children in Bentilee Nursery School

- Brief summary of research and relevant data-This is based on an Early Years Foundation Stage curriculum policy.

5. Methods and outcomes of consultation.

The policy has been circulated to relevant staff to ensure it is fit for purpose and workable.

6. Results of Initial Screening or Full Equality Impact Assessment Initial or Full Equality Impact Assessment?

<b>Equality Group</b>	<b>Assessment of Impact</b>
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	Race- Low
	Gender- Low
	Disability- Low
	Age- Low
	Sexual Orientation- Low
	Religion or Belief- Low
	Human Rights- Low

7. Decisions and or recommendations (including supporting rationale)

8. Equality action plan (see policy)

9. Monitoring and review arrangements