

Early Years Foundation Stage (EYFS)

Policy for supporting pupils with medical conditions

(Including administering medicines & illness in children)



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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils who require medicines in nursery.
- A framework is in place to administer medicine as part of maintaining children's health and wellbeing or when they are recovering from an illness.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions who require medication
- Providing supply staff with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Headteacher

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

This policy is based on requirements set out in the [2021 statutory framework for the Early Years Foundation Stage \(EYFS\)](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher or designated person i.e. Nursery Manger will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure Nursery staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the health visiting team in the case of any child who has a medical condition that may require support or medicines at nursery but who has not yet been brought to the attention of the health visiting team
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during Nursery hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. The Key Person is responsible for the correct administration of the medication to children for whom they are the Key Person. These will be checked by the Deputy mangers or in his/her absence the nursery manager. This includes ensuring that the parent consent forms have been completed, that the medicines are stored correctly and that records are kept according to procedures. In the absence of the Key Person, a designated First Aid Person or Deputy Manager is responsible for overseeing of administering medication.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Key Persons will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the nursery with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Children

In Nursery the parent /carer will be the person who is best placed to provide information about how the condition affects their child. They should be fully involved in discussions about their child's medical support needs and contribute as much as is possible to the development of their IHPs. Where the child is able to they can be encouraged to talk about how their condition affects them and ideally their feelings and understanding should be reflected in the plan

3.6 Health Visitors and other healthcare professionals

With parental permission Nursery will liaise with Healthcare professionals, such as Health visitors, GPs and pediatricians, on children's medical conditions so information for Health care plan is correct and appropriate for the child. They may also provide advice on developing IHPs.

4. Equal opportunities

Nursery is clear about the need to actively support children with medical conditions to participate in nursery trips and visits, or in sporting activities, and not prevent them from doing so.

The Nursery will consider what reasonable adjustments need to be made to enable children to participate fully and safely on nursery trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. In doing so, children, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the nursery is notified that a child has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The Nursery will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for children who are new to the setting.

(See Appendix 1.)

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Nursery Manager and deputy's and may be formulated with the SENCO.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all children with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher or nursery manager will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the health visitor, specialist or paediatrician, who can best advise on the child's specific needs. Where appropriate the child will be involved:

- IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/ nursery manager /SENCO will consider the following when deciding what information to record on IHPs:
 - The medical condition, its triggers, signs, symptoms and treatments
 - The child'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 – e.g. outside environment, space, noise.
 - Specific support for the child's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
 - Who in the Nursery needs to be aware of the child's condition and the support required.
 - Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
 - Separate arrangements or procedures required for school trips or other nursery activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
 - Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
 - What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

Children taking prescribed medication must be well enough to attend the setting. In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the nursery. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as give time for the medication to take effect.

Only prescribed medication is administered. It must be in date, and prescribed for the current condition and in the original labelled container.

EYFS Statutory Framework states: 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).

3.47. 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. Providers must keep a written 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.

NB – Children's Paracetamol (non-prescription) is only administered in the case of a high temperature, with previously written consent, and at the time of administering, (phone call to ascertain permission and when last dose administered) with verbal consent of the parent/carer.

Prescription and non-prescription medicines will only be administered at Nursery:

- When it would be detrimental to the child's 's health or nursery attendance not to do so **and**
- Where we have parents' written consent (Appendix 3)

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a child any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The Nursery will only accept prescribed medicines that are:

- In-date
- To be administered 4 times a day or where a child is in from 7.45 – 3pm
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The Nursery will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. If they need to be refrigerated they are stored in the fridge in each nursery room, any other medication is kept in a locked medicine cupboard in the nursery rooms. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to staff to use with the child in the nursery rooms and are not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A child who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. In Nursery all controlled drugs are kept in a secure cupboard in the nursery rooms and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Throughout school, children who are competent will be encouraged to learn to take for managing their own medicines and procedures. In nursery children will be encouraged to be positive about taking their medicine, and learn that it helps to keep them well. This will be discussed with parents and it will be reflected in their IHPs.

7.3 Unacceptable practice

Nursery staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents
- 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 IHPs
- 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 children 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 nursery to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the nursery is failing to support their child's medical needs
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of nursery life, including nursery trips, e.g. by requiring parents to accompany their child
- Administer, or ask children to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the Nursery's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany the child to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/Nursery Manager. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to children for as long as these children are at the nursery. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects Portsdown Primary School and Early Years level of risk.

The details of the Portsdown Primary School and Early Years insurance policy are:

The school has liability insurance (Maven public sector, certificate of employer's liability insurance, regulations 1998, policy number P19CASLFG00043). This is renewed annually by Portsmouth City Council.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher/Nursery Manager in the first instance. If the Headteacher/Nursery Manager cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

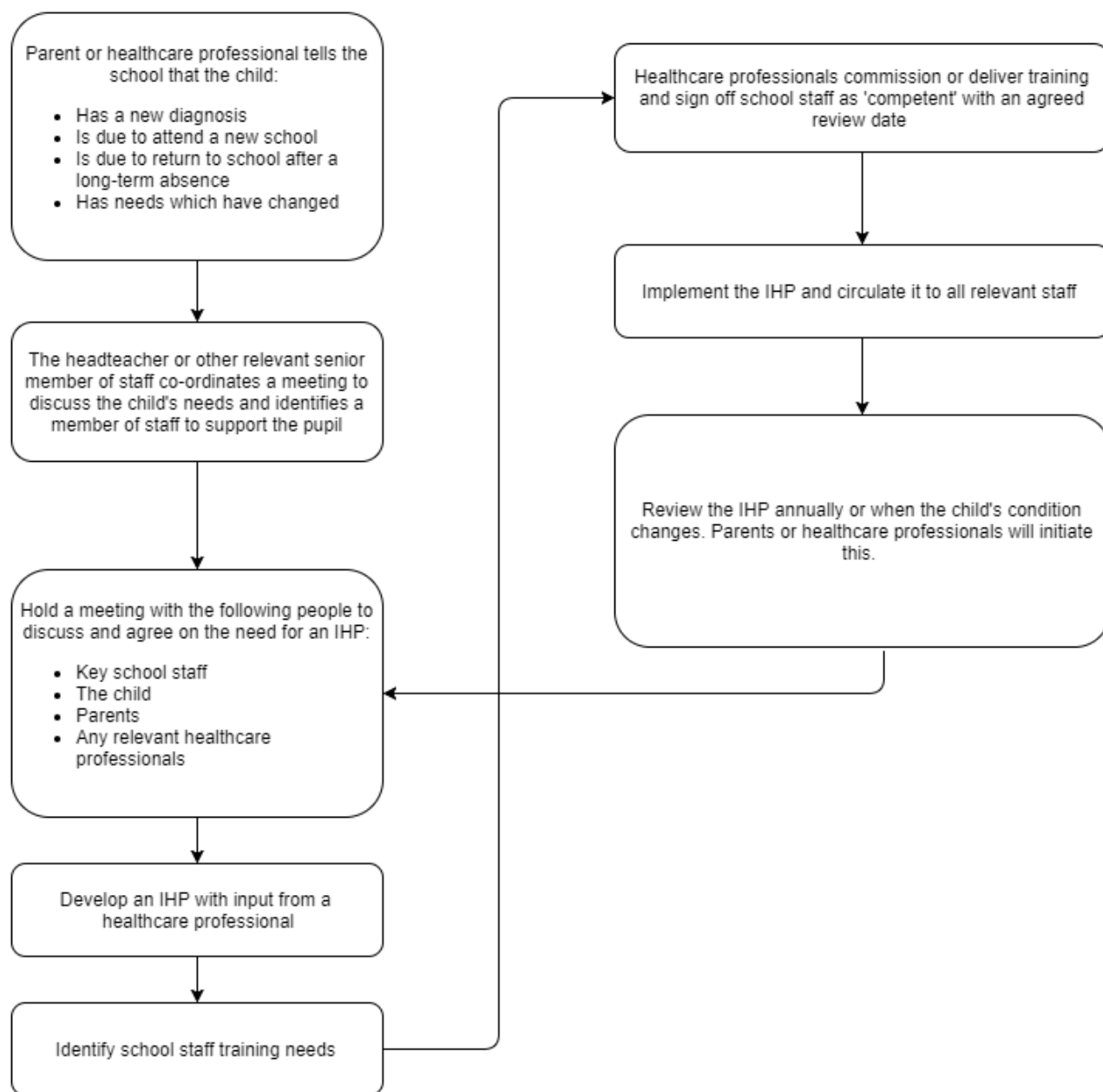
This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition (where this document states school the document also applies to nursery)



Appendix 2



PORTSDOWN PRIMARY SCHOOL AND EARLY YEARS

INFORMATION FOR NURSERY PARENTS - ILLNESS IN CHILDREN

- At Portsdown Nursery we aim to ensure the environment is a safe and healthy place in which children can play and learn. Children who are unwell may put other children and staff at risk of infection. Therefore we cannot accept sick children at Nursery, particularly when they are contagious to others. We cannot provide the one to one care that a child who is unwell requires.
- It is a parent's responsibility to ensure their child does not attend when unwell.
- If a child has an ongoing medical problem, the Headteacher and the Nursery Manager will use their discretion to allow a child to attend, as long as they are not putting themselves, staff or children at risk and relevant training for medical needs has been provided.
- We will work with parents, health visitors and other agencies to ensure health care plans are in place and reviewed to support children with ongoing complex medical needs who attend our nursery.
- Parents must ensure all absences due to ill health are reported to staff at Nursery before the child is due to return.
- If staff feel a child is unwell at Nursery, they will contact parents for the child to be collected. Whilst waiting for Parent to arrive the child will be isolated and cared for in a quiet area with an adult.
- Parents must ensure that a named contact – i.e. parent/grandparent/aunt etc is available for contact at all times throughout the child's attendance at Nursery. Our aim is to get unwell children home as quickly as possible to minimise risk to the unwell child and others.

The following guidelines are to be used as a support to parents in deciding on when your child is fit to return to Nursery.

Illness	Medical Advice
Colds/flu	The child should feel fit & healthy and have a normal temperature.
Conjunctivitis	Cream must have been received from the G.P & treatment started. Eyes should not have any discharge.
Chicken Pox	All spots must be completely scabbed over (usually 5 days after incubation period)
Impetigo	Medical advice must have been sought, sores must not be weeping.
Hand, foot & mouth	All sores must be treated by a G.P., sores must not be weeping.
Headlice	Children will not initially be sent home but parents will be notified so that treatment can start as soon as child returns from Nursery. Letters will be sent home to others in the Nursery group requesting parents to check and treat their child's hair if headlice found. Failure to treat the problem will be viewed as neglect. A child's hair must be tied back if long to minimise the spread of headlice.
Measles	Rash should be gone and the child be acting healthily.
Sickness /diarrhoea	At least 48 hours after the symptoms have cleared.
Temperature	Normal child temperature is 37 C. If a child's temperature reaches 38 C or above, parents will be contacted for medical advice or collection.
Unknown Rashes	Medical advice should be sought.
Broken limbs/stitches	According to medical advice and based on individual child. This will be discussed with parents.

- If a child needs medication while at Nursery, parents must complete a medication consent form.
- Staff will not administer medication contrary to the medical instructions on the bottle /pack. Medication must be in the original packaging/bottles with the pharmacy label stating child's name, dosage and expiry date.
- If a child has a notifiable illness, (as advised by NHS) the Nursery will contact the Department of Health and Ofsted for further advice

Appendix 3

**PORTSDOWN PRIMARY SCHOOL AND EARLY YEARS
ADMINISTRATION OF MEDICATION**



Name: _____ D.O.B. / /
Full name of medication (AS ON PRESCRIPTION LABEL)
Dosage (as on prescription label)
Time/s medication to be administered: _____ a.m. / p.m. _____ a.m. / p.m.
Medication expiry date: ____/____/____
Date and time medication was last administered at home: Date: ____/____/____ Time: _____ a.m. / p.m.
PARENTAL CONSENT I agree to the medication to be administered by Nursery staff Parents signature: _____ Print name: _____ Date: ____/____/____
STAFF MEMBER OVER SEEING FORM COMPLETION Signature: _____ Print full name: _____ Date: ____/____/____
CHECKED BY ROOM LEADER : Signature: _____ Print full name: _____ Date: ____/____/____

*** All medication to be administered by Portsdown Nursery must be given to the child at home on at least one occasion prior to Nursery agreeing to administer**