Supporting Children with Medical Needs and Administering Medicines Policy

"Our nature, is to nurture"

Policy owner	Nursery Manager / Headteacher
Designated person responsible for medical needs	Ane Lindenberg
Designated SENDCo	Rebecca Biddlecombe
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Review frequency	Annually, or sooner where guidance or a child's needs change

1. Policy statement

Jubilee Childcare Centre is committed to ensuring that children with medical conditions are supported safely, sensitively and inclusively.

Children with medical needs should be able to access nursery education, play, meals, outdoor learning, visits and wider nursery activities as fully as possible.

We will work in partnership with parents, carers, healthcare professionals and other relevant agencies to ensure that:

- children's medical needs are understood;
- appropriate arrangements are agreed before attendance where possible;
- medicines are administered safely;
- staff receive suitable information and training;
- emergencies are recognised and managed promptly;
- reasonable adjustments are considered; and
- children are treated with dignity and are not unnecessarily excluded because of a medical condition.

The child's welfare and best interests will remain central to all decisions.

2. Purpose

This policy explains how the nursery will:

- obtain information about children's medical needs;
- assess whether an Individual Healthcare Plan is required;
- store and administer medicines;
- respond to medical emergencies;
- manage allergies and anaphylaxis;
- support children with long-term or complex conditions;
- maintain appropriate records;
- train and support staff;
- manage absences and return to nursery;
- include children in trips and activities; and
- work with parents, carers and healthcare professionals.

3. Legal and statutory framework

This policy has been prepared with regard to:

- the Early Years Foundation Stage statutory framework for group and school-based providers;
- the Children and Families Act 2014;
- the Department for Education's statutory guidance, Supporting pupils at school with medical conditions, where applicable to school-based provision;
- the Equality Act 2010;
- the SEND Code of Practice: 0 to 25 years;
- relevant health protection guidance for schools and childcare settings;
- first-aid guidance for schools and early years settings; and
- relevant local authority and health-service advice.

The EYFS requires providers to promote children's good health and have procedures for responding to children who are ill or infectious. It also requires providers to have and implement a policy and procedures for administering medicines, including obtaining information about medication needs, securing written parental permission, keeping written records and ensuring staff have appropriate training where administration requires medical or technical knowledge.

4. Scope

This policy applies to all children attending Jubilee Childcare Centre and to nursery staff, agency staff, students, volunteers, parents, carers and relevant visitors. It applies on the premises and during off-site activities, visits and local walks.

It covers:

- prescribed medicines;
- agreed non-prescription medicines;
- emergency medication;
- allergies and anaphylaxis;
- asthma, epilepsy and diabetes;
- long-term or recurring medical conditions;
- short-term illness requiring medication;
- medical devices and specialist procedures;
- emergency treatment; and
- individual healthcare planning.

5. Responsibilities

5.1 The governing body, proprietor or school leadership will

- ensure suitable arrangements are in place to support children with medical conditions;
- ensure this policy is implemented;
- make appropriate resources and insurance arrangements available;
- monitor the quality and safety of medical support;
- ensure staff are appropriately trained; and
- support the Nursery Manager in meeting statutory responsibilities.

5.2 The Nursery Manager will

- have overall responsibility for implementing this policy;
- ensure parents receive information about nursery medical procedures;
- arrange planning meetings before a child starts where necessary;
- ensure healthcare plans and risk assessments are completed;
- identify staff who are competent and authorised to administer medication;

- ensure medicines are stored securely and accessibly;
- ensure records are maintained and emergency procedures are known;
- arrange suitable staff training and sufficient trained cover;
- monitor expiry dates and storage arrangements;
- liaise with healthcare professionals and the SENDCo; and
- review arrangements following significant medical events, errors or near misses.

5.3 The designated person for medical needs will

- maintain medical records and check medication received;
- monitor medicine expiry dates;
- ensure healthcare plans are available to relevant staff;
- coordinate required training;
- check emergency medication is available; and
- ensure medication records are completed.

5.4 All staff will

- know which children have significant medical conditions;
- follow healthcare plans and emergency procedures;
- complete required training;
- check records before administering medication;
- record medication immediately after administration;
- report mistakes, near misses or concerns promptly;
- maintain confidentiality; and
- never undertake a medical procedure for which they have not been trained or assessed as competent.

5.5 Parents and carers will

- give full and accurate information about their child's medical needs;
- inform the nursery of changes in diagnosis, condition, medication or treatment;
- provide current healthcare advice and plans;
- supply medication in the original, correctly labelled and in-date container;
- complete and sign required consent forms;
- collect expired or discontinued medication promptly;
- provide replacement medication before existing supplies expire;
- keep emergency contact information current;
- inform staff of medication already administered before nursery;
- attend healthcare-plan meetings and reviews; and
- notify the nursery if their child is unwell or medically unfit to attend.

6. Information required before a child starts

Parents and carers must inform the nursery of any medical condition, allergy, disability, healthcare requirement or regular medication before the child begins attending.

Information should include the condition or diagnosis, symptoms and warning signs, triggers, medication and dosage, storage requirements, side effects, emergency treatment, dietary needs, medical devices, personal-care needs, previous emergency events and professional contact details.

Where needs are significant, complex or potentially life-threatening, the nursery may require a planning meeting and completed healthcare arrangements before the child attends without their parent. This must not be used to delay admission unnecessarily.

7. Individual Healthcare Plans

An Individual Healthcare Plan will normally be considered where a child has a long-term or complex condition, may require emergency treatment, needs regular medication, has a severe allergy, requires a specialist procedure, or needs coordinated adjustments to routines or activities.

Not every child who takes short-term medication will require an Individual Healthcare Plan.

The plan will normally be prepared with the parent or carer, Nursery Manager, key person, SENDCo, trained staff and an appropriate healthcare professional where required. It may include diagnosis, signs and symptoms, triggers, medication, emergency action, daily care, dietary arrangements, adjustments, staff training, trip arrangements and review dates.

Plans will be reviewed at least annually and sooner following a change in need, treatment, medication, professional advice or a significant incident.

8. Acceptance of medicines

Medicines will only be accepted where administration is necessary during the child's attendance. Where possible, parents should ask the prescriber whether doses can be given outside nursery hours.

The nursery will normally only administer prescription medicine that has been prescribed for the child, is in its original container, carries the dispensing label, is in date and has clear instructions and written parental consent.

Medicines must not be decanted. Medicine labelled for another person, expired medicine, medicine without clear instructions or medicine where parental directions conflict with the dispensing label will not be administered until clarified.

9. Prescription medicines

Prescription medicines will only be administered where they have been prescribed for the child by an authorised prescriber, written parental permission has been obtained, staff have sufficient information, and any required training has been completed.

10. Non-prescription medicines

The nursery may administer an agreed non-prescription medicine only where there is a genuine health need, the medicine is age-appropriate, supplied in its original packaging, supported by written parental consent and used in accordance with the manufacturer's instructions.

The nursery will not routinely administer medicine merely to enable an unwell child to remain at nursery. Aspirin or medicine containing aspirin will not be administered unless specifically prescribed by a doctor.

11. Paracetamol and ibuprofen

The nursery will not routinely keep communal paracetamol or ibuprofen unless this has been specifically risk assessed and formally approved.

Where supplied for an individual child, it may only be administered with written consent, in the original container, within age and dosage instructions, and after the parent has confirmed the time and amount of the last dose.

Staff will contact the parent before giving an as-required medicine unless a healthcare plan or prior written agreement clearly authorises administration in defined circumstances. Emergency advice will be sought where a child appears seriously unwell.

12. Medication consent

Written parental permission must be obtained before any medicine is administered, except where urgent emergency treatment is necessary to protect life.

Consent must state the child's name, medicine, reason, dose, method, timing, treatment dates, storage instructions, known side effects, parental signature and details of any dose already given before attendance.

A new form is required when a new medicine is supplied, the dose or instructions change, or a new course begins. Verbal consent alone will not normally be sufficient.

13. Administration procedure

Before administering medicine, authorised staff will check the correct child, medicine, dose, time, method, expiry date, written consent, healthcare plan and whether a previous dose has already been given.

Where practical, a second staff member will witness the checking and administration, particularly for emergency medication, controlled drugs or dosage calculations.

Immediately afterwards staff will record the medicine, dose, date, time, method, staff signatures and any refusal, spillage, difficulty or reaction. Parents will be informed the same day. Records must never be completed in advance.

14. Refusal or inability to take medication

Staff will not force a child to take medicine. Any refusal or inability will be recorded, the parent contacted, the healthcare plan followed and medical advice or emergency assistance sought where necessary.

15. Storage of medicines

Medicines will be stored securely, in the original labelled container, at the correct temperature, out of children's reach and in a way that allows prompt access in an emergency.

Emergency medication must be readily accessible to trained staff and must not be locked away where treatment would be delayed. Children will not normally carry their own medication because of their young age.

Refrigerated medication will be kept in a designated sealed container in an appropriate refrigerator. The nursery will maintain an inventory and check expiry dates regularly.

16. Emergency medication

Emergency medication may include adrenaline auto-injectors, reliever inhalers, emergency epilepsy medication, glucose treatments, glucagon or other medication named in a healthcare plan.

It must accompany the child around the premises and on trips, remain in date and be available to appropriately trained staff.

A child should not attend without essential emergency medication unless the Nursery Manager has completed an immediate risk assessment and safe alternative arrangements are in place.

17. Allergies and anaphylaxis

Children with known allergies will have an individual allergy or healthcare plan proportionate to the risk. Relevant staff and catering personnel will be informed, and reasonable steps taken to reduce exposure and cross-contamination.

Where anaphylaxis is suspected, an adrenaline auto-injector will be administered without delay in accordance with the child's plan and staff training, 999 will be called immediately, the

parent contacted and the child transferred to hospital. An ambulance must be called after administration even if the child appears to recover.

18. Asthma and breathing difficulties

Reliever inhalers and spacers must be clearly labelled, in date, easily accessible and taken outdoors and on trips. Staff will follow the child's healthcare instructions and call 999 where breathing difficulty is significant or not responding to treatment.

19. Epilepsy and seizures

Children with epilepsy or known seizure disorders should have an Individual Healthcare Plan specifying the child's usual seizure presentation, first aid, emergency medication, when to call an ambulance and recovery arrangements.

Emergency rescue medication will only be administered by staff who have received appropriate child-specific training and have been assessed as competent.

20. Diabetes

Children with diabetes will have an Individual Healthcare Plan covering monitoring, signs of high and low blood glucose, food and drink, insulin or other medication, emergency treatment, equipment and staff training.

Staff will only undertake blood testing, insulin administration or other clinical procedures after appropriate training and competency assessment.

21. Controlled drugs

Controlled drugs prescribed for a child may be accepted where necessary. They will be stored securely, accessible only to authorised staff, carefully recorded and returned to the parent when no longer required. An accurate balance should be maintained.

22. Medical and technical procedures

Where a child requires a specialist procedure, the nursery will obtain appropriate information and training before staff undertake it. Training must normally be provided or verified by a suitably qualified healthcare professional.

No staff member will undertake a procedure beyond their training or competence. Training records will identify the trainer, staff attending, competencies assessed and review date.

23. Staff training

Training will be proportionate to the needs of children attending and may include medicine administration, allergy and anaphylaxis, asthma, epilepsy, diabetes, infection prevention, first aid and child-specific procedures.

Training will be refreshed when needs, medication, equipment or guidance change, or when an incident identifies a training need.

24. Illness and fitness to attend

Parents must not bring a child who is too unwell to participate comfortably, requires care that cannot safely be provided, has symptoms requiring urgent assessment, or is within a recommended exclusion period for an infectious illness. Children will not be admitted to the setting or until after 48 hours have passed after having vomiting or diahorrea

The nursery will follow current UK Health Security Agency health-protection guidance. A long-term medical condition alone will not be a reason for exclusion where safe arrangements are in place.

25. Children becoming unwell at nursery

Staff will comfort and supervise the child, assess symptoms, provide first aid, follow the healthcare plan, contact the parent, request prompt collection where necessary and seek advice from 111, a healthcare professional or 999 as appropriate.

An unwell child will remain appropriately supervised and will not be left alone.

26. Medical emergencies

In a medical emergency, staff will provide immediate first aid or emergency medication within their training, call 999 without delay where required, follow the healthcare plan, contact the parent and arrange for relevant information and medication to accompany the child.

The nursery will not delay emergency treatment while attempting to contact a parent. Staff may act in the child's best interests where urgent treatment is required.

27. Hospital transfer

An ambulance will normally be used. A staff member will accompany the child if the parent is not present, taking relevant contact details, healthcare information and medication, and will remain until the parent arrives as far as staffing and emergency arrangements allow.

28. Trips and outdoor activities

Children with medical conditions will be included wherever reasonably possible. Risk assessments will cover medication, emergency access, staffing, food, allergies, transport, personal care, triggers and reasonable adjustments.

Emergency medication and healthcare information must accompany the child. A child will not be excluded solely because of their medical condition unless the risk cannot reasonably be managed after careful assessment.

29. Intimate and personal care

Personal and clinical care will be provided with dignity, privacy and respect. Where appropriate, a care plan will cover toileting, nappy changing, skin care, feeding, positioning, moving and handling, medical devices, infection control and waste disposal.

30. Infection prevention and hygiene

Staff will follow handwashing, PPE, equipment-cleaning, spill-management, sharps-disposal and clinical-waste procedures. Needles and other sharps must be placed immediately in an approved sharps container.

31. Disposal and return of medicines

The nursery will not dispose of medicines in general waste, sinks or toilets. Expired, discontinued or unused medication will normally be returned to the parent for safe disposal through a pharmacy. Sharps and clinical waste will use approved disposal arrangements.

32. Medication errors and near misses

Any medication error or near miss must be reported immediately to the Nursery Manager. The nursery will assess the child, seek medical or pharmaceutical advice, contact emergency services where necessary, inform the parent, record the incident and review the cause.

Records must not be concealed or altered. A safeguarding referral will be considered where the event raises concerns about deliberate action, conduct or unsafe practice.

33. Record keeping

The nursery will maintain records of consent, medicine received, medicine administered, missed or refused doses, medicine returned, healthcare plans, professional advice, staff training, medical incidents, emergency-service involvement, errors and near misses.

Records will be completed promptly and stored securely, while remaining available to staff who need the information to keep the child safe.

34. Confidentiality and information sharing

Health information will be handled sensitively and shared only with staff or professionals who need it to provide safe care, prepare food, supervise activities, respond to an emergency or fulfil legal and safeguarding duties.

Parental consent will normally be obtained before sharing information externally unless disclosure is required by law or necessary to protect a child or another person.

35. Equality and inclusion

A child will not be treated less favourably because of a medical condition or disability. Reasonable adjustments will be considered for routines, activities, meals, communication, attendance, the environment, staffing, trips and transitions.

Where a condition may also constitute a disability or special educational need, this policy will be applied alongside the Accessibility and Inclusion Policy and the SEND Policy.

36. Unacceptable practice

The nursery will not refuse admission solely because a child has a medical condition; delay emergency medication; prevent reasonable access to medication; routinely require parents to attend to administer medicine where trained staff could reasonably do so; force a child to take medicine; or permit untrained staff to undertake specialist procedures.

Children will not be unnecessarily excluded from activities or penalised for disability-related absence without consideration of their individual circumstances and reasonable adjustments.

37. Insurance

Suitable insurance arrangements will be maintained. Staff must act within their role, training and competence, and in accordance with this policy, the child's healthcare plan and medication instructions.

38. Complaints

Parents should raise concerns with the Nursery Manager. The nursery will review arrangements and records, seek professional advice where needed and agree corrective action. Unresolved concerns should follow the nursery's formal Complaints Policy.

39. Monitoring and review

The Nursery Manager will monitor medication records, healthcare plans, expiry dates, staff training, incidents, emergency responses, complaints and storage arrangements.

This policy will be reviewed annually and sooner following changes to law or guidance, a significant incident, a medication error, the admission of a child with complex needs or any identified weakness in practice.

40. Related policies

This policy should be read alongside the nursery's Safeguarding and Child Protection, Accessibility and Inclusion, SEND, First Aid, Health and Safety, Allergy and Anaphylaxis, Food and Nutrition, Intimate Care, Infection Prevention, Attendance, Educational Visits, Emergency

Evacuation, Accident and Incident, Admissions, Confidentiality and Data Protection, and Complaints policies.

41. Parent medication agreement

I confirm that I have:

- provided accurate information about my child's medical needs;
- supplied medication in its original, correctly labelled container;
- checked that the medication is in date;
- provided clear written instructions;
- informed the nursery of any dose administered before attendance;
- agreed to notify the nursery of any change in treatment; and
- read and understood the nursery's Supporting Children with Medical Needs and Administering Medicines Policy.

Child's name	
Medical condition or reason for medication	
Parent/carer's name	
Signature	
Date	
Nursery representative	
Signature and date	

Government guidance referenced

- Early Years Foundation Stage statutory framework for group and school-based providers.
- Department for Education: Supporting pupils at school with medical conditions, where applicable to school-based nursery provision.
- SEND Code of Practice: 0 to 25 years.
- UK Health Security Agency health protection guidance for children and young people settings.