



Stockland and Yarcombe Preschool

Medical Conditions and Administering Medicine Policy 2024

Stockland and Yarcombe Preschool are committed to providing a full and effective educational experience for all pupils. We are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment.

The staff of Stockland and Yarcombe Preschool wish to ensure that pupils with medical needs receive proper care and support. Our intention is to ensure that pupils with medical conditions should have full access to education including trips and Physical Education.

The Committee/Board of Trustees will ensure that staff are supported and trained and competent before they take on the responsibility of supporting pupils with medical conditions.

Stockland and Yarcombe Preschool's insurance will cover liability relating to the administration of medication.

The Chairperson/Manager will be responsible for ensuring the following:

- Procedures to be followed when notification is received that a pupil will be attending who has a medical condition (including transitional arrangements between settings/schools, re-integration or when a pupil's needs change and arrangements for staff training or support).
- Procedures to be followed when a pupil moves to the setting mid-term or when a pupil has a new diagnosis.

The above procedures will be monitored and reviewed by the Manager.

Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between the setting, healthcare professionals and parents so that the steps Needed to help a pupil manage their condition and overcome any potential barriers to getting the most from their education are identified.

The IHCP will include:

- a) The pupil's medical condition, its triggers, symptoms, medication needs, and the level of support needed in an emergency. Also, it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues.
- b) Specific support for the pupil's education, social and emotional needs, such as how absences will be managed and requirements.

- c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional.
- d) Cover arrangements and who in the setting needs to be aware of the pupil's condition and the support required including supply/bank staff.
- e) Arrangements for written permission from parents for medication.
- f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable.
- g) The designated individuals to be entrusted with the above information. Any sharing of information must be GDPR compliant (e.g., first name only if displayed in the setting).
- h) Procedures in the event of the pupil refusing to take medicine or carry out a necessary procedure.

The Chairperson/Manager will have the final decision on whether an Individual Health Care Plan is required but they must be in place for any child with a possible life-threatening condition who have medication in school such as a nut allergy or heart condition.

A record of all children with medical needs will be kept and made available to school staff, whilst ensuring GDPR compliance.

PUPILS WITH ASTHMA

Pupils with asthma who have an inhaler for use in school must have an asthma card completed and the use of this must be recorded on the medication record form.

Inhalers and spacers, specific to individual pupils who suffer from asthma and other lung conditions, will be held, providing parental consent is given. It is the parent's responsibility to ensure that inhalers are provided in date and are to a current prescription for the time they are kept in preschool. It is also the parent's responsibility to regularly clean spacers and check that inhalers work.

The setting may choose to hold emergency inhalers and spacers for the treatment of an asthma attack, provided parental consent for the use of this is obtained in advance for their child. The emergency inhalers will only be used if the pupil's prescribed inhaler is not available (e.g. broken or empty).

The Chairperson/Manager will be responsible for ensuring the following:

- Instructing all staff on the signs of an asthma attack and when emergency action is necessary.
- Instructing all staff on the existence of this policy.
- Instructing all staff on which pupils suffer from asthma and have inhalers.
- Instructing all staff on where the pupil inhalers (and emergency inhaler if kept) are located. These must be easily accessible to all staff.
- Knowing how to administer inhalers through a spacer.

- Making appropriate records of attacks and reporting concerns to parents.
- For the storage, care and disposal of asthma medication. Some excellent and current advice can be found on the Transformation Partners website including posters and training resources.

Staff are to supervise all pupils who can use their own inhalers and spacers, providing parental consent has been given.

The Manager will be responsible for ensuring that there has been written consent from parents for the administration of their child's inhaler and spacer and the Manager will be responsible for ensuring parents are informed when their child's inhaler needs replacing.

THE ADMINISTRATION OF MEDICINE

The Chairperson/Manager will accept responsibility in principle for members of staff giving or supervising a pupil taking prescribed/non-prescribed medication during the day, where those members of staff have volunteered to do so.

Staff must ensure the appropriate records of administering medicine are completed.

Prescribed medication will be accepted and administered in the establishment. Prior written parental consent is required before any medication can be administered. Only reasonable quantities of medication will be accepted (no more than one week's supply) apart from emergency medication such as auto-injectors (e.g. epi-pens) and inhalers. Each item of medication should be delivered in its original dispensed container and handed directly to the Manager authorised by the Manager.

Parents/carers are responsible for ensuring medication including epi-pens and inhalers are in date.

Each item of medication should be clearly labelled with the following information:

- Child's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date (if available)

The setting will not accept items of medication which are in unlabelled containers or not in their original container. Unless otherwise indicated, all medication to be administered in the setting will be kept in the Preschool cabinet in a suitable and secure area or the fridge in staff room if necessary. Where it is appropriate to do so, children will be encouraged to administer their own medication, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their pupil to carry their emergency medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), the pupil

will not be allowed to carry these. It is the responsibility of parents/carers to notify the setting if there is a change in medication, a change in dosage requirements, or the discontinuation of a pupil's need for medication.

There must be enough staff who have knowledge of when and how to administer epipens ensuring coverage for when staff are absent or with a pupil on a trip/course. All staff will receive appropriate training/guidance such as paediatric first aid training and a list of all first aid trained staff will be made available. Staff administering auto-injectors (such as Epi-Pens) need to know how to access a second EpiPen if needed. The setting must make every effort to continue the administration of medication to a pupil whilst on activities away from the premises and to ensure to have sufficient epipens if the child is going off site.

Links with other policies

The Medical Conditions and Administering Medicine policy is linked to the

- Health and safety policy
- Risk assessment policy
- First aid policy
- Safeguarding Policy

This Policy is reviewed and approved by the Manager and Committee annually.

Approved by the Manager and Committee: 6th January 2025

Approved by Chairperson: 6th January 2025

Next Review: Autumn 2025

Appendices

Appendix 1

Parental Agreement to administer medicines - see below

Appendix 2

Medical Review form – see below resources

Appendix 3

Recording the administration of medication form – see below

Appendix 1 Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICINE

Stockland and Yarcombe Preschool

Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (eg: sealed blister pack) for non-prescribed medicine.

Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

Medication details

Date	
Student's name	
Date of birth	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

I understand that I must deliver the medicine personally to	
Time limit – please specify how long your child needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my son/daughter to be administered the emergency adrenaline auto-injector held by the school in the event of an emergency	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff	Yes / No / Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

- I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Manager (or her nominee) to administer the medicine to my son/daughter.
- I confirm that the medicine detailed is in the original packaging [in the case of non-prescription medication].

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature _____ Date _____
(Parent/Guardian/person with parental responsibility)

Appendix 2 Medical Condition Review Form

Dear Parents and Carers,

To ensure we have the most up-to-date information to keep your child safe and well in school, we are reviewing the information we hold on your child's medical condition.

Please complete the information below.

Child's Name:

Date of birth:

Asthma or other respiratory problems Yes/No

Diabetes Yes/No

Bowel/bladder condition Yes/No

Any sustained injury or illness Yes/No

Epilepsy Yes/No

Skin condition (including eczema) Yes/No

Bone/joint conditions Yes/No

Other conditions Yes/No

Allergies including risk of anaphylaxis Yes/No

Other condition details:

If you have answered 'yes' to any of the above please give further details:

Any current medication/treatment:

Name of parent completing this form:

Signature: Date:

Please return a completed copy of this form for each of your children where there is a condition we need to be aware of. If needed we will discuss with you further and

