

EYFS DEPARTMENT

E5 EYFS MEDICATION POLICY AND PROCEDURES

This Policy applies to the Early Years Department and is published to staff and parents.

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General Welfare Requirement: Safeguarding and Promoting Children’s Welfare

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

EYFS Key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2.Supporting every child	

1. Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for child’s GP 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 setting. 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 to give time for the medication to take effect.

These procedures are written in line with current guidance in ‘Statutory Guidance on Supporting Pupils at School With Medical Conditions’; the Head of Junior Department is responsible for ensuring all staff understand and follow these procedures.

Two members of staff (one of whom will hold a Paediatric First Aid Qualification) will administer all Early Years medicine. This responsibility includes ensuring that written parental consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

2. Procedures

2.1 Children taking prescribed medication must be well enough to attend the setting.

2.2 In exceptional circumstances non-prescription medicine e.g. pain and fever relief may be administered, but only with prior written consent of the parent and only when there is a health reason to do so.

2.3 Only prescribed medication is administered. It must be in-date and prescribed for the current condition.

2.4 Children's prescribed medicines are stored strictly in accordance with their product instructions and in their original container in which dispensed. They should include prescribers' instructions for administration, staff members must ensure that they are clearly labelled with the child's name and ensure that the medicine is inaccessible to the children.

2.5 Where children need regular medication (asthma pumps or insulin for example), the setting recommends that staff look after the medication until it is required. This is to minimise possible loss of medication and to ensure the safety of other children. Inhalers should always be labelled with the child's name.

2.6 Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a member of staff of what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

2.7 Parents must give prior written permission for the administration of each required dose of medication. The member of staff being given the medication must ask the parent to complete and sign a consent form (see appendix 1) stating the following information. No medication will be given without these details being provided:

- full name of child and date of birth;
- name of medication and strength;
- who prescribed it;
- dosage to be given in the setting;
- how the medication should be stored and the expiry date
- any possible side effects that may be expected should be noted; and
- signature, printed name of parent and date.

2.8 The administration is recorded accurately when given, stating the time and dosage and is signed by the relevant staff members at each administration.

2.9 If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

3. Storage of medicines

3.1 All medication is stored as per the prescriber's instructions. It will be stored safely, in a locked cupboard out of children's reach or refrigerated in a locked box. All medicine must be clearly marked with the child's name.

3.2 It is the responsibility of the staff, to ensure that the medication is handed back to parents/carers at the end of the day.

3.3 Parents/carers with children with inhalers or other emergency life saving equipment i.e. EpiPens, are informed that this medication will be placed in the nearest safe storage which may be a medication box or bag - instructions for administration will be attached. During sessions away from the main school buildings, the bag/box is carried out of children's reach allowing easy access in case of an emergency.

3.4 Any member of staff that brings medication into school for their own use must ensure that this is always kept out of reach of children in a locked storage facility. It is not acceptable to have medication in handbags etc. within the classroom.

4. Children who have long term medical conditions and who may require ongoing medication

4.1 An assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the School Matron, the Head of Junior Department, the Deputy Head of the Junior Department or the EYFS Class Teacher. Other medical or social care personnel may need to be involved in the assessment.

4.2 Parents will also be required to contribute to the assessment. They will be shown around the setting, have the opportunity to understand the routines and activities and point out anything which they think may be a risk factor for their child.

4.3 For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff members are part of the assessment.

4.4 The assessment includes vigorous activities and any other school activity that may give cause for concern regarding an individual child's health needs.

4.5 The assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.

4.6 A Health Care Plan for the child is drawn up with the parent and School Matron outlining what information must be shared with other staff who care for the child.

4.7 The Health Care Plan should include the measures to be taken in an emergency.

4.8 The Health Care Plan is reviewed as required in consultation with parents. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

4.9 Parents and relevant staff receive a copy of the Health Care Plan.

5. Managing medicines on trips and outings

5.1 When children are out of school on educational visits, the lead teacher will carry an emergency bag containing a list of children present that day, a mobile phone, emergency contact details for children and staff, a bottle of water, tissues, wet wipes, a First Aid Kit and any necessary medicines.

5.2 If any child going out of school on a trip has a long term medical condition, staff accompanying the child must, whenever possible, include the key person for the child. A detailed risk assessment must be carried out and seen by Senior Management before the trip takes place.

5.3 Staff accompanying children on outings are responsible for liaising with the school Matron and ensuring medication for children is carried in a sealed plastic box/bag clearly labelled with the child's name for easy identification. Inside the box/bag is a copy of the signed consent form and a staff record administration details as normal. This box/bag would also be taken with the child to hospital if emergency treatment was required.

5.4 On returning to the setting the pro forma is signed by parents as normal.

6. Legal Framework

Medicines Act (1968)

7. Further Guidance

Statutory Guidance on Supporting Pupils at School with Medical Conditions (December 2015, Updated August 2017) <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> (Accessed 26.07.20)

This policy reflects the whole school General First Aid Policy.

Appendix 1

LONGRIDGE TOWERS JUNIOR DEPARTMENT
CONSENT FORM FOR ADMINISTERING MEDICINE

Name of child: _____ **Date of Birth:** _____ **Class:** _____

Type of illness: _____

Medication name & strength: _____

Dosage and timings: _____

Storage: _____

Prescribed by: _____ **Expiry Date:** _____

I give permission for my child _____ to be given the above dosage of medication at the given times.

Signed: _____ *Date:* _____

Date			
Time given			
Dose given			
Given by			
Witnessed by			

Date			
Time given			
Dose given			
Given by			
Witnessed by			

Parental signature to confirm that medication has been administered correctly:

_____ *Date:* _____