

13d EYFS Administration of Medicines Policy

'Medicines should only be taken to (school or) settings when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the (school or) setting day.' (Managing Medicines Guidance – DfES)

Aims

- *To promote the good health of children and staff in the EYFS
- *To provide a procedure for responding to children who are ill or infectious
- *To take necessary steps to prevent the spread of infection and to take appropriate action if children are ill
- *To ensure that children with long-term medical needs receive proper care and support when they are at Nursery or School

Procedures

We ensure that –

- * The school employs a full-time Nurse who follows the Nurses and Midwifery Council (NMC) Code of Professional Conduct.
- *Our EYFS staff hold current Paediatric First Aid qualifications. (These are renewed every 3 years). We ensure that we use providers who are accredited by approved first aid training organisations and Local Authority guidance. Some of our Paediatric First Aiders have also undergone an additional Opus Medication Awareness Course.
- *Prior to entry we obtain written information from parents about children's medical needs (including details of medicines). Parents are responsible for providing full and accurate information about their child's health and medical needs. Parents are responsible for ensuring that this information is up-to-date.
- *Prior to entry we obtain written parental consent for emergency treatment.
- *Medicines are not 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). Medicines should not be given without informing the School Nurse.



*Medicines (both prescription and non-prescription) are only administered to a child where prior written permission for that particular medicine has been obtained from the child's parent/carer.

*Medicines are only administered if they are in their original container as dispensed by a pharmacist in accordance with the prescriber's instructions. This should include the child's name, date prescribed, name and dose of the medicine and the frequency of administration.

*We negotiate and agree with parents the times that medicine is to be administered so that it is manageable where medicines need to be administered during the school day.

*As per administration of medicines training we wash hands before we administer medicine, check the child's name, allergies, date prescribed, name and dose of the medicine, route of administration and the frequency of administration.

*All medication is shown to and checked by the School Nurse when it is brought into school/Nursery.

*A written record is kept every time medicine is administered to a child. The child's parents/carers are informed on the same day or as soon as is reasonably practicable and asked to sign that they have been informed.

*The name of the person administering the medication is recorded, dated and signed. A witness also records their name and countersigns that they have witnessed the administration and dosage of the medicine.

*Where appropriate, according to each individual child's age and stage of development, we support and encourage children to manage their medication with some degree of independence— for example use of inhalers.

*When we are going on outings we take children's medication with us. There are always trained Paediatric First Aiders on EYFS Outings. A named First Aider takes responsibility for administering the medicine at the agreed time. If it was not reasonably practicable to administer the medicine on an outing we would negotiate with the parents and School Nurse.

*If a child refused to take their medication, we would encourage but not force them to take it. We would record the information and contact the parents. Medicine would never be concealed in food or drink and administered to children.

*Supply or cover staff and all regular EYFS teaching staff are informed about children's specific medical and medication needs.

*Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, we ensure that they seek medical advice and that they only work directly with

children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly.

*Staff medication that is on the premises is securely stored, and out of reach of children at all times.

*We refer to the latest guidance from the Health Protection Agency on Infection Control in schools and other settings.

Storage of Medication

*Children in the EYFS are not responsible for their own medication. Medicine is stored securely and safely out of children's reach, whilst still being readily accessible to staff.

*In Nursery our First Aid box and emergency medication (such as asthma inhalers and epi-pens) is accessible at all times. It is stored securely in the clearly labelled First Aid cupboard in the kitchen area. Non-emergency medication is also stored safely here, out of children's reach.

*In Prep I our First Aid box and emergency medication (such as asthma inhalers and epi-pens) is accessible at all times. It is stored in Prep I First Aid bag which is kept in the cupboard out of children's reach. Whenever we leave the classroom a member of staff carries the bag with them. Non-emergency medication is stored securely in a lockable medicine cabinet which is located in the cloakroom.

*Medication that needs to be refrigerated (such as antibiotics) is kept in the Nursery fridge (Nursery) or the kitchen fridge (Prep I). Children do not have access to these fridges.

*Medication is checked half-termly to ensure that it is in-date. Staff also check that it is in date every time they administer medication to a child. Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.' (Managing Medicines Guidance- DfES - current)

*When medicine is no longer required it is always handed back to the parents to arrange for safe disposal.

Care of Children with Long-Term Medical Needs

*Individual Care Plans are drawn up by the School Nurse in consultation with parents and relevant health professionals. (See Forms)

*Where additional support is required, we seek advice and further training (where appropriate) from relevant qualified health professionals. Training must be provided for staff where the administration of medicine requires medical or technical knowledge.



*We liaise daily with parents when they bring the child to the setting to check and record when, how much and why a child has had medicine administered before attending the setting.

Emergency Treatment

*In the case of a serious accident or illness occurring, the parent should be contacted immediately. In the unlikely event of both parents being unavailable, the named emergency contacts on the child's form will be contacted.

*A member of staff will contact emergency service and dial for an ambulance. (See Forms)

*A member of staff should always accompany a child taken to hospital in an ambulance and remain with them until a parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

*The member of staff should take the signed parental consent form for emergency treatment with them to the hospital.

*Staff should never take children to hospital in their own car. It is safer to call an ambulance.

*OFSTED must be notified of any serious accident, illness or injury to, or death of any child whilst in our care, and of the action taken as soon as is reasonably practicable and always within 14 days of the incident occurring. ISI and local child protection agencies must also be notified within this time. Advice from these agencies must be acted upon.

Appendix 1 Contacting Emergency Services – Nursery

Appendix 2 Contacting Emergency Services – Prep I

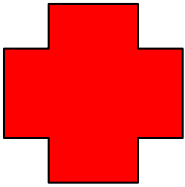
Appendix 3 Procedures for dealing with Allergies, Asthma and Diabetes

Documents referred to:

- The Early Years Foundation Stage –current
- Managing Medicines in Schools and Early Years Settings DfES July 2012
- Guidance on Infection Control in schools and other childcare settings – Health Protection Agency - current
- Supporting Pupils at School with Medical Conditions - current

Policies Drawn On:

First Aid Policy



Contacting Emergency Services – Nursery

Dial 999 ask for ambulance and be ready with the following information –

- 1. Telephone number – 020 8991 7537**

- 2. Address – St Augustine's Priory
Hillcrest Road
Ealing
London W5 2JL**

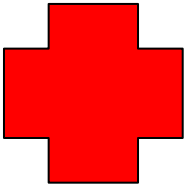
- 3. Location – Nursery**

- 4. Your name**

- 5. Name and age of child and brief description of child's symptoms.
If the child has a known medical condition, please give this information.**

- 6. Inform ambulance control of the best entrance to use and that they will be met. Call Estate Staff on radio and ask them to meet ambulance at gate.**

Speak clearly and slowly and be ready to repeat information if asked.



Contacting Emergency Services – Prep I

Dial 999 ask for ambulance and be ready with the following information –

- 1. Telephone number – 020 8991 7511**
- 2. Address – St Augustine's Priory
Hillcrest Road
Ealing
London W5 2JL**
- 3. Location – Prep I**
- 4. Your name**
- 5. Name and age of child and brief description of child's symptoms.
If the child has a known medical condition, please give this information.**
- 6. Inform ambulance control of the best entrance to use and that they will be met. Call Estate Staff on radio and ask them to meet ambulance at gate.**

Speak clearly and slowly and be ready to repeat information if asked.



Appendix 1- Procedures for dealing with Allergies, Asthma and Diabetes

Allergies

We do not allow nuts in school; however, no school can guarantee a truly peanut/nut-free environment. Allergic children might be led into a false sense of security. Parents and children are informed of this when joining the school and reminders are sent out during the year. We request 2 epi pens from parents, which are kept in our first aid kits. In case of a suspected allergic reaction, please contact the School Nurse or a paediatric first aider.

Immediately

- Encourage the child to stay calm
- The School Nurse or paediatric first aider will administer an antihistamine tablet/ Liquid
- The child will be observed. Parents will be informed.

If the child starts to have breathing difficulties/ Anaphylaxis after eating a food that they are allergic too, their EpiPen needs to be administered and an ambulance needs to be called.

The Symptoms of Anaphylaxis

Any or all of the following symptoms may be present during an anaphylaxis reaction:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) (floppiness in babies)

How to administer an EpiPen

1. Pull off blue safety cap
2. Position orange end about 10 cm away from outer mid-thigh
3. Swing and jab orange tip into thigh and hold for ten seconds
4. Remember (Blue to the sky red to the thigh)
5. Remove EpiPen and massage leg for ten seconds

Emergency Treatment

- * In the case of a serious accident or illness occurring, the parent should be contacted immediately. In the event of both parents being unavailable, the named emergency contacts on the child's form will be contacted.



- * A member of staff will contact emergency service and dial for an ambulance. (See Forms)
- * A member of staff should always accompany a child taken to hospital in an ambulance and remain with them until a parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- * The member of staff should take the signed parental consent form for emergency treatment with them to the hospital.
- * Staff should never take children to hospital in their own car. It is safer to call an ambulance.
- * OFSTED must be notified of any serious accident, illness or injury to, or death of any child whilst in our care, and of the action taken as soon as is reasonably practicable and always within 14 days of the incident occurring. ISI and local child protection agencies must also be notified within this time. Advice from these agencies must be acted upon.

Asthma

Asthma is a common lung condition that causes the airway to narrow therefore causing breathing difficulties.

In the EYFS staff ensure that children's medication (including inhalers) is with them at all times. We request 2 inhalers from parents. These are kept in our first aid kits.

In the event of an Asthma attack or wheeze at School/Nursery, the child will be encouraged to take their inhaler and the School Nurse should be called. In the unlikely event that the child does not have their inhaler there are spare inhalers kept in the Health Centre.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and
- Unable to talk or complete sentences or go very quiet.
- May try to tell you that their chest 'feels tight' (younger Children may express this as tummy ache)

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the student
- Encourage the child to sit up and slightly forward
- Encourage the child to use their inhaler – if not available, use the emergency inhaler



- Call the School Nurse/parents
- Immediately help the child to take two separate puffs of salbutamol.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure them.
- If the child does not feel better or you are unable to contact the School Nurse or the student's parents or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Diabetes Management

Diabetes can affect learning, and if it is not well managed a child can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. Therefore, they might not achieve their full academic potential. The challenges of keeping diabetes well managed may also impact on a child's life.

For these reasons, it is crucial that a child is supported to manage their diabetes in all aspects of their life, including their time at school.

Hypoglycaemia (low blood glucose) happens when a person's blood glucose level falls below 4mmol/l.

Most children and families will call it a 'hypo'.

All children with diabetes are likely to have mild hypos from time to time and they can come on very quickly.

They might happen because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.

Sometimes there is no obvious cause.

How to recognise a hypo

Most children will have warning signs of a hypo. These warning signs can include:



- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stroppy or moody
- going pale.

Treating a hypo

Hypos must be treated quickly. If left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure.

A child should not be left alone during a hypo – nor be sent off to get treatment for it. Recovery treatment must be brought to the child.

What to do:

1. Call the School Nurse
2. Check the child's blood glucose level (when possible).
3. Immediately give something sugary to eat or drink, e.g. Lucozade, non-diet drink, glucose tablets, fruit juice*.
4. After 10–15 minutes, check blood glucose level again. If the blood glucose level is still low, repeat step 2.
5. Check the blood glucose again in another 20–30 minutes to make sure that they have returned to normal.
6. Some children need a follow-on snack after treating a hypo, e.g. a piece of fruit, biscuits, cereal bar, small roll/sandwich, the next meal if it's due*. The child's parent or PDSN will tell you if they need a follow-on snack.

How to recognise hyperglycaemia

The symptoms of hyperglycaemia do not come on quickly and generally build up over a period of hours. They can include:

- thirst
- passing urine frequently
- tiredness
- feeling sick
- tummy ache
- blurred vision.

Treating hyperglycaemia

If a child takes insulin injections and their blood glucose is only high for a short time, treatment may not be needed.

Treatment includes:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- allowing the student to use the toilet whenever they need to.
- If there are concerns regarding a child's diabetes, their parents must be contacted.

Any concerns should be reported to the School Nurse. Good communication between parents and school is essential