

Supporting pupils with medical conditions policy & procedures

Hartcliffe Nursery School



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1. Aims

Supporting Pupils With Medical Conditions Policy and Procedures **The named person with responsibility for implementing this policy is the 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.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

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 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 that school staff are appropriately insured and aware that they are insured to support children in this way
- 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 school 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.

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.

Teachers and practitioners 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/ guardians

Parents will:

- Provide the school 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 The child

Children with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Health Professionals

The Nursery work in partnership and liaise with Healthcare Professionals, such as GPs and Pediatricians to ensure children's medical needs are supported appropriately and medical needs met.

We use current medical reports to inform the IHP.

4. Equal opportunities

Our school is clear about the need to actively support children with medical conditions to participate in school 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 these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils 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 child requires an IHP.

The nursery will ensure that arrangements are put into place before they stay for their sessions if they are new to nursery.

(See Appendix 1 and 2)

6. Writing Individual Healthcare Plans (IHP) (Appendix 4)

The **headteacher has overall responsibility** for the development of IHPs for pupils with medical conditions. This has been delegated to the **SENCO, Lead First Aider, Designated Safeguarding Lead.**

Plans will be reviewed termly, or earlier if there is evidence that the children's needs have changed.

Plans will be developed with the children'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 will make the final decision.

Plans will be drawn up in partnership with the nursery and parent/ guardian. The nursery follow up with any current care plans with the relevant health care professionals. We use existing medical reports to inform IHP plans. Plans are reviewed regularly. The child will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has SEND but does not have an EHC plan, the IHP will be mentioned in the SEND support plan.

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/role of individual with responsibility for developing IHPs, 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.
- Specific support for the child's educational, social and emotional needs.
- Who will provide 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

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, for example, 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

Prescription medicines will only be administered at nursery:

- When it would be detrimental to the children's health or school attendance not to do so **and**
- Where we have parents' written consent
- Children 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**
- **Labelled**
- **Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage**

Storage of medicines

- All medicines will be stored safely.
- Medicines and devices such as **asthma inhalers**, blood glucose testing meters and **adrenaline pens** will always be **readily available and not locked away**.
- Medicines will be stored in a sealed bag, clearly labelled with the child's name
- All medicines must be signed in and out signed by parent and staff member
- The IHP will be in the sealed bag for reference
- Medicines will be returned to parents to arrange for safe disposal when no longer required and **MUST be SIGNED OUT**
- Administering medication – First Aiders only can administer medicines. First Aiders are identified on staff boards outside rooms and in the entrance.

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 child to use. All other controlled drugs are kept in a secure cupboard in the school office 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.

7.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- 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 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 child, 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 school life, including school trips, e.g. by requiring parents to accompany their child

8. Emergency procedures

Staff will follow the nursery's normal emergency procedures (for example, calling 999). All children's IHPs will clearly set out what constitutes an emergency and will explain what to do. The parent will be contacted immediately

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 children 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's 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/role of individual. 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 child
- 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 Headteacher will ensure that written records are kept of all medicine administered to pupils for as long as these children are at the school. Parents will be informed if their child has been unwell at school with a phone call.

IHPs are kept in a readily accessible place (Class room folder in First Aid cupboard) 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 the school's level of risk.

The details of the school's insurance policy are: [RPA insurance with the Department of Education](#)

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the nursery's Complaints Procedure.

13. Monitoring arrangements

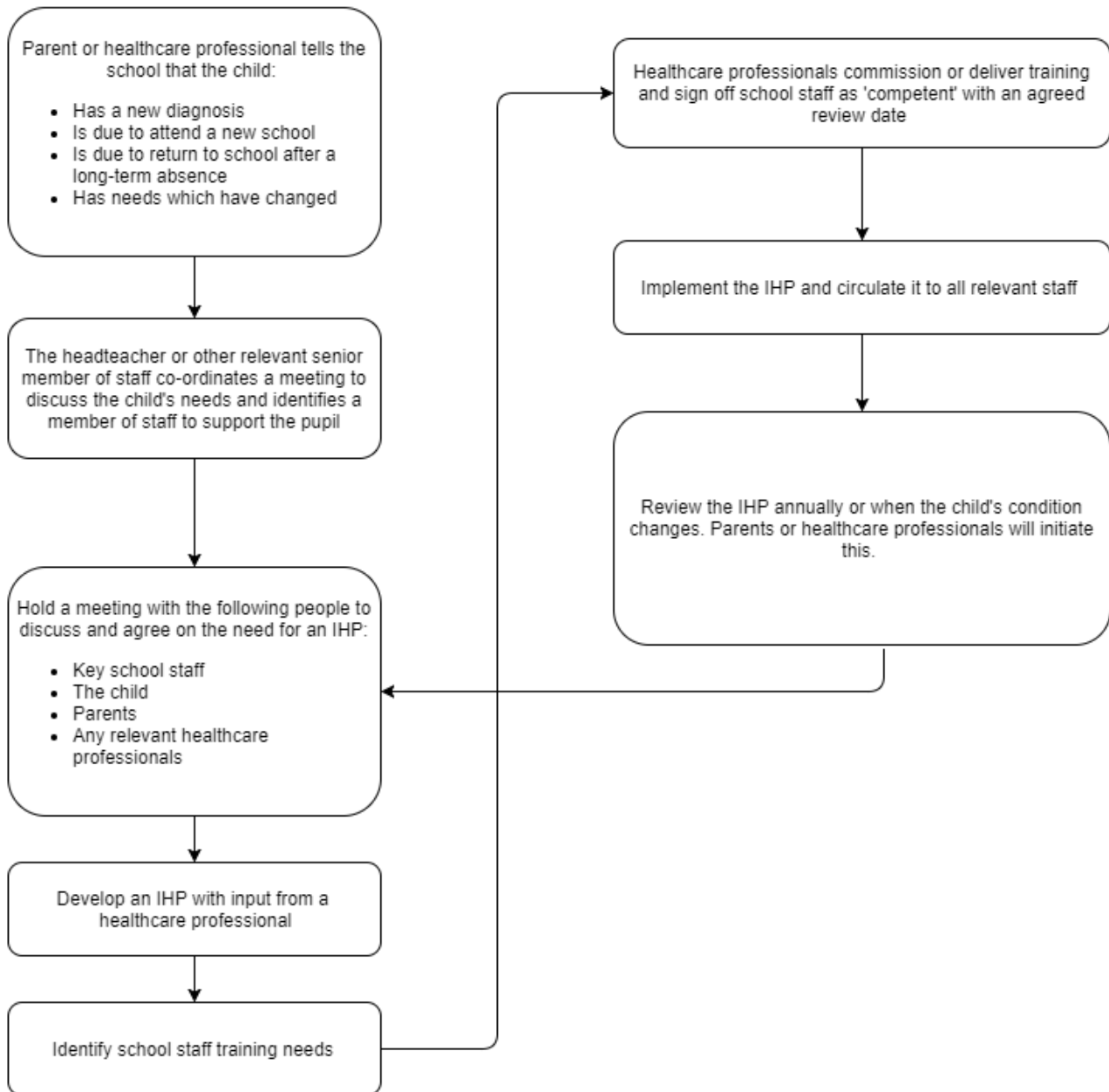
This policy will be reviewed and approved by the governing board every 3 years.

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



Appendix 2: Process and procedure

Individual healthcare plan

- Nursery is informed that the child has a medical condition
- First Aid Leads, DSL or SENDCo to develop IHP with parent and any relevant health care professionals By Room Lead and Room First Aider. Room Lead and Lead First Aider (Clare) to refer to a class monitoring sheet with review date.
- IHP's to be kept: in medications folder, in sealed bag with medicines, saved onto SIMS.
- Implement the IHP and circulate/ inform relevant staff

Prescribed medicines

- **All medicines must be prescribed.**
- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Storage

- Medicines and devices such as **asthma inhalers**, blood glucose testing meters and **adrenaline pens** will always be **readily available and not locked away**.
- Other medicines need to be stored in a locked cupboard in the room. Medicines that need to be refrigerated will be stored in the fridge in the back office in a labelled sealed bag.
- Medicines will be stored in a sealed bag, clearly labelled with the child's name
- All medicines must be signed in and out signed by parent and staff member
- The IHP will be in the sealed bag for reference
- Medicines will be returned to parents to arrange for safe disposal when no longer required and **MUST** be **SIGNED OUT**

Reviewing and Monitoring

- Plans will be reviewed termly by or earlier if there is evidence that the children's needs have changed By Room Lead and Room First Aider. Room Lead and Lead First Aider (Clare) to refer to a class monitoring sheet with review date.
- Medications folder and medicine boxes will be monitored daily by the First Aider/ Lead in the rooms.
- Folder and boxes to be monitored weekly by Lead First Aider, DSL or SENDCo.

Appendix 3 – Signing medicines in and out



MEDICATION HANDOVER RECORDS

MEDICATIONS BROUGHT INTO NURSERY	MEDICATIONS TAKEN HOME
CHILD'S NAME: ROOM:	
DATE RECEIVED: STAFF MEMBER GIVEN TO: STAFF SIGNATURE: PARENT/ CARER SIGNATURE:	DATE TAKEN HOME: STAFF MEMBER PRESENT: STAFF SIGNATURE: PARENT/ CARER SIGNATURE:
MEDICATIONS description: Expiry Date:	MEDICATIONS description: Expiry Date:
DATE RECEIVED: STAFF MEMBER GIVEN TO: STAFF SIGNATURE: PARENT/ CARER SIGNATURE:	DATE TAKEN HOME: STAFF MEMBER PRESENT: STAFF SIGNATURE: PARENT/ CARER SIGNATURE:
MEDICATIONS description: Expiry Date:	MEDICATIONS description: Expiry Date:
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MEDICATIONS description: Expiry Date:	MEDICATIONS description: Expiry Date:

Appendix 4: Health Care Plan

HEALTH CARE PLAN (HCP)



Childs photo

Start date of plan:

Date of this version of plan (review)

NAME OF CHILD:

DATE OF BIRTH:

NAME OF PARENT/ CARERS:

CONTACT NUMBER:

NAME OF GP/ SPECIALIST:

MEDICAL NEEDS and SYMPTOMS:
Including advice from professionals (and medical reports)

WHAT IS AN EMERGENCY AND ACTION TO BE TAKEN:

FOLLOW UP CARE

DAILY CARE REQUIREMENTS

NAME and TYPE OF MEDICATION:
Expiry date:

TREATMENT – dose and method of administration:

Expiry date:

Expiry date:

STAFF TRAINING REQUIRED:

NAMES OF STAFF TO ADMINISTER MEDICATION:

I give consent for staff to administer medication in accordance with the Supporting Pupils with Medication Policy and above Health Care Plan:

Parent/ Legal Guardian.

Signature:

Date:

Agreed by Staff Member (First Aid/ SLT/ SENDCo:

Signature:

Date:

Appendix 5: Monitoring of medicines