



Nursery School and  
Children's Centre

January 2019

Supporting Pupils with  
Medical Conditions Policy

To be reviewed January  
2023

## Statement of intent

The governing board of **Wentworth Nursery School and Children's Centre** has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

**Wentworth Nursery School and Children's Centre** believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's **SEND Policy** will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

The school will intend to administer medication for all children in its care, where medication is prescribed. However, the school reserves the right not to administer medication if it believes it is not able to do safely and effectively for both the child concerned and the member of staff assigned to administer the medication.

## 1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

### **The role of the governing board**

1.3. The governing board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.

- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

1.4. **Sally Lindsay-German** holds overall responsibility for implementation of this policy.

## **2. The role of the headteacher**

2.1. The headteacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.

2.2

### **The role of the Inclusion Teacher/SENCo**

- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Has overall responsibility for the development of IHPs.
- Liaise with relevant health professionals to ensure the safe and effective of any prescribed medication.

## **3. The role of parents/carers**

3.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.
- Ensure that medication is up to date.

## **4. The role of pupils**

4.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

## 5. The role of staff

### 5.1. staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions when in the nursery
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## 6. The role of other healthcare professionals

### 6.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school's Inclusion Teacher/SENCo when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.
- May provide training for staff to ensure the effective administering of any prescribed medication.

## 7. Admissions

- 7.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 7.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## 8. Notification procedure

- 8.1. When the school is notified that a pupil has a medical condition that requires support in school, the **bursar** informs the **headteacher**. Following this, the Inclusion Teacher begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP; the Inclusion Teacher will take the lead in this area.
- 8.2. If the school is unclear about the medical needs of a child, it is important that clarity is established as quickly as possible. The child's keyworker in conjunction with the Inclusion teacher will liaise with the parent/carer and any relevant professionals. During this process, the school will request that the parent/carer is with the child or the Headteacher will make a decision based on the information provided to date if it is safe for the child to be in the school or not.

## 9. Staff training and support

- 9.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 9.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 9.3. The school and children's centre will ensure there is a minimum of five staff trained in paediatric first aid (four in the school and one in the children's Centre)
- 9.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 9.5. Every term there is a review of children's medical, allergies and any other relevant information. All keyworkers are required to inform the school office who will collate the information. The Inclusion teacher will be responsible for ensuring such information is shared across the school.
- 9.6. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

## 10. Supply staff

All supply staff are not permitted to administer any medication unless authorised by the Headteacher. This will only be done in exceptional cases.

## 11. Individual healthcare plans (IHPs)

- 11.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.
- 11.2. The school led by the Inclusion teacher, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.
- 11.3. IHPs include the following information:
  - The medical condition, along with its triggers, symptoms, signs and treatments.
  - The pupil's needs, including medication (dosages, side effects and storage), dietary requirements and environmental issues.
  - The support needed for the pupil's educational, social and emotional needs.

- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers.
- Separate arrangements or procedures required during school trips and activities.
- What to do in an emergency, including contact details and contingency arrangements.

11.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

11.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved. IHP will be kept in the Headteacher's office as well as within the nursery as appropriate.

11.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

11.7. Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

11.8. Where a child has SEND but does not have a EHC plan, their SEND should be mentioned in their IHP.

11.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

## **12. Managing medicines**

12.1. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so and or the school does not believe it is fully equipped to administer the medication safely and effectively. In such circumstances the school reserves the right not to administer medication.

12.2. The school will only administer medication that is prescribed and within date. It is the responsibility of all parents/carers to ensure such medication is within date.

12.3. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

12.4. All medicines are stored safely in the Headteacher's office.

- 12.5. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 12.6. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.
- 12.7. All staff who have medical needs must ensure the school if there is a need to have an medicines at the school or children’s Centre. The staff member will need to ensure there is clarity regarding dosage, storage and when to be administered. Again the school will only administer such medication that is prescribe and within date.

### **13. Adrenaline auto-injectors (AAIs) (epi pens)**

- 13.1. The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with children’s IHPs
- 13.2. A **Register of AAIs** will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each base room for easy access in the event of an allergic reaction. This will be done by the school administrative assistant and reviewed on a monthly basis.
- 13.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 13.4. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 13.5. In the event of anaphylaxis, the school will adhere to the IHP and ensure the Headteacher is informed or the DHT in his absence.
- 13.6. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 13.7. If necessary, other staff members may assist the designated staff members with administering AAIs.
- 13.8. AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 13.9. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 13.10. In the event that an AAI is used, the pupil’s parents/carers will be notified that an AAI has been administered.
- 13.11. Where any AAIs are used, the following information will be recorded on the **AAI Record**:
  - Where and when the reaction took place
  - How much medication was given and by whom
- 13.12. AAIs will not be reused and will be disposed of according to manufacturer’s guidelines following use.

13.13. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI which will be carried by a staff member of parent/care.

## 14. Record keeping

- 14.1. Written records are kept of all medicines administered to pupils.
- 14.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- 14.3. Appropriate forms for record keeping can be found in appendices 1-6 of this policy.

## 15. Emergency procedures

- 15.1. If the school believes a child is at significant risk the emergency services will be contacted. A staff member will be with the child concerned and the parent/carer contacted. A staff member may accompany the child, unless the parent/carer has arrived.
- 15.2. Information about the child's medical condition will be taken as well as any other requests made by the emergency services.

## 16. Day trips

- 16.1. Pupils with medical conditions are supported to participate in school trips.
- 16.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- 16.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## 17. Liability and indemnity

- 17.1. The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 17.2. The school holds an insurance policy with name of policy provider covering liability relating to the administration of medication.
- 17.3. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## 18. Complaints

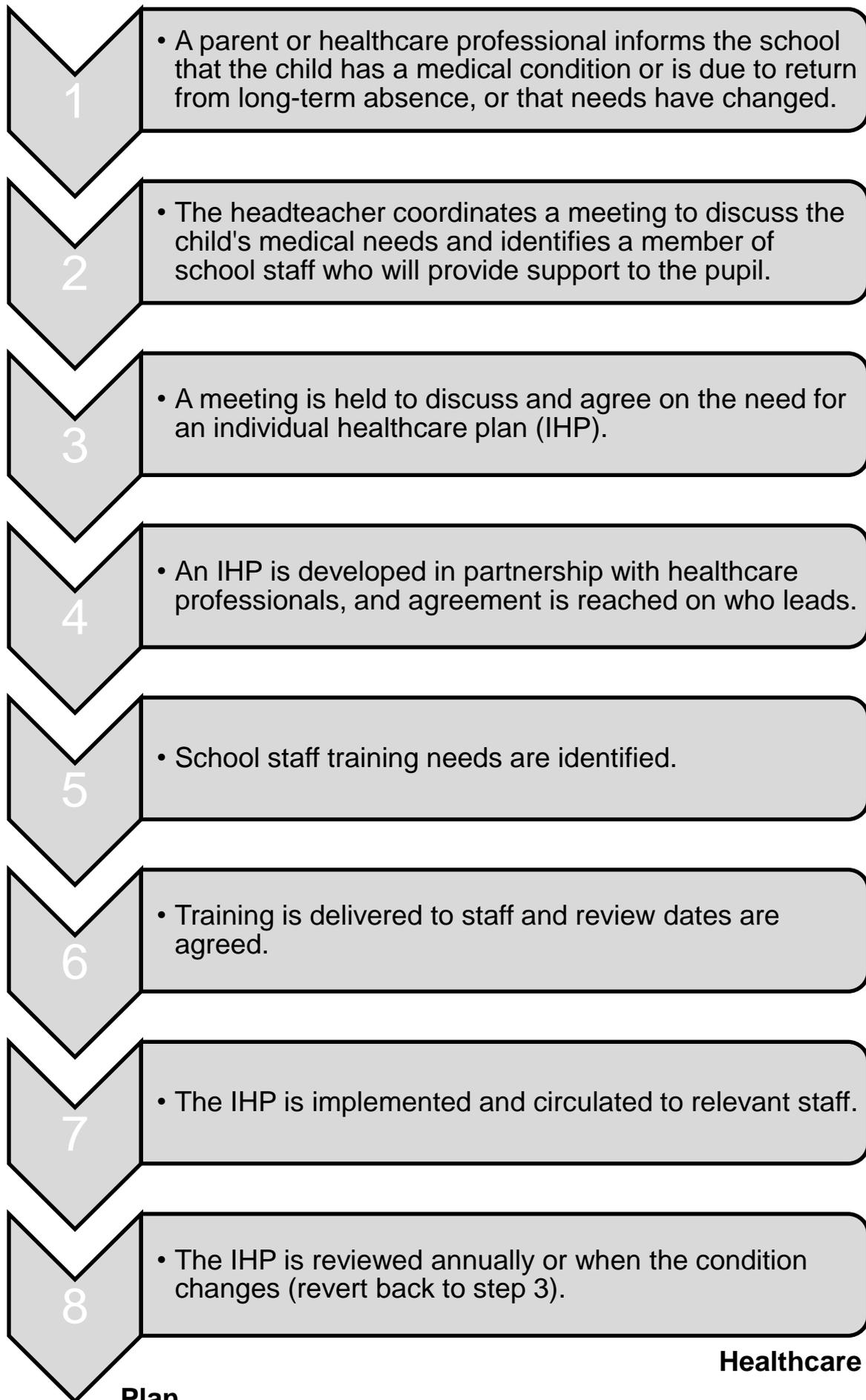
- 18.1. Parents/carers wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 18.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

- 18.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 18.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **19. Policy review**

- 19.1. This policy is reviewed on an **annual** basis by the **named governor, Inclusion Teacher** and the **headteacher**.
- 19.2. The scheduled review date for this policy is **January 2020**.

# Individual Healthcare Plan Implementation Procedure: appendix 1



**Plan**

**Healthcare**

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

**Family contact information**

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

**Clinic/hospital contact**

Name:

Phone number:

**Child's GP**

Name:

Phone number:

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Wentworth Nursery School and Children's Centre

**Parental Agreement for the School to Administer Medicine : appendix 2**

Child's Name ..... D.O.B.: .....

Child's GP: .....

Your relationship to the child.....

Contact details: .....

A doctor has prescribed (as follows) for my child:-

Name of medication	How often? (e.g. after food)	When? (e.g. 12.45)	Dosage How Much? (e.g. half a teaspoon, 1 tablet)
_____	_____	_____	_____

Over what period (e.g. for next 3 days, till medicine is finished, until further notice).

Special Circumstances: (including where the medication should be stored, i.e refrigerated)

I undertake to supply drugs and medicine in properly labelled containers and within date.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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.

Signature(s)

Date



## Staff Training Record – Administration of Medication appendix 4

Name of school:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:


I confirm that name of staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to name of treatment type. I recommend that the training is updated by name of staff member.

Trainer's signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

## Contacting Emergency Services

### To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

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

- The telephone number: **0208 985 3491**
- Your name.
- Your location as follows:
- **Nursery School:** Cassland Road, Hackney E9 5BY
- **Children's Centre:** Granard House, Bradstock Road, E9 5EX
- The exact location of the patient within the school/Children's Centre
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

## Letter Inviting Parents to Contribute to Individual Healthcare Plan Development appendix 5

Dear Parent/Carer,

### **RE: Developing an individual healthcare plan for your child**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for [date](#). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email on [email address](#) or to speak by phone on [phone number](#) if this would be helpful.

Yours sincerely,

[Headteacher](#)

### Incident Reporting Form appendix 6

Date of incident	Time of incident	Place of incident	Name of ill/injured person	Details of the illness/injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider