Rawmarsh and Arnold Nursery School Federation

Supporting Pupils with Medical Conditions Policy

Date policy last reviewed: 17th April 2024

Contents:

Statement of intent

The governing board of Rawmarsh and Arnold Nursery School Federation has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in nursery life, remain healthy, have full access to education and achieve their academic potential.

The nursery believes it is important that parents of children with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that children feel safe in the nursery environment.

Some children with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. Nursery has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also be neuro-divergent and/or disabled and have an EHC plan collating their health, social and provision or be in receipt of ISG Support. For these children, the nursery's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (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, children and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- 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
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Admissions Policy

2. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that children with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each child and what support is required to support their individual needs.
- Instilling confidence in parents and children in the nursery's ability to provide effective support.
- Ensuring that a sufficient number of practitioners are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that every effort is made to ensure that no prospective children are denied/delayed admission to nursery because arrangements for their medical conditions have not been made.
- Ensuring that children's health is not put at unnecessary risk. As a result, the board holds the right to not accept a child into nursery at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
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The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all practitioners are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of practitioners are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.

- Ensuring that practitioners are appropriately insured and aware of the insurance arrangements.
- Contacting health colleagues where a child with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying nursery if their child has a medical condition.
- Providing nursery with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

School staff will be responsible for:

- Providing support to children with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a child with a medical condition needs help.

Health colleagues will be responsible for:

- Notifying nursery at the earliest opportunity when a child has been identified as having a medical condition which requires support at nursery.
- Supporting practitioners to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for children with medical conditions.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for children with a neuro-divergence and/or disabled or are in receipt of ISG support.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for children who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable children.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying health colleagues when a child has been identified as having a medical condition that will require support in nursery.
- Providing advice on developing IHPs.

- Providing support in the nursery for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the nursery, including ensuring communication takes place, liaising with the health partners and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning health professionals for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for children with a neuro-divergence and/or are disabled.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the nursery to ensure that children with medical conditions can attend their full entitlement.

3. Admissions

Admissions will be managed in line with the nursery's Admissions Policy.

No child will be denied or prevented from taking up a nursery place once arrangements for their medical condition and suitable staff training have been made; a child may only be refused admission if it would be detrimental to the health or safety of the child to admit them into the nursery setting.

4. Notification procedure

When the nursery is notified that a child has a medical condition that requires support in school, the headteacher will be informed. Following this, nursery will arrange a meeting with parents, healthcare professionals and the child (where appropriate), with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

Nursery will not wait for a formal diagnosis before providing support to children. Where a child's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

5. Staff training and support

Any practitioner providing support to a child with medical conditions will receive suitable training. Practitioners will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the SLT through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. The training provider will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting children with medical conditions.

Through training, practitioners will have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Practitioners will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out as and when it is required for all nursery staff.

SLT will identify suitable training opportunities that ensure all medical conditions affecting children in the school are fully understood, and that practitioners can recognise difficulties and act quickly in emergency situations.

Training will be arranged by key practitioners and commissioned by the SBM and provided by the following bodies:

- Rotherham 0-19 Service
- Commercial Training Providers
- Specialist Nursing Teams (e.g. Asthma, Diabetes)
- The parents of pupils with medical conditions

The parents of children with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for practitioners regarding supporting children with medical conditions.

Practitioners new to school or covering in class will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of children in the nursery they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Following discussion with parents, children who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where it is not possible for children to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a child refuses to take medicine or carry out a necessary procedure, practitioners will not force them to do so. Instead, the procedure agreed in the child's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

7. IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a child, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the child will also be involved in the process in a manner that is appropriate for them dependent upon variables such as age, neuro-divergence or SEMH challenges.

IHPs may include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The child's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the child'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, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the child's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by nursery staff.
- Separate arrangements or procedures required during trips out and activities.
- Where confidentiality issues are raised by the parents or child, the designated individual to be entrusted with information about the child's medical condition
- What to do in an emergency, including contact details and contingency arrangements
- All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Where a child has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a child has an EHC plan, the IHP will be linked to it or become part of it. Where a child is neuro-divergent and/or disabled but does not have an EHC plan/ISG Support, their neuro-divergence and/or disability will be mentioned in their IHP.

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

8. Managing medicines

In accordance with the nursery's Administering Medication Policy, medicines will only be administered at nursery when it would be detrimental to a child's health or nursery attendance not to do so.

Children will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines or pain relief will not be administered in nursery. However, it may be administered in the following situations:

- When it would be detrimental to the child's health not to do so
- When instructed by a medical professional

No child will be given medicine containing aspirin unless prescribed by a doctor.

Parents will be informed and will sign to confirm that they have been informed any time medication is administered that is not agreed in an IHP.

The nursery will only accept medicines that are in-date, labelled with the child's name, in their original container, and 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.

All medicines will be stored safely. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Practitioners may administer a controlled drug to a child for whom it has been prescribed, in accordance with the prescriber's instructions.

The nursery will hold asthma inhalers for emergency use. The inhalers will be stored in the designated medicine storage area for each base and their use will be recorded. Inhalers will be used in line with the nursery's Administration of Medicines Policy. Storage areas will be out of reach of children and will be locked.

Records will be kept of all medicines administered to individual children, stating what, how and how much medicine was administered, when, by whom and who was a witness. A record of side effects presented will also be held.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the nursery with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Practitioners receive appropriate training and support relevant to their level of responsibility, in order to assist children's with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the nursery's Administration of medicine policy. Where a child has been prescribed an AAI, this will be written into their IHP.

For children who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the locked classroom store or in a designated first aid bag to be worn only by practitioners and passed on to another practitioner as they leave the base in order that AAI device can be accessed as quickly as possible in the event of a child suffering anaphylactic shock.

All key practitioners will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs may only be administered by these staff members.

In the event of anaphylaxis, a key practitioners will be contacted. Where there is any delay in contacting key persons, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other practitioners may assist the key person with administering AAIs, e.g. if the child needs restraining.

Where a child is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the child's parents will be notified that an AAI has been administered. Where any AAIs are used, the following information will be recorded on the child's medicine record;

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

Further information relating to the nursery policies and procedures addressing allergens and anaphylaxis can be found in the Administering of Medicines.

10. Record keeping

Written records will be kept of all medicines administered to children. Proper record keeping will protect both practitioners and pupils, and provide evidence that agreed procedures have been followed. Medi-tracker will be used to record and monitor all medicines administered.

11. Emergency procedures

Medical emergencies will be dealt with under the nursery's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Children will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a child needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting children with medical conditions to medical facilities, practitioners will be informed of the correct postcode and address for use in navigation systems.

12. Day trips and physical activities

Children with medical conditions will be supported to participate in school trips and physical activities.

Prior to an activity taking place, the nursery will conduct a risk assessment to identify what reasonable adjustments should be taken to enable children with medical conditions to participate. In addition to a risk assessment, advice will be sought from parents and relevant medical professionals. The nursey will arrange for adjustments to be made for all children to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13. Unacceptable practice

The nursery will not:

- Assume that children with the same condition require the same treatment.
- Prevent children from easily accessing their inhalers and medication.
- Ignore the views of the child or their parents.
- Ignore medical evidence or opinion.
- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the nursery to administer medication or provide medical support, including for toilet issues. The nursery will ensure that no parent is made to feel that they have to give up working because the nursery is unable to support their child's needs.
- Create barriers to children participating in nursery life, including trips out.
- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover practitioners providing support to children with medical conditions.

The nursery holds an insurance policy with AON / RMBC covering liability relating to the administration of medication which is displayed in the nursery's main office. All staff providing such support will be provided with access to the insurance policies if required.

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.

15. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the nursery's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the LA and/or Ofsted

Parents are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16. Monitoring and review

This policy is reviewed on an annual basis by the deputy headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is **October 2026**

Individual Healthcare Plan Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return fromlong-term absence, or that needs have changed.
2. The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff, it is also added to medi-tracker.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

INDIVIDUAL HEALTHCARE PLAN

Name:	
Medical diagnosis of condition:	
D.O.B:	
Medication:	
Healthcare professional details:	
Parent/carer name:	
Parent/carer contact number:	
Date plan originated:	
Review Date of plan:	
Key worker signature:	
Headteacher signature:	

Medical needs, including details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues:
Treatment required, including name of any medication, dose and method of administration:
Medication stored:

Facilities, equipment and/or devices required:
Environmental issues:
Daily care requirements:
Description of what would constitute an emergency and any action that would be required:
Staff training required, including who, what, when undertaken:
Plan developed by:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine/treatment/use any required equipment in accordance with the relevant policies. 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 or if any other treatments change or any new equipment is required:

Parent/carer print name:

Parent/carer signature:

Administration Of Medicine

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

Long term medication: YES/NO (Delete as appropriate)
Reviewed 1:_____
Reviewed 2:_____
Reviewed 3:_____

Condition/illness		
Medicine name:		
Dosage and method:		
Time to administer:		
Parent signature:		Date:
School signature:		Date:

Long term medication: YES/NO (Delete as appropriate)
Reviewed 1: _____
Reviewed 2: _____
Reviewed 3: _____

Condition/illness		
Medicine name:		
Dosage and method:		
Approximate time to administer:		
Parent signature:		Date:
Rawmarsh Nursery School signature:		Date:

RECORD OF MEDICINES ADMINISTERED TO INDIVIDUAL CHILD

Name of Child	

Date	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Witness	Parents signature