

The Federation of Duke Street and Highfield Nursery Schools



Duke Street Nursery School



Nursery School

The Federation of Duke Street and Highfield Nursery Schools

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Including the Administration of Medication

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|--------------------------------|------------------------|
| Policy Leader | Susan Conron |
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POLICY AIMS:

- To set out the arrangements on how the federation will implement any plans, procedures and systems required to effectively support children with medical conditions who attend the **Federation of Duke Street and Highfield Nursery Schools**.
- To ensure that such children are able to access and enjoy the same opportunities at our school as any other child.
- To give parents and children the confidence in our ability to provide effective support for medical conditions within our setting.
- To show our commitment to understand how a child's medical condition can impact on their ability to learn, increase their confidence and promote self-care.
- To ensure that staff are properly trained to provide the support that children need.

RECEIVING NOTIFICATION THAT A CHILD HAS A MEDICAL CONDITION

When medical needs are identified we will ensure that arrangements are in place for the start of the child's attendance. If a child becomes newly diagnosed whilst attending, or if a child starts to attend mid-term, then we will make every effort to ensure that arrangements are put in place within two weeks.

Induction arrangements take place when a child starts at our nursery school. During this time of transition we liaise closely with parents to identify any needs for each child. Some children will have a diagnosis of a medical condition but, for some, the medical condition may be unclear. This can particularly be the case with very young children.

Even if there is no firm diagnosis, we will endeavour to provide whatever support is necessary for each individual child based upon the available evidence and in consultation with parents and health colleagues.

INDIVIDUAL HEALTH CARE PLANS

Not all children with a medical condition will require an Individual Health Care Plan. A healthcare plan may be necessary for a child who has long-term or complex conditions and will be essential if a child's condition is likely to fluctuate, or where there is high risk that emergency intervention will be needed.

A decision to formulate an Individual Health Care Plan will be made between the nursery school, healthcare professionals and the parents/carers. The discussion will be based upon the available evidence and whether a healthcare plan would be appropriate or disproportionate. If a consensus cannot be reached then the Head Teacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annexe B attached to this policy document.

An individual healthcare plan will set out the key information and actions that are required to support the child effectively. It is important to note that different children with the same health condition may require very different support. Plans will be drawn up in partnership between the nursery, the parents, and a relevant healthcare professional (eg specialist nurse, children's community nurse, or health visitor). The plan will capture the steps which our setting will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Where a child has an Education Health Care Plan (EHCP) then the healthcare plan will form part of this. Where a child has SEND but does not have an EHCP then their special educational needs will be mentioned in their Individual Health Care Plan.

Individual healthcare plans will be reviewed at least annually.

The information recorded on the individual healthcare plan * see template example in section 2) will take into consideration the following:

- 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, including the exemption from our Healthy Packed Lunches Policy, including exemption from milk and water to drink only, where appropriate, and any issues that relate to the setting environment;
- specific support and level of support needed for the child's educational, social and emotional needs – for example, how absences will be managed or the use of rest periods
- who will provide this 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 head teacher for medication to be administered by a member of staff during school hours;
- separate arrangements or procedures required for school trips or other school activities that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

ROLES AND RESPONSIBILITIES

The Governing Body of are responsible for making arrangements for children with medical conditions to be supported to enable the fullest participation possible in all aspects of life at the nursery schools. The governing body will also ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Executive Headteacher is the person with overall responsibility to ensure this policy is implemented. This includes ensuring that all staff are aware of this policy and understand their role in its implementation. They will also ensure that all staff who need to know are aware of a child's condition and that sufficient trained numbers of staff are available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations. They will also ensure that the Health Visitor is aware of any child who has a medical condition and will require additional support in school.

Staff at the federation may be asked to provide support to children with medical conditions. They will only be asked to do so if they have received sufficient and suitable training and achieved the necessary level of competency.

A Specialist Nurse provides nursing services for all schools when appropriate and will be informed by us around medical needs as children transition into primary school. As a federation of nursery schools working with very young children it is vital we work closely with **Health Visitors** and other health professionals when taking advice and support for children with medical needs.

Other healthcare professionals such as Paediatricians or GPs may notify us when a child has been identified as having a medical condition that will need support in our setting. They may also provide advice on developing healthcare plans. If necessary, health professionals such as physiotherapists and occupational therapists will meet regularly with our key staff in "**Team around the Family**" (TAF) meetings. We recognise that collaborative working, in partnership with all key professionals, is essential to support children with medical conditions.

Parents / Carers should provide us with sufficient and up-to-date information about their child's medical needs. They may be the first to notify us that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan. They should also carry out any action they have agreed to as part of its implementation (eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times).

Children who attend the Federation are unlikely to be old enough to be able to manage their own health needs or medication (apart from possibly an inhaler), therefore nominated staff will have responsibility over this management. If a child refuses to take medicine or accept a necessary procedure then staff will not force them to do so. In this instance, staff will follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Lancashire County Council (Local Authority) should provide support, advice and guidance, including suitable training for staff to ensure that the support specified within individual healthcare plans can be delivered effectively.

Clinical Commissioning Groups (CGCs) have a responsibility, under Section 10 of the Children Act 2004, to ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

Ofsted place a clear emphasis on schools meeting the needs of disabled children and children with SEN. Inspectors are briefed to consider the needs of pupils with chronic or long-term medical conditions and to report on how well their needs are being met.

STAFF TRAINING AND SUPPORT

During the development of an Individual Healthcare Plan, the support required for the child will be identified. This will include the level of training required by staff who will support the child. Thus a training plan will be formulated including the timescale required for training to be completed.

A relevant health professional will normally lead on identifying and agreeing the type and level of training required, and how this can be obtained. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. When a member of staff is identified as a supportive person then she/he will be included in meetings where this support is discussed. Staff will be encouraged to discuss their confidence and competence in their ability to support children with medical conditions.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans) this may be a demonstration from a competent person.

All staff will be trained on awareness of any medical conditions and their role in implementing this policy in order to support all pupils. . All staff will be trained in any preventative and emergency measures which relate to children with medical conditions so that they can recognise and act quickly when a problem occurs.

ADMINISTRATION OF MEDICATION

Medicines will only be administered when it would be detrimental to a child's health or attendance not to do so. Exceptions to this may be an inhaler for

asthma when advised by 999 service. Prescription medicines **must** be prescribed by a medical profession such as senior nurse practitioner, Pharmacist, dentist or Doctor. If a medicine contains aspirin it will only be administered if prescribed by a doctor. They **must** be brought in with a prescription label stating the child's name. Non-prescription medicines such as paracetamol, ibuprofen and nappy rash creams may be administered without prescription as long as parents / carers complete all relevant documentation shared below.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, and therefore not needed to be taken at nursery.

The EYFS Statutory Guidance 3.54 states: *Medicine (both prescription and non-prescription⁴¹) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.*

The provision of medication for outside of school premises (e.g. on school trips) will be the responsibility of the parent/carer accompanying the child on the trip or a designated person. Any medications needed for short-term, off-school premises sessions (eg trips to a shop in the local community) will be written into the risk-assessment for that activity.

The following rules will apply when administering any medication at our nursery schools:

- Medication will not be accepted in nursery without complete written and signed instruction from the parent.
- Only reasonable quantities of medication should be supplied.
- Each item of medication must be delivered in its original container and handed directly to nominated person. If medication is prescribed it should be handed over with a prescription label attached stating the child's full name.
- When delivering medication, parents/carers must inform staff when the last dosage was taken.
- Each item of medication must be clearly labelled with the following information:
 - i. Child's name
 - ii. Name of medication
 - iii. Dosage
 - iv. Frequency of dosage
 - v. Date of dispensing
 - vi. Storage requirements (if important)
 - vii. Expiry date

The exception to this is insulin which must still be in date, but should be available inside an insulin pen or a pump, rather than in its original container (delivered by specifically trained staff only).

- We will not accept items of medication that are in unlabelled containers.

- Unless otherwise indicated (with the exceptions below) all medication to be administered will be kept in a locked cabinet in the designated first aid area in each room at Duke Street. At Highfield, kept in a locked cabinet in the office.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available for staff to provide for children and not locked away.
- Nursery school has an asthma inhaler for emergency use.
- If any Controlled Drugs need to be stored on the premises, such drugs will be kept in a locked medicine cabinet. A record will be kept of any doses used and the amount of the controlled drug held in school. Any side effects will also be noted. Delivery will be by specifically trained staff only.
- The nursery will provide parents/carers with details of when any medication has been administered to their child and parents will be required to sign to acknowledge this information has been received.
- Where it is appropriate to do so (usually an inhaler) children will be encouraged to administer their own medication under staff supervision.
- It is the responsibility of the parent/carer to notify the school if there is a change in medication, a change in dosage requirements, or of the discontinuation of the child's need for the medication.
- Staff who volunteer to assist in the administration of medication must follow all instructions carefully and feel confident and competent at administering the medication.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. If the use of needles is required during administration of medication then "sharps boxes" will be used for their disposal. In such instances, children will be administered the drug in the Head teacher's office where the medication, needles and sharps containers will be stored in a locked cupboard.

UPDATING RECORDS

All care plans and administration of medication paperwork will be updated by the key person and parent/ carer every term. New paperwork will be completed and placed in the medications file and with any medication in the cabinet. Old medication paperwork and care plans will be archived onto CPOMS.

EMERGENCY PROCEDURES

All staff will be informed of any children who have a medical condition and the procedure to follow if an emergency arises. Staff will be informed on appointment (at induction) and for individual children during a staff meeting or briefing as the need arises.

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other

children may also be informed of what to do (if appropriate) if they think help is needed for a child with medical needs.

In the event of an emergency, a member of the admin team will be instructed to dial **999** and will be given the information required about the emergency to relay to the emergency services. Parents will then be informed.

If a child needs to be taken to hospital, a member of staff will accompany the child in an ambulance and parents will be informed to meet their child at hospital.

Nursery school has an asthma inhaler available for emergency use.

A defibrillator is available in Duke Street Primary School (next door), at Chorley Football Club (next to Duke Street Nursery School) and Highfield Primary School (next door to the Nursery School). Locations of defibs of site are displayed in offices in each Nursery School and staff who have taken First Aid Training are able to use this.

UNACCEPTABLE PRACTICE

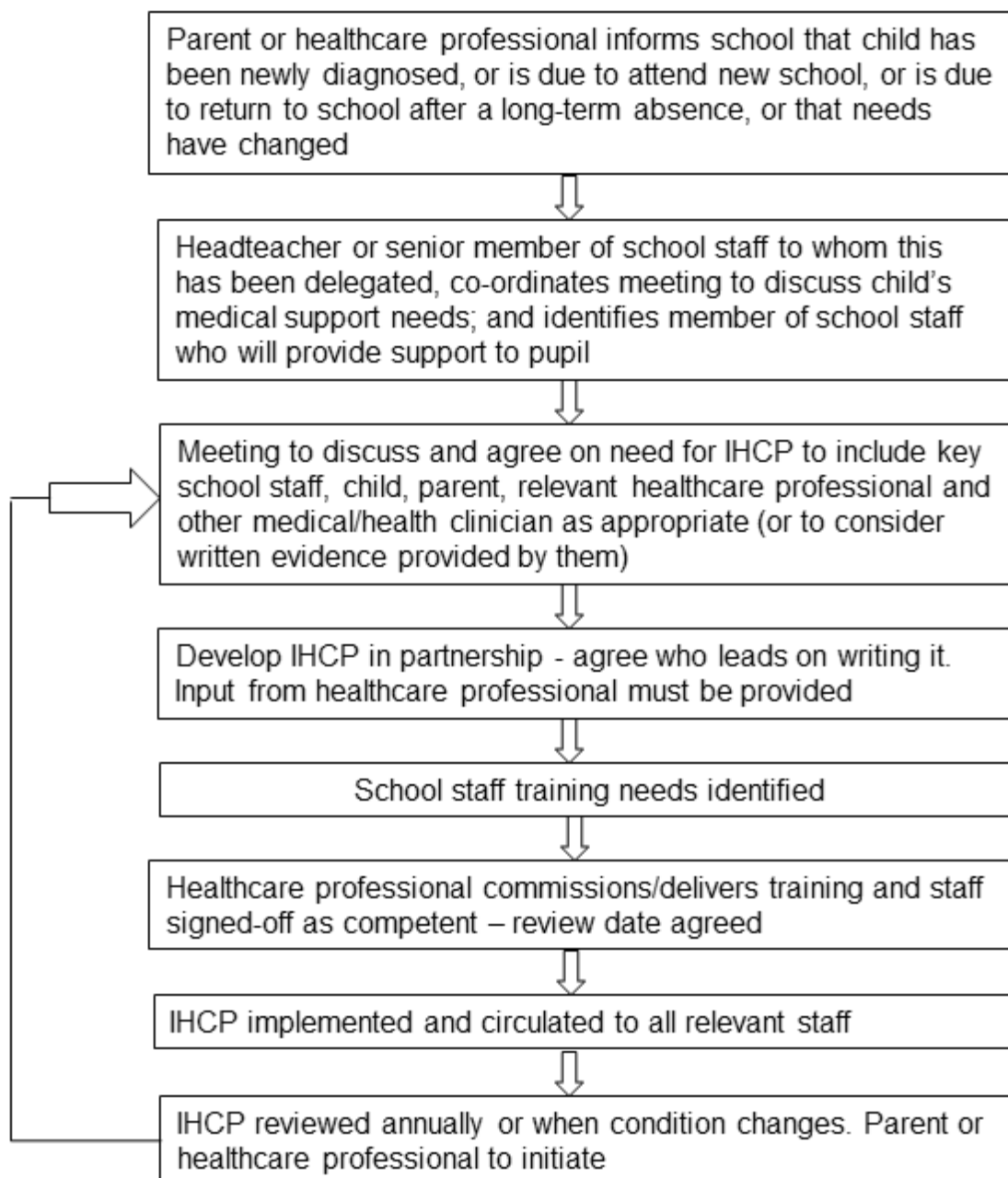
The Governors of **Federation of Duke Street and Highfield Nursery Schools** are clear that it is not acceptable practice to:

- prevent children from having easy access to their inhalers and 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/carers; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life.

COMPLAINTS

If parents are dissatisfied with the support provided by **Federation of Duke Street and Highfield Nursery Schools** they should first discuss their concerns directly with the Executive Head teacher or Senior Leaders. If, for whatever reason, this does not resolve the issue then they may make a formal complaint via the federation Complaints Procedure. A copy of the Complaints Policy will be made available for parents to enable them to take this action.

Annex A: Model process for developing individual healthcare plans



Individual healthcare plan

| | |
|--------------------------------|--|
| Name of school/setting | |
| Child's name | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family Contact Information

| | |
|-----------------------|--|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

Clinic/Hospital Contact

| | |
|-----------|--|
| Name | |
| Phone no. | |

G.P.

| | |
|------|--|
| Name | |
|------|--|

Phone no.

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 to 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 etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. All care plans and the key person and parent/carer will update administration of medication paperwork, every term. New paperwork will be completed and placed in the medication file and with any medication into the cabinet. Old medication paperwork will be archived onto CPOMs.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/strength of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|--|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to (agreed member of staff) | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. **I will inform the school/setting immediately,** in writing, if there is any **change in dosage or frequency** of the medication **or if the medicine is stopped.**

I understand that I must deliver the medication personally to (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake.

Signature(s) _____

Date _____

Staff training record – administration of medicines

| | |
|----------------------------|--|
| Name of school/setting | |
| Name | |
| Type of training received | |
| Date of training completed | |
| Training provided by | |
| Profession and title | |

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting emergency services

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.

1. your telephone number
2. your name
3. your location as follows
Duke Street Nursery School, Duke Street, Chorley, PR7 3DU
Highfield Nursery School, Wright Street, Chorley, PR6 0SL
4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. put a completed copy of this form by the phone

Model letter inviting parents/carers to contribute to individual healthcare plan development

Dear Parent

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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between 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 on 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 xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. 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, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely