

Medical Conditions and Medication Policy:

School Name:Martenscroft Nursery SchoolAuthor:A.DavenportApproved by:Elaine BatesRatified date:June 2020Interim review date:June 2024Next Review date:June 2027



INTRODUCTION

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEND this policy should be read in conjunction with the school SEND policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions or illnesses can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs. In cases where the child is well enough to come into school but may require medication throughout the day, the setting will implement procedures to accommodate the administration of medicines in conjunction with this policy.

PURPOSE OF THIS DOCUMENT

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.
- children who need short term support to manage a medical illness.

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Refer to school policy on managing attendance.

ROLES AND RESPONSIBILITIES:

The Governing Body

The governing body is responsible for:

- ensuring the Headteacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Headteacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;

The Headteacher

The headteacher is responsible for:

- designating a named individual who is responsible for effective implementation of this policy (Jane Rogers - Childcare Leader, Kathryn Dunn SENCO/Assistant Head Teacher);
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil
 the roles and responsibilities of supporting children with medical conditions i.e.
 school is able to deliver against all Individual Healthcare Plans (IHCPs) and
 implement policy, including for example in contingency or emergency situations
 and management of staff absence;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change;
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for supply teachers and appropriate induction for new members of staff;

- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.
- ensuring that the notification procedure is followed when information about a child's medical needs are received
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Medical / Health Care Plan form
- deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form, on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.
- All procedures for accepting a request to administer medicines will follow the guidance contained in Medicines Standard of the National Service Framework for Children, Department for Education and Skills

Staff

 Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s) although they cannot be required to do so; this is a voluntary role.

- School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
- Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

Parents/carers Responsibilities

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Medical / Health Care Plan form
- complete, if appropriate, a 'Medication Form' to gain consent for medicines / medical interventions to be administered at school:
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
 - a) the child's name
 - b) the child's date of birth
 - c) name of medicine
 - d) frequency / time medication administered
 - e) dosage and method of administration
 - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention
- collect and dispose of any equipment used to carry out a medical intervention
 e.g. sharps box.

PUPIL INFORMATION

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of 'A Medical / Health Care Plan' form

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

Administration of Medicines / Medical Interventions

Medicine / medical interventions will only be administered at school when it would prevent a child from attending nursery when they are well enough to be in school. The information provided by parents and the prescribed medication would be administered under the direction of the parents by completing a medication form and giving consent. In addition, we are able, with written consent, to administer non-prescribed medication such as barrier creams used during nappy changing and teething reliever remedies for babies. We are not however, able to administer pain relief for any reason.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible. No medication / medical intervention will be administered without prior written permission from the parents/carers.

The senior leadership team will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will carried out without written authority from parents/carers and recorded.

All medicines / medical interventions will normally be administered during routine times and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Where appropriate children will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a child should check:

- a) Name of the child
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child'

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

Storage of Medicines / Medical Intervention Equipment and Resources

- Wherever appropriate all children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.
- Each room will have a designated location that is not accessible to the children and clearly labelled so all staff working within the setting would be able to locate medication. All medication will be stored in clear plastic boxes, alongside the 'Medical / Health Care Plan and the Medication Form'.

- All medication will be sent home at the end of the course of medication or during holiday periods.
- All medication must be checked frequently to ensure that medication has not exceeded the expiry date.
- Ensure medication is kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator, it will be stored in the medicines fridge in the staffroom.
- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to staff and should not be locked away but stored safely out of reach of children. Other non-emergency medicines must be kept in a secure place not accessible to children. They will be clearly labeled with the child's name, date of birth and date of expiry.

Records

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

If parents attend the setting to administer medication during the school day, they will be asked to complete a Parental Medication Administering Form stating the name of the medication, dosage and the time the medication was administered. A copy of these records will be kept on the child's CPOMs database.

TRAINING

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

Training will be sufficient to ensure staff are competent and have confidence in their ability to administer medication. School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate.

INDIVIDUAL HEALTH CARE PLANS

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

 a) an overview of the child's needs and provision in place in school to manage those needs;

- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

Intimate and Invasive Care

Cases where intimate or invasive care is required, it will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

OFF - SITE AND EXTENDED SCHOOL ACTIVITIES

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The Headteacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services.

CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

INFECTION CONTROL

There may be times when a child is taken ill at the school/centre and the nature of the illness requires them to be excluded from their base room. In such circumstances to prevent the spread of infection The Hive room is the schools/centres designated medical room where children will be cared for with a key worker until their parent can collect them.

Depending on the nature of the child's illness the "Guidelines on Infection In Schools and other Child Care Settings.pdf" guidance will be followed for the length of time the child should be excluded from the centre. This information can be gained from

www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

If your child becomes ill at home, please inform us as soon as possible. The child's key person will contact the family if a child is absent without notification. For more detailed information, refer to the Attendance Policy.

LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

UNAACEPTABLE PRACTICE

The school considers that the following constitute unacceptable practice:

- requiring parent/carers or otherwise making them feel obliged to regularly attend school to administer preventative medicines / medical interventions or provide medical support to their child for diagnosed chronic illnesses or medical conditions.
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently unless agreed with the parents;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

CONCLUSION

Our school will do all that it can to ensure that children with medical needs will have as little disruption to their education as possible. It will make safe arrangements for the administration and keeping of medication and it will seek to ensure that sufficient members of staff are trained and confident to supervise and administer medication.

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