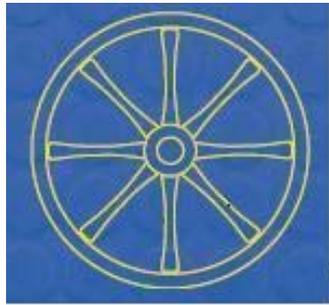


# Wheelwright Lane Nursery



Medicine and Supporting Pupils at  
Nursery with Medical Conditions Policy

## **Regard to Documentation**

At Wheelwright Nursery, we will have due regard to the following documents:

- Department for Education's statutory guidance, 'Supporting pupils at nursery with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- Other nursery policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines and Special Educational Needs.

## **Introduction**

At Wheelwright Lane Nursery, children with medical conditions, in terms of both physical and mental health, will be properly supported in nursery so that they can play a full and active role in nursery life, remain healthy and achieve their academic potential and that they can access and enjoy the same opportunities at nursery as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at nursery to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Wheelwright Lane Nursery recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from nursery. The nursery will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The nursery will focus on giving pupils and their parents every confidence in the nursery's approach.

The nursery recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Health and Care Plan (EHCP). We will work together with other nurseries, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the nursery to work flexibly, and may, for example, involve a combination of attendance at nursery and alternative provision.

Children's admission into Nursery is conducted by the nursery management team and the governors. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the nursery's safeguarding duties, the nursery does not have to accept a child in nursery at times where it would be detrimental to the health of that child or others to do so.

## **Policy Implementation**

- The governing body will ensure that statutory requirements are met;
- The Headteacher will ensure that sufficient staff members are suitably trained;
- All relevant staff will be made aware of the child's condition;
- Cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available;

- Supply staff will be briefed ;
- Risk assessments will be put in place for educational visits, and other nursery activities outside the normal timetable, and
- Individual healthcare plans will be monitored frequently.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

The nursery, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into nursery with a medical condition. These may vary from child to child, according to existing HCPs.
- Ensure that arrangements are implemented following reintegration into the nursery or when the needs of a child change.
- Put arrangements into place in time for the start of the new nursery term.
- In other cases, such as a new diagnosis or children moving to a new nursery mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Ensure staff training needs are identified and met.

### **Individual Healthcare Plans**

The nursery's SENCO will be responsible for developing IHPs with the support of medical professionals etc. Their purpose is to ensure that they provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The nursery, healthcare professionals and parents will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for agreeing the support required is provided in Annex A.

The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have an EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of nursery staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the nursery, parents, and a relevant healthcare professional, eg. Specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a nursery should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the nursery.

The individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

### **The information to be recorded**

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg. Crowded rooms, outdoor learning;
- Specific support for the pupil's educational, social and emotional needs - for example, use of rest periods or counselling sessions;
- The level of support needed, including in emergencies;
- Who will provide the support, their training needs, and 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 for medication to be administered by a member of staff.
- Separate arrangements or procedures required for nursery trips or other nursery activities outside of the normal nursery timetable that will ensure the child can participate, eg. Risk assessments
- Where confidentiality issues are raised by the parent or 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 the development of their individual healthcare plan.

### **Roles and responsibilities**

Supporting a child with a medical condition during nursery hours is not the sole responsibility of one person. The nursery will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

### **Governing Body**

The Governing Body will ensure that pupils in nursery with medical conditions are supported. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.

### **Nursery Manager**

### The Nursery Manager will:

- Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented, and that partners, including all staff, are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know are aware of a child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the nursery nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the nursery nursing service.

### Nursery Staff

Any member of the nursery staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of an EYFS professional duty, they should take into account the needs of pupils with medical conditions they teach.

Any member of nursery staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### The child

Children with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

### Parent

Parents should provide the nursery with sufficient and up-to-date information about their child's medical needs. At Wheelwright Lane Nursery, parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the 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.

### Local Authority

It is expected that the Local Authority will provide support, advice and guidance, including suitable training for nursery staff through the Health Visiting teams.

### Staff training and support

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the nursery. All members of staff providing support to a child with medical needs will have been trained beforehand. Members of staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the nursery, and other types may make use of the skills and knowledge provided by the health visitor/nursery nurse service, or specialist nurse services, among others. In some cases, the healthcare professional may be able to advise on easily accessible training such as epipen training. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.

All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.

It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.

The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the nursery.

### **The child's role in managing their own medical needs**

At Wheelwright Lane Nursery, the children who require medication or other procedures will be supported in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

### **Managing medicines on nursery premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside nursery hours. Where this is not possible, the following will apply:

- Medicines will only be administered at nursery when it would be detrimental to a child's health or nursery attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Non-prescription medicines will be administered by parents, should they be needed during the nursery day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.

No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.

- The nursery will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include unaltered instructions for administration, dosage and storage. The exception to this is insulin which must be in-date,

but will generally be available to nurseries inside an insulin pen or pump, rather than its original container.

- Medicines will be stored safely. This may be in a locked cupboard in the office or in a fridge in the nursery kitchen. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The nursery will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at nursery.

### **Emergency procedures**

A child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff members are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

### **Educational visits**

The nursery will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The nursery will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents, child and advice from the relevant healthcare professional to ensure that children can participate safely.

### **Unacceptable practice**

Although nursery staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; 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 nursery activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the nursery office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition eg. 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, or otherwise make them feel obliged, to attend nursery to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the nursery is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of nursery life, including educational visits, e. by requiring parents to accompany the child.

### **Liability and indemnity**

The Governing Body at Wheelwright Nursery ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the nursery may need to review the level of cover for health care procedures and any associated related training requirements.

### **Complaints**

Parents who are dissatisfied with the support provided should discuss their concerns directly with the nursery. If for whatever reason this does not resolve the issue, they make a formal complaint via the nursery's complaints procedure.

### **Other issues for consideration**

All nursery staff are trained First Aiders. Where they have been trained in CPR, consideration may be given to the purchase of a defibrillator in the future. If installed, due consideration will be given to notify the Ambulance Service.

The nursery will consider the use of asthma inhalers for emergency use once the regulations are changed by the Department for Health.

This policy was written in May 2017 and reviewed every three years.

This policy will be reviewed in May 2020.

Policy ratified by the Governors on:

**Wheelwright Nursery FORM 3A**

**Parental agreement for nursery to administer medicine**

The nursery will not allow your child access to medication unless you complete and sign this form.

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Dates to administer from & to: From \_\_\_\_\_ To \_\_\_\_\_

Are there any side effects that the nursery needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate) \_\_\_\_\_

**Contact Details**

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medicine personally to a responsible member of staff for safe storage and accept that this is a service that the nursery is not obliged to undertake.

I understand that I must notify the nursery/setting of any changes in writing.

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

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Relationship to child:

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