

Sheringham Nursery School

Supporting Children with Medical Needs

This policy is based on guidelines from the DFE publication Section 100 'Children's and Families Act 2014' and Newham Partnership Working 'Standard Procedure 98'.

November 2017

1. Aims

- The aim of the policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in the nursery school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medicine.
- Other children have medical conditions that, if not properly managed, could limit their access to education.
- The Governing Body will ensure that arrangements are in place to support children with medical conditions.
- In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.
- Sheringham Nursery School, Newham Local Authority (LA), health professionals and other support services should work together to ensure that children with medical conditions receive a full education.
- Consideration will also be given to how children will be reintegrated back into school after periods of absence.
- The Governing Body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening.
- Some will be more obvious than others and the Governing Body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to Sheringham Nursery School as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, there may be occasions when to admit a child requiring severe medical attention may not be possible or may pose a Health & Safety risk if too many children have needs in a particular class or year group.
- In line with their safeguarding duties, the Governing Body will ensure that children's health is not put at unnecessary risk from, for example infectious diseases. They, therefore, do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

2. Roles and Responsibilities Some of the most important roles and responsibilities are listed below:

2.1 Governing Body

- Will make arrangements to support children with medical conditions in school, including making sure that a policy for supporting children with medical conditions in school is developed and implemented.
- They will ensure that a child with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

- They will also ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

2.2 Headteacher

- Will ensure that the school's policy is developed and effectively implemented with partners.
- This includes ensuring that all staff are aware of the policy for supporting children with medical conditions and understand their role in its implementation.
- Will ensure that all staff who need to know are aware of the child's condition.
- Will ensure there is a sufficient number of trained staff available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Will have overall responsibility for the development of individual healthcare plans.
- Will make sure that school staff are appropriately insured and are aware that they are insured to support children in this way.
- Will arrange for contact to be made with the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

2.3 School Staff

- Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they must take into account the needs of children with medical conditions that they teach.
- School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

2.4 Health Visiting Service

- Sheringham Nursery School has access to health visiting services.
- The Health Visiting Service may notify the nursery school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts.
- The Health Visiting Service will not usually have an extensive role in ensuring that we are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- The Health Visiting Team is also be a valuable resource for us when we need advice and support in relation to children with a medical condition.

2.5 Other healthcare professionals, including GPs and paediatricians

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at the nursery school.
- They may provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, severe allergies and diabetes).

2.6 Children

- Depending on their age and development, they may be best placed to provide information about how their condition affects them.
- Depending on their age and development, they may be involved in discussions about their medical support needs and their individual healthcare plan.
- Other children will often be sensitive to the needs of those with medical conditions.

2.7 Parents/Carers

- Should provide the nursery school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school 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, and may be involved in its drafting.
- They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

2.8 Local Authorities

- Local authorities are commissioners of school nurses for maintained schools and academies.
- Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support children with medical conditions to attend full time.
- Where children would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

- Local authorities must have regard to statutory guidance on the education of children unable to attend school because of health needs. This guidance is available on GOV.UK

2.9 Providers of health services

- Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as, specialist and children's community nurses, as well as participation in locally developed outreach and training.

- Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

2.10 Clinical commissioning groups (CCGs)

- Commission other healthcare professionals such as specialist nurses.

- They should 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.

- They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities).

- Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

- The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

2.11 OFSTED

- Their inspection framework places a clear emphasis on meeting the needs of disabled children and children with SEN, considering the quality of teaching and the progress made by these children. Inspectors are already briefed to consider the needs of children with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

- Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

3. Support for Children with Medical Needs

- Parents/Carers have prime responsibility for their children's health and should provide the school with information about any medical condition.

- The school will liaise with previous schools when admitting a child with specific medical needs and arrange relevant staff training as required.

- Children currently attending Sheringham Nursery School who are diagnosed with specific medical needs will have procedures put in place at the school within two weeks from being informed of the diagnosis.

· Where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support is needed based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

4. Staff Training

- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with specific medical conditions; E.g. diabetes, epilepsy.
- Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- Whole school awareness training will take place when a child is identified with a specific medical condition so that all staff are aware of the school's policy for supporting children with medical conditions and their role in implementing that policy.
- Induction arrangements for new staff will include information and training as appropriate on the medical conditions of children within the school and how to support them.
- The relevant healthcare professional should be able to give advice on training that will help ensure that all medical conditions affecting children in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.
- The Governing Body will consider providing relevant professional development provision opportunities as appropriate.
- The school will maintain a list of children with medical conditions which require the involvement of school staff.

5. Managing Medicines on School Premises

5.1 Medicines

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent/carer's written consent.
- No child will be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Parents/Carers will be informed.
- Medication should only be taken to the nursery school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents/Carers should ask the prescribing doctor or dentist about this.

- However, we recognise that sometimes children do need to take medicines in school time. If this is the case, there has to be prior written agreement from parents/carers for any medication, prescribed or non-prescription, to be given to a child. This written agreement must also include the dosage.
- Medicines must be handed over to the office or the SENCo in a named container.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Authorised personnel should check:
 - Child's name;
 - Written instructions provided by parents/carers or doctor;
 - Prescribed dose;
 - Expiry date.
- All medicines will be stored safely in the hygiene room.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when on school visits.
- The school will keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff should have access.

5.2 Controlled Drugs

- Controlled drugs will be easily accessible in an emergency.
- A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff will administer a controlled drug to the child for whom it has been prescribed.
- Staff administering medicines will do so in accordance with the prescriber's instructions.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.

- Any side effects of the medication to be administered at school will be noted.

5.3 Non-Prescription Medication

- The school will not give non-prescribed medication to children.

5.4 Refusing Medication

- If children refuse to take medication, the school will not force them to do so and will inform parents/carers immediately.

5.5 Storing Medication

- Any medication should be in a container that is labelled with the name of the child, name and dose of the drug and frequency of administration and be within the expiry date.
- Where a child needs two or more prescribed medicines, each should be in a separate container.
- Non health care staff should not transfer medicines from their original containers.
- Medicines are kept in the Hygiene Room or, if they need refrigeration, in the downstairs kitchen.

5.7 Disposing of Medicines

- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal.
- Sharps boxes will always be used for the disposal of needles and other sharp objects.

6. Record Keeping

- Written records will be kept of all medicines administered to children.
- Parents/Carers will be informed if their child has been unwell at school.

7. Emergency Procedures

- Staff know how to call the emergency services.
- Staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.
- The school will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
- Generally staff should not take children to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.
- 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 in the school will know what to do in general terms, such as informing a teacher immediately if they think help is needed.

9. Hygiene Control

- Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures.
- Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.
- There is a sharps box in the first aid room (when needed).

11. Long term Medical Needs

- The nursery school needs to know about any medical needs before a child starts school, or when a

child develops a condition. The school will need to know:

- Details of the condition;
- Special requirements;
- Medication and any side effects;
- What to do, and who to contact in an emergency;
- The role the school can play.

12. Individual Health Care Plans

· Some children require a health care plan to identify the level of support that is needed at school. The plans may identify specific training needed by volunteer staff. Staff should not give medication without appropriate training.

· Individual healthcare plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child.

· Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. health visitor, specialist or children's community nurse, who can best advise on the particular needs of the child.

· Children will be involved if appropriate.

· The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

· Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

· The governing body will ensure that plans are reviewed if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the nursery school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

· Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

· The school, healthcare professional and parent/carer should 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 identifying and agreeing the support a child needs and developing an individual healthcare plan is provided (see appendix 2).

· The format of individual healthcare plans may vary to enable the school to choose whichever is the most effective for the specific needs of each child.

· They will be easily accessible to all who need to refer to them, while preserving confidentiality.

· Plans should not be a burden on the school, but will capture the key information and actions that are required to support the child effectively.

· The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

· Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

· When deciding what information should be recorded on individual healthcare plans, the Governing Body should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The children'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;
- Specific support for the children's educational, social and emotional needs;
- The level of support needed, (some children will be able to take some responsibility for their own health needs), including in emergencies;
- 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 school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the child during school hours;
- Separate arrangements or procedures required for school visits or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- Where confidentiality issues are raised by the parent/carer- child, the designated individuals to be entrusted with information about the child's condition;
- 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.

· Training is given on an individual child basis, by the local health authority for administering medicines such as insulin, rectal diazepam and epipens.

· Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. No pressure is put on staff to assist in treatment.

· Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

13. Templates

- Templates can be obtained from the nursery school SENCO and can be found in the Hygiene Room.
- These include templates for:
 - individual healthcare plans
 - parental agreement to administer medicine
 - record of medicine administered to an individual child
 - record of medicine administered to all children
 - staff training record – administration of medicines

14. Complaints

- Should parents be dissatisfied with the support provided they should discuss their concerns directly with the school.
- If, for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.
- Ultimately, parents/carers will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16. Liability and indemnity Through the London Borough of Newham, the school has appropriate insurance in place relating to the administration of medication.

15. Contacting Emergency Services

Use the school mobile phone and contact the Emergency Services with the child next to you.

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 020 8553 2479 (school switchboard)
2. your name
3. your location as follows: Sheringham Nursery School, Sheringham Avenue, London E12 5PB
5. provide the exact location of the patient within the nursery school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the location of the *nursery school* as opposed to the primary school and state that the crew will be met and taken to the patient
8. keep a printed SIMs record with the child

From London Ambulance Service

Ringling 999 for an ambulance, a guide for education

It is always better if someone who is with the patient can ring 999, so you will need to get a telephone to the patient or get the patient to a telephone.

This is important for a variety of reasons, if the call is about an illness the call handler may want to know if there is a rash, what their breathing sounds like, any rapid swelling of the lips, face throat or tongue, does their skin feel a normal temperature etc. If the call is about an injury the call handler may ask questions like, is the limb cold, pale or blue, can the patient weight-bear, are there pins and needles in the limb, any bleeding etc.

When you first ring 999 you will go through to an emergency operator who will ask you what service you require (Police, Fire, Ambulance or Coastguard)

The London Ambulance Service uses a triage tool called Medical Priority Dispatch System (MPDS). MPDS is an International Academy of Emergency dispatch computer based operating system that provides a suite of clinical protocols for triaging 999 calls based on the symptoms reported when calling. Calls are prioritised so that patients with life threatening conditions receive the fastest response. The ambulances are only sent on lights and sirens to the most serious conditions, thus minimizing the risk to other road users and the public.

When you are connected to the ambulance service you will initially be asked if the patient is breathing, you will then be asked if they are awake, or if there is any serious bleeding. If the patient is awake & breathing you will be asked what the problem is, at this point we only want to know a brief summary of what is happening, i.e. "they have injured their ankle", "they have breathing difficulties" etc. and how this has happened.

You will then be asked to confirm the address of the emergency. The call will then be triaged; in order to do this effectively we need to speak to either the patient or someone with the patient and we will also want to know the age of the child.

The call handler will carry out a safe effective assessment of the symptoms reported, as the clinical assessment progresses; each answer determines the next question to be asked.

Obviously these questions will vary depending on the symptoms and condition of the patient so it really requires the patient or someone with the patient to answer these questions.

By answering these questions it enables us to prioritise the call response. We may get a clinician (Paramedic, nurse or doctor) to call you back who will assess further & also might ask you if the school or the parents are able to transport the patient to hospital, Doctors surgery or Minor Injury Unit (MIU) following the assessment.

If, when asked is the patient conscious and breathing, you answer no to either then this could potentially be life threatening, and an ambulance will be dispatched immediately or diverted from a lower priority call.

If someone is not breathing the call handler will talk you through what you can do to help, this will include instructions on how to commence Cardio Pulmonary Resuscitation (CPR), and

will require you and the phone to be next to the patient. You will be asked to put the phone on loudspeaker and will be asked to shout out the chest compressions as you give them, so the call handler knows what is happening.

Do not stop CPR as soon as the Paramedics arrive as they will require a few seconds to assemble any equipment required.

Important – you don't need to be First Aid trained, all instructions will be given by the call handler.