



# Whitecross Nursery School

## Supporting Children with Medical Conditions Policy

Reviewed by	Claire FitzPatrick
Date of last review	November 2023
Date of next review	November 2026
Ratified by the Governing Body	November 2023

This policy will be reviewed sooner if there is a change to legislation or guidance which may affect it. Any changes will be communicated to all stakeholders.

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### Statement of intent

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

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

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

In addition, some child's with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these children, the school's compliance with the DfE's 'Special

educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our children with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, the child and their parents.

## **1. Legal framework**

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

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting child's at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medicines Policy
- Special Educational Needs and Disabilities (SEND) Policy
- First Aid Policy
- Complaints Procedures Policy
- Child Equality, Equity, Diversity and Inclusion Policy
- Attendance Policy
- Admissions Policy

## **2. Roles and responsibilities**

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that children with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Ensuring that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each child and what support is required to support their individual needs.
- Ensuring that no prospective child is denied admission to the school because arrangements for their medical conditions have not been made.

- Ensuring that a child's health is not put at unnecessary risk. As a result, the board holds the right to not accept a child into school at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Contacting the school nurse where a child with a medical condition requires support that has not yet been identified.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Instilling confidence in parents and children in the school's ability to provide effective support.

Parents will be responsible for:

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

School staff will be responsible for:

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

Clinical commissioning groups (CCGs) will be responsible for:

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

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

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

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

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that child's with medical conditions can attend school full-time.

Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the child is unlikely to receive a suitable education in a mainstream school.

### **3. Admissions**

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

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

### **4. Notification procedure**

When the school is notified that a child has a medical condition that requires support in school, the school nurse will inform the Headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the child, with a view to discussing the necessity of an IHP, outlined in detail in the [IHPs](#) section of this policy.

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

For a child starting at the school in a September or January uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a child joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

### **5. Staff training and support**

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

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

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

Whole-school awareness training will be carried out on a termly basis for all staff, and included in the induction of new staff members.

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

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

- Commercial training provider
- The school nurse
- GP consultant
- The parents of child's with medical conditions

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

Supply teachers will be:

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

## **6. IHPs**

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

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The child's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the child's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the child's condition and the support required
- Arrangements for obtaining written permission from parents and the Headteacher for medicine to be administered by school staff.
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents, the designated individual to be entrusted with information about the child's medical condition
- What to do in an emergency, including contact details and contingency arrangements

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

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

Where a child has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

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

## **7. Managing medicines**

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

Non-prescription medicines may be administered in the following situations:

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

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Staff will be able to access medicine for child immediately, whether in school or attending a school trip. When medicines are no longer required, they will be returned to parents for safe disposal.

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

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

The school will hold asthma inhalers for emergency use. The inhalers will be stored, easily accessible to all staff, in the medical box in main nursery and their use will be recorded. Inhalers will be used in line with the school's administering medicines policy.

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

## **8. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)**

The school's administering medicines policy is implemented consistently to ensure the safety of those with allergies.

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

The Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist children to manage their allergies.

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

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the children who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in main nursery for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Prescribed AAI devices for children in nursery will be stored in a suitably safe and central location; in this case, the first aid cupboard.

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

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

The school will keep two spare AAI's for use in the event of an emergency, which will be checked on a half termly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the first aid cupboard in main nursery, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to a child at risk of anaphylaxis and where written parental consent has been gained. Where a child's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a child who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

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

In the event that an AAI is used, the child's parents will be notified that an AAI has been administered and informed whether this was the child's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

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

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

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

In the event of a school trip, children at risk of anaphylaxis will have their own AAI with their group leader and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Administering Medicines Policy.

## **9. Record keeping**

Written records will be kept of all medicines administered to children.

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

Where an IHP is in place, it should detail:

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

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

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

## **10. Day trips and sporting activities**

Children with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

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

## **11. Unacceptable practice**

The school will not:

- Assume that children with the same condition require the same treatment.
- We would never prevent a child from appropriately receiving the medication they require.
- Ignore the views of the child or their parents.
- Ignore medical evidence or opinion.
- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

## **12. Complaints**

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

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

## **13. Defibrillators**

The nearest automated external defibrillator (AED) is located at Markeaton Pharmacy, Kedleston Road, DE22 1FX.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.

## **14. Monitoring and review**

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