



**SUPPORTING CHILDREN WITH MEDICAL NEEDS**

The Governing Body of Greenhall and Little Learners will ensure that arrangements are in place to support children with medical needs and that an appropriate policy, plans and procedures are in place to meet our responsibilities. As an Early Years setting, we apply the Statutory Framework for the EYFS.

**Policy Implementation**

The overall responsibility for the administering and implementation of this Policy is given to the Headteacher and Manager of Little Learners. The Headteacher in conjunction with appropriate medical professionals, will be responsible for ensuring that sufficient staff are suitably trained and will ensure that appropriate arrangements are in place to cover any staff absences.

This Policy is available to parents and staff on the website and in the Policy File. All staff will be expected to show an awareness of children's medical conditions. All members of staff will be inducted into the arrangements and guidelines set out in this Policy and will be expected to follow these.

If incidences of non-compliance do occur, this will be dealt with on a case by case basis through performance management of staff.

Any adverse incidents will be recorded and reviewed to ensure the policy is fit for purpose.

**Procedures to be followed when Notification is received that a child has a Medical Condition**

For children starting at Little Learners, arrangements will be put in place following a pre-induction visit to ensure that

- care plans are written and agreed with parents detailing procedures to follow
- medical guidance is sought as appropriate
- staff are appropriately trained and competent to meet the child's needs

We will make every effort to ensure that arrangements are put in place within two weeks of this pre-induction visit. Our focus will always be on the needs of the individual child and how their medical condition impacts upon nursery life. We work with parents, creating a culture of openness and transparency. We will endeavour to give parents/carers and the children confidence in our ability to provide effective support for their child's medical conditions in our setting. We will liaise with parents and medical professionals where appropriate with regards to children who have medical needs.

**The Role and Responsibilities of Staff**

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some children may also have Special Educational Needs and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the Special Educational Needs and Disability Code of Practice 0- 25 years and Greenhall SEN Information Report.



Children's medical needs may be broadly summarised as being of two types:

- a) Short-term, affecting their participation in activities, for which they are on a course of medication.
- b) Long-term, potentially limiting their access to education and requiring extra care and support

If a child is deemed to have a long-term medical condition, we will ensure that arrangements are in place to support them. In doing so, we will work together along with health professionals, parents/carers and other support services to ensure that children with medical conditions are able to enjoy the same opportunities at nursery as any other child, unless a clinician states otherwise.

### **Training**

Staff **must not** give prescription medicines or undertake health care procedures without appropriate training. We recognise that a first-aid certificate does not constitute appropriate training in supporting children with specific medical conditions. In those circumstances, parents and appropriate healthcare professionals will provide the relevant training and subsequent confirmation of staff proficiency to undertake a particular medical procedure, or to administer specific medication in accordance with a pupil's individual healthcare plan.

A list of staff members and their competencies with regards to specific training for medical issues is held in the office.

### **Individual Health Care Plans**

Individual Health Care Plans (overview at Annex A) will be written and reviewed by the Manager in consultation with parents (seeking medical guidance as appropriate) but it will be the responsibility of all members of staff supporting the individual child to ensure that the Plan is followed. Individual Healthcare Plans will help to ensure that we effectively support children with medical conditions. They will 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 may be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

However, not all children with medical conditions will require a care plan. The setting, along with an appropriate health care professional and parents/carers should agree, based on evidence when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the appropriate healthcare professional will have the final say.

### **Procedure to be followed when a staff member is administering medication**

<b>Sequence</b>	<b>What to do</b>	<b>Why</b>
1.	Wash hands with bactericidal soap and water or alcoholic hand rub.	To minimize the risk of infection and contamination



2.	Avoid touching the preparation.	
3.	Read the medication chart/written direction, checking the name on the chart with the patient.	To ensure the correct medication chart/written direction is being used
4.	Select the correct medication checking the drug name and instructions against the administration chart. Check the expiry date.	To ensure the correct medication is selected
5.	Check the patient name against the medication administration card.	To ensure that the medication is administered to the correct patient
6.	Explain procedure. For children, parental consent should have been obtained previously.	The patient has a right to refuse
7.	Administer dosage appropriately using tablet, spoon or oral syringe and offer assistance.	To ensure the medication is taken safely
8.	Ensure patient has a drink if allowed and appropriate	To ensure the medication is swallowed and to aid swallowing
9.	Record administration on medication form (see below). Communicate any problems to the parent or guardian.	To ensure an audit trail. So that problems can be followed up
10.	Remove all waste in the correct manner.	To ensure waste legislation and PCT policies are followed.

**Participation in Activities / Educational Visits**

We will actively support the inclusion of pupils with medical needs to take part in activities/educational visits after the conducting of any appropriate risk assessments, by being flexible and by making any reasonable adjustments as and when required, unless evidence from a clinician such as a GP states that this is not possible.

However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in nursery at times where it would be detrimental to the health of that child or others.

Appropriate risk assessments will be carried out to assist the setting in any decision making process. Risk assessments for educational visits and other



activities outside of the normal timetable will be the responsibility of nursery staff, subject to approval by the Headteacher / Assistant Headteacher.

Any medication that needs to be taken when outside of the setting during an activity/visit will be taken in a lockable medication storage box. It will be accompanied with the proper labelling and documentation to ensure that any administration of medication is carried out in the same manner as it were in the setting.

### **The Child's Role in managing their own Medical Needs**

Due to the age and stage of our children, adults will be responsible for their care. However, children will be involved as much as is reasonably appropriate, following consultation with parents / carers.

### **Managing Medicines**

- Medicines should only be administered by the setting when it would be detrimental to a child's health or attendance not to do so.
- No child should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- Generally, we will not administer non-prescription medicines to a pupil. Paracetamol may be administered if it is considered appropriate and only with parental approval. Parents should supply this. In such circumstances, we will check any maximum doses and when any previous doses may have been taken. A child under 16 should **never** be given medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of nursery hours.
- We 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 inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in a locked cupboard and controlled drugs are stored in the main office.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available; these will be stored in the medication cupboard and the relevant children will be informed and know how to access them. If a child requires an asthma inhaler, **it is very important** that there is an inhaler in the setting at all times.
- During educational visits, an appropriately trained member of staff will be in charge of and carry all medical devices and medicines required for any child attending that trip. (Unless a parent is voluntarily in attendance and undertakes that role – it is not a requirement that a parent accompany any pupil to facilitate their attendance)
- Appropriate members of staff administering medicines should do so only in accordance with the prescriber's instructions. We will keep a record of all medicines administered to individual children whilst in our care, stating



what, how and how much was administered, when and by whom. Any side effects of the medication to be administered should also be noted.

- A member of staff from the child's room will be responsible for handing back medication to a parent/carer at the end of the day.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Prior consent for administration of medication**

Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- full name of child and date of birth;
- name of medication and strength;
- if child has had medication prior to nursery Y/N. If yes, what time and dosage amount;
- dosage to be given in the nursery;
- signature, printed name of parent and date.

### **Completing the medication form upon administration of medication**

The administration is recorded accurately on a medication form each time it is given and is signed by staff. Parents sign the medication form to acknowledge the administration of a medicine. The medication form records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method; and is
- signed by staff

### **First use of medication**

If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

### **In an emergency**

In a medical emergency, seek support from appropriately trained members of staff:

A list of medical competencies and appropriately trained staff is available in the medication cupboard and nurses room.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.



### **Information**

We will make relevant information available to the appropriate persons on a need-to-know basis in order to safeguard the child whilst maintaining confidentiality.

### **Record keeping**

The Governing Body will ensure that written records are kept of all medicines administered on the premises. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. A parent/carer will be informed at the earliest opportunity if we are aware that their child has been unwell

### **Complaints**

Should Parents/Carers or children be dissatisfied with the support provided they should discuss their concerns directly with the staff. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Complaints Policy.

### **Annex A – Implementation and Use of Individual Health care Plans**

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans 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.

An Individual Health Care Plan must be completed by the Manager together with support from Parents/Carers, and a relevant healthcare professional if appropriate. Children should also be involved whenever appropriate, as appropriate to their age and stage of development. The responsibility for ensuring it is finalised and implemented rests with the setting.

Annex B identifies what ought to be included as a minimum in an Individual Health Care Plan. Individual Healthcare Plans (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of nursery staff or a healthcare professional involved in providing care to the child.

The setting will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that we assess and manage risks to the child's education, health and social wellbeing and minimises disruption. Where an EHC plan is in place, details of a child's SEND are contained within this but a child will also have a separate health care plan if needed. This should be linked to the EHC plan.

### **Annex B – Minimum requirements of Individual Health Plans**

An Individual Health Care Plan should at the very least include the following:

- the medical condition, its triggers, signs, symptoms and treatments;



- the child’s resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions,
- specific support for the child’s educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- 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 setting needs to be aware of the child’s condition and the support required;
- arrangements for written permission from Parents/Carers for medication to be administered by a member of staff
- separate arrangements or procedures required for visits or other activities outside of the normal timetable that will ensure the child can participate, e.g. risk assessments;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the settings responsibility to write or review.
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child’s condition;

The monitoring of individual healthcare plans will be the responsibility of the Manager in conjunction with medical professionals and parents.

*Policy reviewed & approved by Local Governing Board on 3/12/24.*

*Due for review: Autumn 2025*

Signed:.....(Headteacher / Manager)                      Date:.....

Signed: ..... (Chair of LGB)                      Date: .....