

INTRODUCTION

Purpose

The policy aims to meet the statutory guidance set in to meet the needs of pupils with medical needs.

Background

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential. The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

Abbreviations

IHCP Individual Health Care Plans

EHCP Education Health and Care Plan

GP General Practitioner

SEN Special Educational Needs

SENCO Special Educational Needs Co-ordinator

POLICY

At this school, the Coordinators for pupils with medical needs are;

Deputy Headteacher/ SENCO Jane Fisher and Leigh McGuinness.

There is a clear procedure to be followed when notification is received that a pupil has a medical condition.

For children starting at a new school in a new term arrangements should be in place in time for the start of the relevant term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks.

Individual Health Care Plans

Individual Health Care Plans (IHCPs) can ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one.

Plans will be reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's statement or EHCP where they have one. A copy of the IHCP will be held in the safeguarding file in the office and with the child's personal file, the Keyworker and the SENCO in a secure place.

When drawing up an IHCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods, counselling sessions;
- the level of support needed;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at Tunstall Nursery School and Children's Centre for medication to be administered by a member of staff.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/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. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

In the event of an emergency, the ambulance (or other emergency service) should be directed to:

Tunstall Nursery School and Children's Centre, Tunstall Road CR0 6TY – School car park

Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

The Governing body will:

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. 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;

- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. 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;
- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Governing bodies should ensure that written records are kept of all medicines administered to children. This will be checked during termly Governor weeks.

The Headteacher will:

- Headteachers have overall responsibility for the development of individual healthcare plans.
- Ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Ensure that all staff who need to know are aware of the child's condition;
- Ensure that sufficient trained staff are 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;
- Contact the school nursing service (mainstream schools) or special school nursing service (special schools) 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/ attached health visitor;
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

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School staff may:

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

- All staff will have received suitable training, and their competency will be assured, 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 pupil with a medical condition needs help.

Pupils will:

- Often be best placed to provide information about how their medical condition affects them. They will be fully 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. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision.

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They will also be involved in the development and review of their child's individual healthcare plan. 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.

School nurse or other qualified healthcare professionals will:

- Notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.
- The school nursing service would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can support staff on implementing a child's individual healthcare plan (if required) and provide advice and liaison
- The school nursing service is able to provide training to school staff to administer the following medications:
 - Epipen (for allergies)
 - Buccal Midazolam (for epilepsy)
 - Inhalers (for asthma)
- The school nursing service has a duty phone number for enquiries relating to training or health care plans and can be contacted on *020 8274 6334*

GPs, paediatricians and other healthcare professionals will:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- They may provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy or other health needs as appropriate).

Local authorities will:

- Promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the 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;
- 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;
- Work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

Providers of health services will:

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical Commissioning Groups will:

- 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.

Staff training and support

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional.

The Deputy Head Teacher or SENCO will

- Organise appropriate training from a healthcare professional for staff required to administer medicine.
- Ensure that any person required to administer medicine is competent to do so
- Arrange for an appropriately trained person to come in to school to administer medication
- Ensure that relevant training is reviewed annually
- Gain parental permission for trained school staff to administer medicine
- Keep a record of all training
- Ensure that all staff are made aware of relevant issues at regular care meetings and daily end of session evaluations where changes and concerns about children's medical needs are shared.

Managing medicines on school premises

- 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 under 16 should 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 (It is good practice for professionals to follow the criteria commonly known as the [Fraser guidelines](https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines) <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>). In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;

- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours:
- The school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. 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;
- All medicines will be stored safely. Staff will know where their medicines are at all times and be able to access them immediately.
- 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 should be noted; and if medication is for any reason not given a record must be kept and the parent informed;
- A record of all allergies of the child must be maintained;
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Liability and indemnity

Governing bodies of maintained schools and management committees of PRUs should:

- Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA), a scheme provided specifically for academies. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.
- Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.
- In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer

School visits and physical activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in physical activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The school will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Home to school transport for pupils requiring special arrangements

A disabled parking bay is located in the school carpark.

Unacceptable practice

Although school 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:

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents;
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
- penalise children for their attendance record if their absences are related to their medical condition e.g. 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 school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's [complaints procedure](https://www.tunstall.croydon.sch.uk/wp-content/uploads/bsk-pdf-manager/2020/07/Complaints-Policy-2020.pdf) <https://www.tunstall.croydon.sch.uk/wp-content/uploads/bsk-pdf-manager/2020/07/Complaints-Policy-2020.pdf> which can be found on the school website in the office policy section.

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are sensitively re-integrated once they are well enough to attend.

The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Some children with medical conditions may be disabled. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Finally, the school will do all that it can to fully implement Croydon's policy on the education of children and young people with medical needs.

Appendix A

Insurance and liability advice

Teachers and teaching assistants will be only asked to be involved in certain medical interventions. These interventions have been risk assessed by the Special School Nursing Team and are deemed suitable for delivery by a member of the school team. Teaching staff will be trained by the Special School Nursing team to deliver support, or deliver support when nursing staff are available on site to oversee support, dependent on the risk assessment.

The current list of medical interventions that the Special School Nursing Team can train teaching staff on are:

- Suctioning
- Tracheostomy care
- Oxygen administration
- Cough assist and chest physiotherapy/postural support
- Seizures
- Medication Administration
- Elimination – Intermittent Catheterisation
- Enteral (tube) Feeding

To ensure schools feel confident in moving forwards with this change for teaching staff, the Council and the CCG have sought advice from the internal insurance team, to gain assurance for all our staff in whatever actions they carry out within their role.

Insurance in Croydon LA maintained schools

Croydon Council maintains employer liability insurance cover for all members of staff, which includes the staff at LA maintained schools. LA schools are billed on an annual basis for their element of cover. All special schools are currently also insured through this process, whereas Academies are not. The council's insurance team have confirmed that employees are covered for actions they undertake on behalf of the council/school, unless they deliberately undertook a negligent act or acted in an unreasonable manner.

The underwriter for the Council and School's insurance has advised that the liability policy would provide cover for members of staff administering medicine to pupils, orally, topically, by injection or by tube, and the application of appliances or dressings, and any other 'non-invasive' medical procedures.

Schools and staff need to be aware of the following:

1. Staff would need to be fully trained by a member of the Special School Nurse Team before undertaking a medical intervention,
2. Parental consent would need to be gained in writing,
3. Records of staff training and parental consent must be kept on file by the school for insurance purposes.

If any schools would like to contact the Council's Insurance Team directly for any further clarification around insurance, their contact details are insuranceteam@croydon.gov.uk