***"Supporting Pupils at Schools with Medical Conditions" Policy***

***Includes multi-agency protocols/guidance for ensuring that Special Educational Needs School meet the requirements of the Statutory Guidance***

1. **Introduction**

The over-arching purpose of this policy, the accompanying guidance and protocols, is to ensure that children and young people who have health and/or care needs and who attend Special Education Needs Schools within Lancashire are supported to participate as fully as possible in all aspects of school life. This will be demonstrated through a consistent county-wide approach across educational settings and education-related activities within scope.

This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications, in order that pupils are able can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities and remain healthy to help them to achieve their academic potential.

The focus of this policy is to;

* Demonstrate a local multi-agency commitment to positively promoting the inclusion of all children with health and/or care needs and improving efficient multi- agency working in partnership with children, young people and families.
* Clarify roles, responsibilities and accountability in enabling children and young people with health and/or care needs to be fully included within Special Education Needs Schools.
* Clarify for parents/carers and children and young people what can be expected.
* Provide a framework within which to manage the risks associated with carrying out clinical and care procedures that relate to the child or young person, the professional and the organisation.

1. **Background**

The Lancashire policy is intended to be a supplementary guidance document to the Department of Education guidance published in 2015 and updated in 2017. The guidance "Supporting Pupils and School with Medical Conditions" provides support and advice for local authorities, special schools and the wider children's workforce to fulfil their statutory obligations. The policy brings together a range of statutory and non- statutory recommendations to best meet the needs of children and young people in educational settings who require support to manage their medical conditions. This includes appropriately trained staff to undertake a range of tasks to ensure that children and young people thrive in their school settings.

1. **Local Context and Partnership Approach**

The policy has been informed through a dedicated partnership approach to ensure that all relevant Children's Services can contribute effectively to the design and delivery of the policy. A Task and Finish Group has been established with representatives from the County Council, Clinical Commissioning Groups and educational settings, including representatives from Blackpool and Blackburn with Darwen Local Authorities. There is a multi- agency commitment to ensuring that the policy is easy to understand and apply to settings to ensure that children and young people are fully supported by the right people, with the right training to ensure they thrive at school.

The Task and Finish group will maintain oversight of the policy and learning will be shared regularly to ensure best practice for all settings.

How partners work together to promote the welfare of children and young people will be informed and supported by the updated Working Together Guidance 2017. Further information can be found in Appendix 1.

1. **Legislation**

There is a wide range of legislative information relating to this policy contained within the Department of Education Guidance which is both statutory and non- statutory.

A strong emphasis of the guidance is that the policy should support 'appropriate authorities’ i.e. Governing Bodies of maintained Schools, Proprietors of Academies, Management Committees of Pupil Referral Units (PRUs) to fulfil their statutory duties to make appropriate arrangements to support pupils at school with medical conditions, as stated in section 100 of the Children and Families Act 2014.

When developing this policy and whilst considering the best type of support for pupils, based on their individual needs, there should be a broad understanding that some pupils may have special education needs (SEN) in addition to a disability who may have already been assessed through an Education, Health and Care (EHC) Plan which brings together health and social care needs alongside their identified special education provision. When ascertaining how best to support these pupils, it is essential that the SEND Code of Practice is considered in conjunction with this policy. For further information, please follow the link; [SEND Code of Practice 0- 25](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)

For specific information relating to the various guidance documents and statutory legislation, please see Appendix 1.

**5. Roles and Responsibilities**

Roles and responsibilities should be undertaken as described in the Department of Education guidance document “Supporting pupils at school with medical conditions” December 2015 and the subsequent April 2017 update.

This policy demonstrates a local multi-agency commitment to positively promoting the inclusion of all pupils with medical conditions within their education setting; supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies; this policy will identify collaborative working arrangements to meet need and address areas of clarification and development as they arise. What is most important is to ensure that staff are fully trained and supported to deliver appropriate support and that these responsibilities are consistent across Lancashire.

Please refer to Appendix 2 for job descriptions relating to various roles within the school setting.

This policy clearly identifies the roles and responsibilities of all parties involved in carrying out support arrangements to be undertaken, as described in the Department of Education guidance document, "Supporting Pupils and School with Medical Conditions".

**5.1 Governing Bodies, Trustees and Management Committees**

Governing Bodies, Trustees and Management Committees should:

* Ensure that it is clear how the policy will be implemented effectively to ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
* Identify a named person who has overall responsibility for policy implementation and for ensuring that it is reviewed and updated regularly.
* Identity a named person to ensure that sufficient staff have received suitable training by a qualified NHS trainer to a standard where they are competent before they take on the responsibility to support children with medical conditions.
* Ensure that an appropriate amount of time is provided so staff receive training.
* Ensure that an internal protocol is in place to review IHCPs at least annually or earlier, if evidence is presented that the pupil's needs have changed.

**5.2 School Principal/Headteacher**

There are varying requirements that a Headteacher should be able to undertake, all of which are listed below. However, it must be clear, that Headteachers/ Principals are not medically trained staff. They are able to seek the best information, advice and guidance from a range of suitably trained medical staff to ensure that pupils are best supported to access education and thrive within the setting.

School Principals and Headteachers should:

* Ensure that all staff are aware of the policy and accompanying procedures and understand their role in its implementation; this policy clearly identifies the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions.
* Ensure that all staff who need to know are aware of the pupil's medical condition and needs.
* Plan to have sufficient trained numbers of staff are available to implement the policy and to deliver against individual healthcare plans
* This policy reflects the fact that it may not be possible to deliver medical interventions due to staff absence and / or critical incident.
* Ensure a dynamic risk assessment is undertaken in the event of a critical incident and shared appropriately with stakeholders. Please be aware that incidents may occur due to the child's medical condition and require specialist support. However, an incident could also take place that is not related to a medical condition but may be exacerbated by the existing health/ medical needs. In all cases, a Lancashire County Council Critical Incident form must be completed.

There are a range of LCC Incident Forms and reporting procedures on the LCC Health and Safety Intranet page which can be found at <http://lccintranet2/corporate/web/?siteid=3726&pageid=18222&e=e>.

Please note, this is a Lancashire County Council Intranet page and can only be accessed by Lancashire County Council employees.

As stated on the website, it is acknowledged that it is not always practical to complete an LCC Incident Report Form for every minor accident/ incident. In these situations, it is acceptable to retain a low level accident/ incident log sheet or a First Aid Treatment form, or something similar in which to record incidents. These records should be monitored on a regular basis to identify trends, inform employees and update SEN plans and risk assessments as necessary.

For further information where much of the reporting arrangements are stored, please follow the link <https://www.lancashire.gov.uk/applications/oracle-self-service/>

* Ensure that a system is in place which identifies procedures to be followed on receipt of notification of a pupil’s medical needs; procedures should cover any transitional arrangements or when pupil needs change
* Ensuring the schools' notification procedure is followed when information about a child’s medical needs are received.
* Ensure that individual healthcare plans are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
* Ensure individual healthcare plans are monitored and are subject to review, at least annually, or sooner if needs change.
* Ensure risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
* Ensure risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
* Ensure that a complaints procedure is in place, accessible and is reviewed (LCC Complaints Procedure) For further information, please contact the complaints team on 01772 539414 or [complaintsandfeedback@lancashire.gov.uk](mailto:complaintsandfeedback@lancashire.gov.uk)
* Ensure that staff are clear about the procedures to be followed whenever a school is notified that a pupil has a medical condition.
* Ensuring parents/carers provide full and up to date information about their child’s medical needs by completing the schools 'Parent/Carer Information about a Child’s Medical Condition’ form.
* Deciding, on receipt of a ‘Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions’ form on a case by case basis, whether any medication or medical intervention will be administered, following consultation with appropriately trained medical staff.
* Deciding, on receipt of a ‘Parent/Carer Request for the Child’s Self–administration of Medication/Medical Intervention the following;
* On a case by case basis, whether any medication will be carried by the child
* Will be self-administered by the child
* Any medical intervention will be self-administered by the child

All of the above will be agreed following consultation with appropriately trained medical professionals.

* Appropriate insurance is in place for all Local Authority schools through Lancashire County Council. Non- Local Authorities/ non- maintained schools, e.g. academies/ free schools must ensure that their own insurance is relevant and up to date.

In addition, Non- Local Authority/ Non- Maintained Schools must ensure that the appropriate level of insurance is in place to reflect the level of risk and ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

* Contact 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.
* Ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion

**5.3 School Staff Responsibilities**

Any member of school staff:

* May be asked to provide support to pupils with medical conditions, including the administering of medicines as stated in the Job Description.

"To assist in the specific medical/care needs of pupils when specific training has been undertaken". For further clarity, all staff must receive sufficient and suitable training (and appropriate refresher training) from professional identified by the Health provider and demonstrate that they possess the necessary level of competency and confidence before they undertake any activity relating to supporting an individual in managing their medical condition. This training must be arranged and coordinated by the school and training should be kept up to date.

Job descriptions can be found on the Lancashire County Council School Portal <https://schoolsportal.lancsngfl.ac.uk/security/login.asp?page=/view_sp.asp?siteid=5792&pageid=32955> and any questions or clarifications can be directed to [AskHRschools@lancashire.gov.uk](mailto:AskHRschools@lancashire.gov.uk).

* Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
* Should raise any follow up to training issues with the relevant trainer and also inform the Headteacher

The roles and responsibilities of staff will be clearly recorded and agreed in the pupil's individual health and care plans.

**5.4 Child's/Pupil's Role in managing their own Medical Needs**

Pupils with medical conditions should:

* Where possible, 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.
* After discussion with parents/carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and medical interventions.
* Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.
* Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
* Where it is not appropriate for a pupil to self-manage, relevant staff should help to administer medicines and manage procedures for them.
* If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents should be informed so that alternative options can be considered.

**5.5 Parents, Families and Carers**

Parents, Families and Carers should:

* Provide the school with sufficient and up to date information about their child's medical needs.
* Attend meetings to develop and review of their child's individual healthcare plan
* Carry out any action that they have agreed to as part of the implementation of the individual healthcare plan (e.g. providing medicines/equipment and ensuring that they or another **nominated adult are contactable at all times.**
* Parents should be compliant with the safe administration of medication guidance e.g. ensuring that medication is sent in correctly labelled, in date and without a broken seal.
* Parents should ensure that all medications are handed over safely and within the schools agreed protocol

Pupil Information - Parents/carers are required to give the following information about their child’s medical condition and to update it at the start of each school year, or sooner if needs change, by completion of ‘a Parent/Carer Information about a Child’s Medical Condition’; Form title can be adapted to meet the needs of the setting.

For guidance about the information that must be included on the Parent/ Carer Information form, please refer to the template document provided by the DfE (see appendix 4. Schools are able to amend as they require to ensure all the information they require is included.

Details of pupil’s medical conditions and associated support needed at school, including;

* Medicine(s), including any side effects
* Medical intervention(s)
* Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
* Special requirements e.g. dietary needs
* Who to contact in an emergency
* Cultural and religious views regarding medical care

**5.6 School Nursing Services/School Nurses**

School Nursing Services:

* Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school; wherever possible, this should be done before the pupil starts at the school.
* Would have oversight to ensure that a school is taking appropriate steps to support pupils with medical conditions,
* Will support staff in implementing a pupil's individual healthcare plan and provider advice and liaison, e.g. on training.
* Can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs.
* Provide emotional support following training or in the event of a serious and unexpected medical intervention.

**5.7 Other Healthcare Professionals**

Other healthcare professionals (e.g. OTs, physios, dieticians, GPs and paediatricians etc):

* Should immediately notify the school nurse when a pupil has been identified as having a medical condition that will require support at school.
* Will provide advice on developing individual healthcare plans.
* Specialist local health teams will provide support for schools for pupils with particular conditions (e.g. asthma, diabetes, epilepsy).

**5.8 Providers of Health Services**

Providers of health services should:

* Cooperate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals (e.g. specialist and children's community nurses) as well as participating in locally developed outreach and training and providing support, information, advice and guidance to schools.

It is accepted that LAs and CCGs must make joint commissioning arrangements between education, health and care provision for CYP with SEND.

Further development work is taking place around the universal/ special school nursing offer. This will be communicated at a later date.

**5.9 Local Authorities**

Local Authorities are commissioners of school nurses for maintained schools and academies.

Local Authorities have responsibility for commissioning public health services for school-aged children including school nursing; this does not include clinical support for pupils in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility.

Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners (e.g. governing bodies, CCGs and NHS England) with a view to improving the wellbeing of pupils with regard to their physical and mental health, 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 the individual healthcare plans can be delivered effectively.

Local Authorities should support all stakeholders to comply with the policies in particular provide appropriate and clear contractual guidelines.

Local authorities should 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, 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

**5.10 Clinical Commissioning Groups**

Clinical Commissioning Groups (CCGs) commission other healthcare professional such as specialist nurses and should ensure that commissioning is responsive the children's needs and that health services are able to cooperate with schools supporting pupils with medical conditions.

CCGs have a duty to cooperate under Section 10 of the Children Act 2004 and MUST make joint commissioning arrangements for education, health a care provision for children and young people with SEN or disabilities.

CCGs should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health service in providing support and advice.

CCGs have commissioning responsibility for clinical support for children in schools who have long-term conditions and disabilities. Pupils in special schools may need care which falls outside the remit of local authority commissioned school nurses, e.g. gastrostomy and tracheostomy care or postural support.

CCGs should ensure that their commissioning arrangement are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

**Special School Nursing Task Levels**

In addition to the roles and responsibilities detailed above, it is essential that the following Special School Nursing Task levels are reviewed, understood and applied in the setting to ensure that pupils receive support from the most appropriately trained professional.

Setting out the levels below, based on national guidance demonstrates what activities should be undertaken and where specialist support should be provided.

**Universal**

Universal tasks are routine and easily acquired skills. Parents and carers will already have an understanding of their child’s needs and it is important that settings work with parents and carers to ensure this level of care needs are met.

These skills may already have been acquired as parents and workers with children and young people. Most children and young people at some time will require tasks carried out at this level. Advice and support may be required to reassure staff in carrying out this kind of activity. Ongoing training may be required which should be organised and provided by the setting by an appropriate medical professional and recorded accordingly.

It must be acknowledged that this isn't an exhaustive list and there are a range of additional universal tasks that can also be undertaken, based on the needs of child.

At all times, professionals supporting pupils, must consider their mental health and wellbeing.

* Administering basic over the counter medication when agreed by Headteacher, for example, Calpol
* Using an asthma inhaler
* Intimate personal care - assisting with cleaning and changing soiled clothing, changing nappies and sanitary wear in order to keep the child clean and comfortable
* Promoting continence – assisting with toileting regimes, ensuring children have access to appropriate toilets, regular drinks etc
* Assisting a child with eating or drinking – Following a simple plan involving environmental, postural and equipment adaptors to provide independence at mealtimes
* Dry/wet wrapping for a child with eczema – a prescribed treatment involving dressings for children with severe eczema
* Making up of a routine infant feed – following an instruction as to how much feed and water to mix together
* Moving and handling – assisting a child who may have mobility problems in accordance with local policy
* Supporting a child’s physiotherapy programme – following a simple written programme from Physiotherapy. For pupils with more complex needs that require intensive physiotherapy support, staff may require additional training and monitoring. This should be based on the needs of the child and reflected in their plan.
* Supporting a child’s communication programme – following a written programme from a registered Speech & Language Therapist
* Care of a child with epilepsy not requiring emergency medication –this involves measures to ensure the safety of the child during a seizure
* Simple dressings – dressing to skin following a care plan, for example, application of a gauze square with tape including transdermal patches.

**Targeted**

Any tasks delegated to staff must be routinely checked. All trainingmust be reviewed periodically by a suitably qualified professional. Schools should keep their own records and be able to produce this information if required.

Tasks requiring training from health professionals (usually qualified nurses at a Grade 5 or above and at least 2 years relevant nursing experience) this differs from the nursing band for specialist- please confirm

The following advisory list of procedures may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk.

These are tasks that need to be carried out regularly, require a small amount of time, privacy, some degree of skill and the use of generic equipment. Specific training will be required in accordance with local guidelines. Some of these tasks could be carried out by the child themselves if they are at an appropriate age and ability.

These tasks have been identified by the Royal College of Nursing as tasks that can be safely delegated. However, as the list of tasks is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can and cannot be delegated.

* Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, or orally
* Bolus or continuous feeds via a nasogastric tube
* Bolus or continuous feeds using a pump via a gastrostomy tube
* Tracheostomy care including suction using a suction catheter
* Oral suction with a yanker sucker
* Injections (intramuscular or subcutaneous).These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child’s care plan,(preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin)
* Administration of epi- pen
* Care of Mitrofanoff
* Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter and replacement of button devises once stoma has been well established for more than 6 months and there have been no problems with the stoma
* Inserting rescue medication using a pre-packaged dose of a prescribed medicine, for example, rectal diazepam
* Administering rescue medication such as Rectal Paraldehyde which is not pre-packaged and has to be prepared. This must be permitted on a named child basis as agreed by the child’s lead medical practitioner i.e. GP or Paediatrician
* Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel
* Emergency treatments covered in basic first aid training including airway management assistance with inhalers, cartridges and nebulisers- Note, this only relates to pupils who are usually have a stable respiratory system
* Assistance with prescribed oxygen administration including oxygen saturation monitoring where required. Note, this task relates to intermittent monitoring of oxygen saturation, not all- day monitoring which is listed under Specialist tasks.
* Blood Glucose monitoring as agreed by the child’s lead nursing/medical practitioner i.e. GP, Paediatrician or paediatric diabetes nurse specialist. Pump, diet monitoring and impact on glucose levels are the only tasks relating to diabetic children under 'universal' tasks. School staff do not site needles

**Specialist- More complex clinical procedures**

These require more skill and carry a greater degree of risk so can only be carried out by trained health workers.

These tasks have been identified by the Royal College of Nursing as tasks that cannot be safely delegated. However, as the list of tasks is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can and cannot be delegated.

* Re-insertion of nasogastric tube
* Re-insertion of PEGs or other gastrostomy tubes
* Unplanned change of tracheostomy tube
* Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous, administration
* Programming of syringe drivers
* Filling of oxygen cylinders (other than liquid oxygen as stated above) Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
* Deep Suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube)
* Ventilation care for an **unstable** and **unpredictable** child
* Ventilation care for a child with a **predictable medical condition and stable ventilation requirements** (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child’s respiratory physician and will include consideration of the predictability of the child’s ventilation needs to enable the key tasks to be clearly learnt
* Siting of indwelling catheters
* Intermittent catheterisation and catheter care
* Intermittent catheterisation
* Medicine not prescribed or included in the care plan
* Any invasive treatments / procedures require clinical decision making (not including unplanned emergency situations where 999 would be called)

NB: the statutory guidance advises that it may be beneficial for the policy to refer to:

Defibrillators – generic training undertaken

1. **Individual Health Care Plans (IHCP) and the procedure to be followed when notification is received that a pupil has a medical condition/ Individual Health Care Plans (IHCP)**

Schools should have procedures in place to cover:

* To ensure suitably qualified NHS professionals who are medically trained are responsible for the development of the IHCPs
* Any transitional arrangements between schools
* The process to be followed upon reintegration or when a pupil's needs change
* Arrangements for any staff training or support.

For pupils starting at a new school, Headteachers must ensure that staff are suitably trained and provide the necessary opportunities for this to occur. However, the training must not be delivered by Headteachers and training should be commissioned for it to be delivered by a suitably qualified professional.

When a pupil receives a new diagnosis or moves to a new school mid-term/year, every effort should be made to ensure that appropriate arrangements are put in place within two weeks.

Schools do not have to wait for a formal diagnosis before providing support to pupils.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, based on the available evidence; this would always involve some form of medical evidence and consultation with parents and medical professionals. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

ICHPs and their review may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the pupil.

Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician who can best advise on the particular needs of a pupil; pupils should be involved in this planning where appropriate.

ICHPs should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing and minimise disruption.

The format of IHCPs may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil.

ICHPs should be easily accessible to all who need to refer to them, which preserving confidentiality.

The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support required; the plan should capture the key information and actions that are required to support the pupil effectively in managing their condition(s) and to overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

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;

• Clarity required for role and responsibilities for individual stakeholders

|  |  |  |  |
| --- | --- | --- | --- |
| Stakeholder | District | Responsibility | Actions |
| Local Authority |  |  |  |
| Clinical Commissioning Group |  |  |  |
| Public Health |  |  |  |
| Educational Settings |  |  |  |

It is accepted that LAs and CCGs must make joint commissioning arrangements with education, health and care provision for CYP with SEND.

The pupil’s resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;

* specific support for the pupil’s educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, 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;
* All relevant staff in school need to be aware of the child’s condition and the support required;
* arrangements must be in place for parents to provide written permission for medication to be administered by a member of staff, or self-administered by the pupil during school hours
* 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; and
* what to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
* Plans should be written by the most appropriately medically trained professional. This role cannot be delegated to education staff.

Schools must have a named nurse. Where this is not the case, schools must inform the Local Authority and/ or Clinical Commissioning Group to arrange appropriate support.

Where a pupil has SEN identified in their EHC plan, the IHCP should be linked to, or become part of the EHC plan.

Where a pupil has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Where a pupil is returning from school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

**7. Managing Medicines/Medical Interventions on Schools Premises**

**7.1 Administration of Medicines/Medical Interventions (please read in conjunction with section 6.5)**

Written permission from the parents/carers will be required for pupils to self-administer medicine(s)/medical intervention(s).

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s).

Pupils who can take medicines or manage their medical interventions independently may still require a level of adult support e.g. in the event of an emergency. For this situation, agreed procedures will be documented in their Individual Health Care Plan (IHCP).

Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so; where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

No pupil 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. In such cases, every effort should be made to encourage the pupil to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

A pupil under 16 should never 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.

School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber’s instructions. Schools should 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 in school.

Any pupil who has been prescribed a non-licensed controlled drug as part of a clinic trial from a tertiary centre will have a care plan and drawn up in conjunction with the tertiary provider. Please refer to section 6.5.

**7.2 Refusing Medication/Medical Intervention**

If a pupil refuses to take their medication/medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the pupil’s record sheet.

The reason(s) for refusal to take medications/medical intervention must also be recorded, as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the pupil is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Where a parent / carer cannot be contacted and the refusal to take medication will have life threatening or limiting implications then a critical incident response must be undertaken.

**7.3 Storage of Medicines/Medical Intervention Equipment and Resources**

All medicines should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

All pupils will know where their medicines/medical intervention equipment/resources are at all times and will be readily available as required.

All pupils will know the name and role of any professionals who support them in delivering the required interventions.

Schools should only accept prescribed medicines if these 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.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Where NHS trained staff are responsible for the administration of specific medication they are also responsible for the correct storage and record keeping associated with that medication.

**7.4 Controlled Drugs**

A pupil who is prescribed a controlled drug may legally have it in their possession if they are competent to do so; passing it to another child for use is an offence.

Where controlled drugs are not an individual pupil’s responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child’s IHCP.

Where controlled drugs are not an individual pupil’s responsibility, records will be kept of any doses used and the amount kept on the premises.

Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.

**7.5 Non-controlled Drugs and Medical Resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the pupil’s IHCP.

In relation to pupils requiring blended diets, a cross CCG approach has been agreed. The necessary documentation has been included in Appendix 3 and is already being successfully implemented in some areas of the pan Lancashire area. To ensure a consistent cross county approach, it is suggested that all schools utilise the documents attached.

In relation to non- prescribed drugs that are not part of a clinical trial or issued by a tertiary health setting, headteachers should liaise directly with parents, seek advice and guidance from relevant medical professionals and carry out a risk assessment, if required, prior to making a decision whether any non- prescribed drug will be administered by school staff.

**7.6 Intimate and Invasive Care**

Cases where intimate or invasive medical care is required will be agreed on an individual basis.

Decisions made about procedure and practice will be recorded within the pupil's IHCP and take account of safeguarding issues for both staff and pupils.

Please refer to Appendix 4 for detailed information relating to the varying levels of care that can be delivered by professionals who have been suitably trained.

**7.7 Off-site and extended School Activities (Day trips, residential visits and sporting activities)**

Governing bodies should ensure that there are clear arrangements in place to ensure that pupils with medical conditions are actively supported in accessing and participating in all off-site and extended school activities on offer, including school trips, sporting activities, clubs and residentials/holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully; teachers should have a clear understanding of how a pupil's medical condition will or may potentially impact on their participation.

School will consider what appropriate reasonable adjustments need to be put in place to enable pupils with medical conditions to participate safely and fully; staff should 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.

Schools should make arrangements for the inclusion of pupils in such activities with and required adjustments, unless evidence from a clinician (e.g. GP) states that this is not possible.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff and to ensure that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

The risk assessment process will involve consultation with the pupil, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. All decisions must be undertaken in line with Lancashire County Council's Educational Visits Policy.



In some circumstances, evidence from a clinician (e.g. hospital consultant), may state that participation in some aspects offered is not possible; where this is the case, then school will make alternative arrangements for the pupil.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

**8. School Record Keeping and Governance Arrangements**

Governing bodies should ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion, including the following information:

* Name of pupil
* Date and time of administration
* Who supervised the administration
* Name of medication
* Dosage given
* A note of any side effects/reactions observed

Parents should be informed if their child has been unwell at school.

* the right person
* the right medication
* the right time
* the right dose
* the right route

More information is required here. For example, reviewing existing arrangements in schools and sharing best practice to ensure a consistent approach,

**9**. **Managing Emergencies and Emergency Procedures**

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities, wherever that take place, including on school trips.

Where a pupil has an IHCP, this should 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 pupils in the school should know what to do in general terms, e.g. informing a teacher immediately if they think help is needed.

If a pupil 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.

Schools need to ensure that they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

**10. Unacceptable Practice under the Policy**

School staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, it is not generally acceptable practice to:

* Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
* Assume that every pupil with the same condition requires the same treatment;
* Ignore the views of the pupil or their parents or ignore medical evidence or opinion (although this may be challenged);
* Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
* If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
* Penalise pupils for their attendance record if their absence is 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 effectively manage their medical condition;
* 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;
* Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

**11. Confidentiality and sharing of information (within school)**

Schools need to be aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the pupil and family at all time.

Schools will disseminate information to key members of staff involved in the pupils' care on a needs-to-know basis, as agreed with parents/carers.

Where the pupil has an IHCP, this will be shared with key staff with regular, scheduled briefings.

School will ensure that arrangements are in place to inform new members of staff of the pupil's medical needs.

School will ensure that arrangements are in place to transfer information on a pupil’s medical needs to staff during any transition.

**GDPR Statement**

**UK GDPR requires all relevant partners to have in place appropriate measures to implement the data protection principles effectively and safeguard individuals' rights. This is known as ‘data protection by design and by default’. For further information relating to data protection and how Lancashire County Council complies with the policy, please follow the link below.**

intranet.ad.lancscc.net/how-do-i/information-governance/information-governance-policies/policy-15-data-protection-impact-assessment-policy-2020/

**12. Liability and Indemnity**

LCC maintained schools have insurance cover provided under the standard LCC Insurance arrangements.

Lancashire Maintained Schools can seek further information through the Schools Portal.

Academies and free schools must ensure that the most relevant and up to date insurance is in place.

It is important that the policy sets out the details of the individual school's insurance arrangements which cover staff providing support to pupils with medical conditions.

Insurance policies should be accessible to staff providing 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.

**13. Complaints Procedure**

**LCC Complaints Policy**

<https://www.lancashire.gov.uk/council/get-involved/compliments-comments-complaints/school-complaints/>

The individual school should have a complaints policy which sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

Schools should have internal complaints pathway with an escalation process to LCC complaints team as required. Please follow the link for the LCC Complaints Team; Contact the complaints team on 01772 539414 or [complaintsandfeedback@lancashire.gov.uk](mailto:complaintsandfeedback@lancashire.gov.uk)

Separate arrangements must be in place for academies/ free schools.

**14. Staff Training and Support**

Governing bodies should ensure that the school’s policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed; this should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Suitable training should have been identified during the development or review of IHCPs. The relevant healthcare professional should lead on identifying the type and level of training required, and ensure it is provided

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans; they will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Schools need to identify arrangements for whole-school awareness training so that all staff are aware of the policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included.

The family of a pupil will often be key in providing relevant information to school staff about how their child’s needs can be met, and parents should be asked for their views. They should provide specific advice but should not be the trainer.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils’ individual health care plans. In some cases, there may be parental barriers to communication including EAL/ literacy needs which may prevent formal written permission. In these cases, schools must make their own arrangements to evidence how permission has been obtained.

**15. Transport**

Home to school transport is the responsibility of the local authorities and it may be necessary for professionals involved with school transport to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans (this is a separate document to an individual healthcare plan) for pupils with life-threatening conditions.

For further information relating to school transport, please follow the link below;

<http://intranet.ad.lancscc.net/cas/cas-intranet-home/multi-skilled-updates/school-transport/>

**16. Monitoring, Evaluation and Governance Arrangements**

This policy and accompanying guidance and protocols will be reviewed annually. The review must be undertaken by the named professional within each educational setting and the Task and Finish Group will review feedback to ensure that learning and development is shared with all stakeholders.