

"Supporting Pupils at Schools with Medical Conditions" Policy

Includes multi-agency protocols/guidance for ensuring that Special Educational Needs Schools 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 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, with that intended outcome being should be 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 multiagency 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 worker and the organisation.

2. Background and Legislation

The policy is based on the Department of Education guidance document, "Supporting Pupils and School with Medical Conditions", which was published in December 2015 and updated in April 2017.

The policy is to support 'appropriate authorities' (as defined in section 100 of the Children and Families Act 2014) to fulfil their statutory duties to make appropriate arrangements to support pupils at school with medical conditions.

Section 100 of the Children and Families Act 2014 places a statutory duty on 'appropriate authorities':

- Governing bodies of maintained schools
- Proprietors of academies
- Management committees of Pupil Referral Units (PRUs)

to make arrangements for supporting pupils at their school with medical conditions.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010; where this is the case, appropriate authorities must comply with their statutory duties under the Act.

Some pupils may also have special educational needs (SEN) and may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs and their identified

special educational provision. For pupils with SEN, this policy should be read in conjunction with Special Educational Need and Disability (SEND) code of practice.

3. Local Context

To be developed.

4. 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.

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".

4.1 Governing Bodies, Proprietors and Management Committees

Governing bodies, Proprietors 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.
- Ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.
- Ensure that IHCPs are reviewed at least annually or earlier, if evidence is presented that the pupil's needs have changed.

4.2 School Principal/Headteacher

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.
- Ensure that sufficient trained numbers of staff are available to implement the policy and to deliver against individual healthcare plans (School Principals and Headteachers have overall responsibility for the development of individual healthcare plans), including in contingency and emergency situations and in the event of staff absence.
- 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 notification procedure is followed when information about a child's medical needs are received (Appendix 1).
- 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 and is accessible and is reviewed (propose that it is reviewed annually?).
- 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 completion of '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 staff.
- Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate
- 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

4.3 School staff responsibilities

Any member of school staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines.
- Should receive sufficient and suitable training (and appropriate refresher training) and demonstrate that they possess the necessary level of competency before they undertake any activity relating to supporting an individual in managing their medical condition.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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

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

Pupils with medical conditions should:

- 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.

4.5 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.
- Be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.
- 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).

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 'Parent/Carer Information about a Child's Medical Condition' form (see Template A? – is this covered in the templates?):

- Details of pupil's medical conditions and associated support needed at school
- 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

4.6 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 not usually have an extensive role in ensuring that a school is taking appropriate steps to support pupils with medical conditions, but may 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.

4.7 Other Healthcare Professionals

Other healthcare professionals (including GPs and paediatricians):

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

4.8 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.
- NB: need to make clear the distinction between the commissioning responsibilities of the LA (including Public Health and the CCGs). Local authorities and CCGs MUST make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

4.9 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 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).

4.10 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 provider the ongoing support essential to the safety of these vulnerable children whilst in school.

5. 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:

- Who is 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, arrangements should be in place in time for the start of the relevant school term.

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 normally involve some form of medical evidence and consultation with parents. 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 the pupil and pupils should also be involved 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;
- 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;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher 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.

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

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

Where a pupil has SEN but does not have a statement or 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.

6. Managing Medicines/Medical Interventions on Schools Premises

6.1 Administration of Medicines/Medical Interventions

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.

6.2 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.

6.3 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

6.4 Controlled Drugs

A pupil who is prescribed a controlled drug may legally have it in their possession if they are competent to do so, but 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. *recorded on appropriate individual and pupil summary template?*

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

6.5 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.

6.6 Intimate and Invasive Care

Cases where intimate or invasive 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.

6.7 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 residential/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 (*risk assessment template to be included?) 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. *NB – include link to Health and Safety Executive (HSE) Guidance on School Trips here?*

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.

7. Record keeping

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.

8. 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.

9. 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 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 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.

10. 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's 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 rebriefings.

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.

11. Liability and Indemnity

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.

12. Complaints Procedure

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.

13. 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. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

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, can 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 sole trainer.

Governing bodies should consider providing details of continuing professional development opportunities.

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.

14. Transport

Home to school transport: this is the responsibility of the local authorities, who may find it helpful 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.

This policy and accompanying guidance and protocols should be reviewed annually; this is the responsibility of the named person within each educational setting.

To be included as either a section in the policy or an Appendix:

Levels of Need

Pupils may present with a range of needs, some of which will require clinical and care interventions. The skills required to meet these needs may:

- Be routine and easily obtained (Level 1)
- Require training from health professionals (Level 2)
- Only be carried out by trained health professionals, as they are complex clinical procedures (Level 3)

Levels of clinical and care procedures required by children and young people fall broadly into three levels of skill and risk. This list is not exhaustive.

Level 1: Routine and easily-acquired skills

Level 1 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.

- 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 meal times
- 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
- Undertaking a child's physiotherapy programme – following a simple written programme from Physiotherapy
- 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.

Level 2: Tasks requiring training from health professionals (usually qualified nurses)

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 of 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 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
- Emergency change of tracheostomy tube
- 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)
- Intermittent catheterisation and catheter care
- 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 devices once stoma has been well established for more than 6 months and there have been no problems with the stoma
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam
- Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or Paediatrician Manual Evacuation
- 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
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, Paediatrician or paediatric diabetes nurse specialist
- 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.

Level 3: 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 be delegated.

- Re-insertion of nasogastric tube
- Re-insertion of PEGs or other gastrostomy tubes
- 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)
- Deep Suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube)
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan
- Ventilation care for an unstable and unpredictable child

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

- Defibrillators
- Asthma inhalers

Appendix: Glossary of medical terms to be developed.

Appendix: Process map/flowchart to be developed.

Department for Education Templates; these are templates that accompany the statutory guidance and will be included as appendices:

Template A: individual healthcare plan
Template B: Parental agreements for setting to administer medicine
Template C: record of medicine administered to an individual child
Template D: record of medicine delivered to all children
Template E: staff training record – administration of medicines
Template F: contacting emergency services
Template G: model letter inviting parents to contribute to individual healthcare plan development