# Supporting children and young people with medical conditions

## Local area guidance for schools and other educational providers



Dorset Council

NHS Dorset

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# Summary

This local area guidance aims to help schools to meet their legal duty to support children and young people with medical conditions, in line with the Children and Families Act 2014. It replaces Dorset County Council guidance of the same name issued in December 2017. It is intended to complement, not replace, reading of the Department for Education (DfE) guidance Supporting pupils at school with medical conditions. Schools, for the purpose of this guidance, includes academies and learning centres.

Whilst the legal duty does not apply to early years settings and Further Education (FE) Colleges, they are advised to follow the DfE guidance to ensure a consistent approach from 0 – 25 years. As such, this guidance is useful for these settings too. Early years settings should also continue to apply the Statutory Framework for the Early Years Foundation Stage.

Dorset Council and NHS Dorset encourage all schools and other settings to adopt this local area guidance and the practice within.

This guidance has been produced by the Physical and Medical Needs Service, part of Education and Learning (People's Directorate - Children's) at Dorset Council with support from NHS Dorset. It will be kept under regular review. Any queries about this guidance can be directed to:


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# Introduction

Section 100 of the Children and Families Act 2014 places a duty on the governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to 'make arrangements' for supporting children and young people at their school with medical conditions. Children and young people should be properly supported so that they have full access to education, including school trips and physical education.

The duty covers both physical and mental health needs meaning schools may need to support children and young people with conditions such as asthma, diabetes or epilepsy, or anxiety and depression. They may need to support those with toileting difficulties, or those with a gastrostomy or tracheostomy, for example.

**Some medical conditions will be long term whilst others will be relatively short term. Regardless, schools should ensure that:**

- appropriate support is in place, including back-up arrangements
- they actively seek and adhere to guidance from medical professionals, and that they do not make 'medical' decisions themselves
- the child or young person and their parents or carers are fully involved in planning and reviewing support

Schools should be proactive in seeking information about medical conditions and must ensure that arrangements are in place prior to the child or young person's start. For a new diagnosis, or for a child or young person moving within year, support should usually be put in place within two weeks.

The type of support required will vary for each child or young person. For some, schools may need to change how they do things, make reasonable adjustments or relax or alter certain rules. Others might need support from a member of staff throughout the day, or at specific points during the day. They may need help to take their medication or to keep them well. Some might require monitoring and intervention in emergency circumstances.

Schools must not expect or rely on parents to provide the medical support that their child requires during the school day; schools must organise this. Similarly, early years settings and FE Colleges should have similar arrangements.

No member of staff can be forced to provide medical support to a child or young person, and they may decline to do so when asked. However, the duty to make arrangements to support medical conditions remains, and as such, schools may need to employ staff to specifically undertake these duties if no one volunteers. In most cases though, it is worth exploring why staff are unwilling to undertake such duties as often their concerns and fears can be allayed, e.g. through the offer of training and support. Job descriptions should be amended to reflect any medical procedures that relevant staff need to undertake.

Some children with medical conditions may be considered disabled under the Equality Act 2010. Where this is the case governing bodies must also comply with their duties under that Act.

# Policy

All schools must have a written policy, explaining how they will support children and young people with medical conditions. **The policy should cover:**

- who is responsible for implementing the policy
- what procedures the school will follow when notified of a medical condition
- the role of individual healthcare plans and who develops and monitors these
- the roles and responsibilities of all those involved in support arrangements
- staff cover arrangements
- arrangements for staff training and who is responsible for this
- support arrangements for staff to carry out their role
- medicine management procedures
- what arrangements will be made for children and young people who can manage their own health needs
- emergency arrangements
- school trips, visits and sporting activities
- guidance about unacceptable practice
- the school's insurance arrangements
- how absences due to health needs will be managed
- how complaints are made and handled



Further advice can be found in Supporting pupils at school with medical conditions (DfE).

All early years providers **must** have a policy for administering medicines. FE colleges are also encouraged to produce a policy for their students with medical conditions.

It is a good idea for schools and settings to consult with children and young people, and their parents or carers, when drafting the policy as they will know what works well and what does not. Additionally, schools and settings are encouraged to involve local health professionals, such as health visitors and school nurses, when drafting their policy.

A template policy is available on Nexus for schools and settings to use. However, schools and settings must take ownership of their policy and ensure it reflects their own practice in supporting children and young people with medical conditions.

The school or setting's policy should be easily accessible and available on the school or setting website. It should also be available as a hard copy upon application.



It is important that all staff are familiar with the school or setting's policy and where to find this, so that a consistent message is given to prospective parents and carers. This helps to ensure that children and young people with medical conditions have the same right of admission to the school or setting, with parents and carers being reassured that appropriate support will be put in place.

# Individual Healthcare Plans

The school or setting's policy must state who is responsible for developing and monitoring individual healthcare plans (IHPs) within the school or setting.

IHPs provide clarity about how the child or young person's medical condition will be supported whilst at the school or setting. Generally, an IHP should include the following information:

- the child/young person's medical condition
- what needs to be done to help them (including any emergency protocols)
- when this needs to happen
- who will provide the support needed

IHPs help ensure that children and young people are as well as possible and that they are in a fit state to learn and take part in 'school' life. They can also set out what elements of their care, a child or young person can manage themselves.

Whilst schools are responsible for developing and monitoring IHPs, they are not expected to make clinical decisions, such as which medical procedures are to be followed, or what medication is to be given, when doing so. This information should be provided by relevant healthcare practitioners.

Supporting pupils at school with medical conditions (DfE) provides guidance on who should receive an IHP. Generally, they are provided for children and young people whose medical condition requires regular support or monitoring in the school or setting. IHPs are also recommended for children and young people who require intervention in an emergency arising from an existing medical condition, in which case they might also be called an 'Emergency Protocol'. IHPs are not usually required for short term illnesses.

IHPs are not recommended for diagnoses such as ASD or ADHD. If children or young people with these conditions require help in the school or setting, this is usually in the form of special educational provision and as such, there are more suitable support mechanisms available, e.g. an SEN Support Plan (or equivalent document).

**Schools and settings should write their IHPs in liaison with:**

- a relevant healthcare practitioner
- parents
- the child or young person (wherever possible)

This could be in the form of a face to face meeting, a virtual meeting or via phone calls and emails if this is an appropriate means to gather the required medical information. Whilst others may take the lead in writing the IHP, the responsibility for finalising and implementing this rests with the school.



In most cases, it is a Specialist Nurse, Children's Community Nurse or Child and Adolescent Mental Health Services (CAMHS) practitioner who can provide the information required for an IHP. Parents or carers often have contact details for these people. Alternatively, the SEND Local Offer provides information and contact details for local health services.

School Nurses can sometimes provide advice on how to manage individual needs where their training and experience enables this, but they can also help by signposting to specialist healthcare practitioners if needed. Schools are encouraged to work closely with their School Nurse and/ or specialist healthcare practitioners to ensure good healthcare provision for all their pupils, including those with long term medical conditions.

If schools or settings have difficulty contacting an appropriate healthcare practitioner, they can contact the School Nursing Team or the Children's Community Nursing Team who will be able to provide help or signpost further. Contact details can be found at Appendix A.

IHPs should also consider the impact of a medical condition on the child or young person's ability to learn, whether that be due to tiredness and fatigue or frequent or prolonged absences. Appropriate support should be put in place to manage this. Additionally, consideration should also be given to the social and emotional impact of the medical condition on the child or young person.

**In some circumstances, a healthcare professional, such as a Paediatrician, Specialist Nurse or Children's Community Nurse may provide an IHP, or a 'health care plan' to the school or setting. Examples include:**

- Epilepsy Care Plan
- Allergy Action Plan
- Diabetes Individual Health Care Plan
- Enteral Feeding Care Plan
- Tracheostomy or Long-Term Ventilation Care Plan
- Oncology Care Plan

Where this is the case, the school or setting should ensure that this accurately reflects all the arrangements that have been made to support the child or young person, for example, where the support will take place, which member of staff will aid with this and any arrangements to support social and emotional needs resulting from the medical condition. Schools and settings may want to provide a cover sheet for this purpose.

IHPs are confidential documents and should be distributed within the school or setting on a 'need to know' basis, whilst ensuring the child or young person's medical needs are met. Relevant members of staff should have a copy of the IHP, and this might include non-teaching staff.

IHPs should be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. IHPs can be appended to or incorporated into an Education, Health and Care (EHC) Plan.

The DfE have provided a template IHP. Schools and settings can design their own version if they wish, taking care to ensure that it meets the requirements set out in Supporting pupils at school with medical conditions (DfE).

# Intimate Care Plans

Schools must 'make arrangements' to support children and young people who experience toileting difficulties and should not expect parents or carers to come into school to manage these. Other settings such as early years settings and FE colleges should make similar arrangements.

Children and young people who require regular intimate care, e.g. any care which involves washing, touching, or carrying out a procedure to private parts of the body, should have an intimate care plan. Where a child or young person already has an IHP, intimate care needs can be included within this; there is no need to have two plans.



An intimate care plan should be developed in consultation with the child or young person (where appropriate), parents or carers, support staff and a relevant healthcare professional (if required), so that procedures can be agreed and consented to. The intimate care plan should be reviewed at least annually.

All schools and settings should have a policy setting out their arrangements for intimate care. Dorset Council has produced a template Intimate Care Policy for schools and settings to use which is available on Nexus.

The Guidance for safer working practice for those working with children and young people in education settings (Safer Recruitment Consortium) should be followed when managing intimate care needs. This recommends intimate care is undertaken by one member of staff unless the intimate care plan specifies otherwise. Ideally, another adult, who is aware of the task being undertaken, should be in the vicinity. Brief records should always be kept of any intimate care undertaken at the school or setting.

When undertaking intimate care, disposable gloves and aprons should be worn where needed and discarded into a nappy or clinical waste bin after use. Shower and bathroom areas should be thoroughly cleaned after use.  Soiled clothing should be double bagged and returned to parents or washed in a separate washing machine on site.

Schools and settings can find further useful information about supporting children and young people with toileting needs through ERIC - The Children's Bowel and Bladder Charity.

# Risk assessment



Some medical conditions may require the school or setting to undertake a risk assessment, either when developing the IHP or as a separate process depending on individual circumstances.

Medical risk assessments look at what might cause harm to a child or young person, taking into account their existing medical condition, and decide the reasonable steps that can be taken by the school or setting to either prevent that harm occurring or to reduce the risk to an acceptable level.

Using a risk assessment helps to ensure that a child or young person with a medical condition is safely included in 'school' life. They can also be used when planning school trips. **Examples of risk assessments being used for medical conditions include:**

- anaphylaxis - where allergens may be present in the school environment
- tracheostomy care - where there is a risk of this becoming dislodged during play or blocked by common materials such as sand, glitter etc
- cystic fibrosis - where 'messy play' needs to be kept safe, e.g. by only using clean water

This list is not exhaustive; each case should be considered on an individual basis.

The child or young person's views should be captured as part of the risk assessment process, as well as those of their parents or carers, a relevant health practitioner and the staff working with them.

Dorset Council has produced a template Medical Risk Assessment for schools and settings to use which is available on Nexus.

Risk assessments are confidential documents and should be distributed within the school or setting on a 'need to know' basis, whilst ensuring the child or young person's safety is not compromised. Relevant members of staff should have a copy of the risk assessment, and this might include non-teaching staff.

Risk assessments should be reviewed on at least an annual basis and sooner if the medical condition, or support required, changes in any way.

# Staff training



Schools and settings should ensure all staff are familiar with the legal duty to support children and young people with medical conditions and the school or setting's policy about this. This information could be provided through inset training, upon appointment, and via a briefing for supply staff.

Staff who are responsible for delivering the school or setting's policy on a day to day basis, e.g. those involved in developing IHPs and/or administering medicines may also benefit from formal Continued Professional Development (CPD) training about supporting medical conditions. Some training providers are listed at Appendix B, although others are available.

Schools and settings should provide general awareness training to all staff about common medical conditions such as asthma. They should also provide general awareness training to all staff about any medical conditions which the school or setting is already, or soon will be supporting, for example, diabetes or epilepsy. This helps to ensure that a child or young person's medical needs are recognised and supported and embeds meeting such needs into the culture and ethos of the school or setting.

Schools and settings can choose their own provider of general awareness training although they should ensure this is through a recognised body. Many charities now provide online training and resources which are a useful means of learning the key facts about medical conditions. Appendix B provides links to training and resources for common medical conditions.

Relevant medical practitioners, such as Specialist Paediatric Nurses may also be able to provide schools and settings with details of general awareness training providers. General awareness training should be updated at a frequency suggested by the training provider, or every 12 months.

Staff must not administer medicines or perform health care procedures without first undertaking appropriate training. Appropriate training should be identified during the development or review of the IHP. In some cases, written instructions on the medication container dispensed by a pharmacist will constitute sufficient training. In other cases, more detailed training will be required.

The relevant health professional (e.g. the School Nurse, Specialist Nurse or Children's Community Nurse) involved with the child or young person should lead on identifying and agreeing the type and level of training required and how this can be obtained. They should also advise how often the training should be updated.

It should be noted that healthcare practitioners can only offer training within their own field of expertise and may point schools and settings to other providers of more specialist training. For example, School Nurses are typically only able to provide training regarding emergency epilepsy procedures and allergic reactions.

Some medical procedures will require staff to achieve a set level of competency which could take several months to achieve. As such, advance planning is key to ensuring the child or young person's medical condition is supported.

If schools or settings are struggling to contact a relevant medical practitioner about training, the School Nursing Team or Children's Community Nursing Team may be able to assist with signposting to the correct service. Their contact details can be found at Appendix A.

Training to undertake health care procedures and to administer more complex medication should be provided to enough staff to ensure cover is always available, e.g. in the event of staff absence. Generally, as a minimum, 3 members of staff should be trained in these procedures although this will be dependent on the training provider and how many staff they can accommodate.

Whilst some training can be provided from the NHS at no cost, there are occasions where training can only be provided on a traded basis. Schools and settings are expected to fund this training from within their existing budgets.

Relevant training certificates should be retained by the school or setting. These should evidence who led the training and their role, and who received training and on what date.

# Medicines



Ultimately, parents and carers are responsible for managing their child's health needs and as such, most medicines should be administered at home. For those medicines that need to be taken three times per day, this should usually be before and after school, and before bed.

Where it would be detrimental to the child or young person's health or attendance not to do so, medicines should be administered at the school or setting. **Schools and settings should only ever administer medicines:**

- where parental written consent is provided in advance
- where they are in date, labelled and provided in the original container as dispensed by the pharmacist
- in line with the prescriber's instructions

Schools and settings can use Template B: parental agreement for setting to administer medicine (DfE) or they can develop their own version, as long as this meet the requirements of the DfE guidance. A new consent form must be completed for all new medicines.

**Staff should never make clinical decisions about medication or make changes to dosages at the parent or carer's request.** The exception to this is insulin, where dosages may need to be adjusted (in accordance with the IHP); and for which the school or setting should confirm the change with the parent or carer before administering. Additionally, medicines must not be interfered with prior to administration (e.g. crushing a tablet) unless there are instructions from the pharmacist or prescribing doctor to state this. Schools and settings should keep a record of this information.

Medicines should be handed over to a designated member of staff by parents or carers, not the child or young person.

## Non-prescription medicines

Schools and settings can administer non-prescription medicines where it would be detrimental to the child or young person's health or attendance not to do so. Schools and settings should ensure their policy covers the administration of non-prescription medicines.

Non-prescription medicines that schools and settings may be asked to administer include pain relief (e.g. paracetamol), antihistamines and travel sickness medication. Such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over the counter medicines.

Generally, non-prescription medicines are to be administered for a short period, e.g. where a child or young person has returned to education following an illness or injury. Schools and settings should not accept non-prescription medicines from parents to administer on an 'as and when required' basis (except for antihistamines for allergic reactions) unless advised by a GP.

When agreeing to administer non-prescription medicines, schools and settings should:

- check the medicine is suitable for the age of the child or young person
- check the medicine has been administered without adverse effect in the past
- label the medicine with the child or young person's name

When administering pain relief medication, schools and settings should always check with parents or carers when the last dose was taken, to ensure the maximum dosage is not exceeded.

**Schools and settings must never administer Aspirin to children under 16 years of age unless prescribed by a doctor**.

## Homeopathic and alternative remedies

Schools and settings should not administer homeopathic and alternative remedies to children and young people as insurance arrangements are unlikely to cover the administration of these.

NHS guidance states that there is no good quality evidence that homeopathy is an effective treatment for any health condition and as such, it's use is not recommended.

Parents and carers can administer homeopathic and alternative remedies at home, before and after school.

## Creams (including sun-cream)

Schools and settings should arrange for creams to be applied if it would be detrimental to the child or young person's health or attendance not to do so.

Children and young people should be encouraged to apply creams themselves wherever possible, taking account of their age, ability, and instructions for use.

Where it is not possible for a child or young person to self-apply, staff should do so. They should wash their hands before and after application and ensure they wear non-sterile gloves to prevent both cross infection and the cream (and drug contained within) from being absorbed by the member of staff.

If a child regularly requires creams to be applied during the school day, an IHP should be implemented, incorporating intimate care arrangements if necessary.

The Health and Safety Executive (HSE) advise schools and other settings to take a common-sense approach to the application of sun-cream and not use 'health and safety' as a reason to avoid this. Again, children and young people should be encouraged to apply their own sun-cream, wherever possible.

Charities such as Sun Safe Schools (SKcin) have developed guidance for schools and settings around sun safety. All schools and settings are encouraged to develop a sun safety policy and ensure this is shared with parents.

## Controlled drugs

Controlled drugs are governed by the Misuse of Drugs Act 1971 and subsequent amendments. There are 5 schedules of controlled drugs, based on their benefit when used in medical treatment and their harm if misused; Schedule 1 has the highest level of control whilst Schedule 5 has a much lower level. The Misuse of Drugs Regulations 2001 has a full list of controlled medicines.

As with other medicines, controlled drugs should only be administered at a school or setting where it would be detrimental to the child or young person's health or attendance not to do so.

Schools and settings most frequently encounter Methylphenidate (Schedule 2) which is prescribed for conditions such as ADHD. They may also be asked to administer controlled drugs in an emergency for conditions such as epilepsy, e.g. Midazolam (Schedule 3) and Diazepam (Schedule 4).

## Medical devices



Some children and young people with complex medical needs will be provided with medical devices, such as ventilators, oxygen saturation (SATs) monitors and suction machines.

When such devices are brought into the school or setting, staff should undertake pre-user checks to ensure that they are in good working order and ready to use when required.

Any medical devices which require power to operate should be kept fully charged, so that they can be used in event of power cut or emergency evacuation.

## Oxygen

A small number of children and young people are prescribed oxygen due to complex health needs. As oxygen can present a fire hazard, careful management is required.

Oxygen should be stored safely and in as small a quantity as possible. Medical advice should be sought about the safe amount of oxygen required on site, e.g. enough to meet a child or young person's needs (including in an emergency) but not too much to significantly increase the fire risk.

Oxygen cylinders must be stored securely. They should be chained to a wall or kept in a cylinder cage so that they can't fall over. Ideally, this should be outside or in a well-ventilated area away from any sources of ignition. A sign to reflect that oxygen is being stored must be clearly displayed.

The storage of oxygen must be added to the school or setting's fire risk assessment. The storage area should be marked on the fire plan and the school or setting should inform the fire service that they are storing oxygen on site.

A risk assessment should be undertaken to identify any hazardous lessons or activities (e.g. science experiments, machinery, or cooking activities) with the agreed actions recorded on the child or young person's IHP. Actions might include:

- storing cylinders normally kept with the child or young person elsewhere whilst such activities take place
- developing back-up support arrangements in the event of an emergency requiring oxygen, when taking part in such activities

- considering other ways that a child or young person can access learning activities if unsafe to proceed

Schools and settings will also need to consider whether any substances used during such activities could present a risk to the child or young person's breathing and need for oxygen.

Further information about oxygen use in the workplace is available from the Health and Safety Executive (HSE).

## Storage

All medicines, prescription and non-prescription, must be stored on site in a dedicated, locked storage cupboard (ideally a medicines cabinet).

Some medicines such as asthma inhalers, diabetic devices and adrenaline pens must be readily available to children (e.g. in the classroom). These must not be locked away but must still be stored safely.

Some medicines, for example, spare insulin and liquid antibiotics, need to be kept in a fridge. They must be kept separate from foods, ideally on a shelf or in a container marked 'medicines'. Ideally, this should be a locked fridge.

Insulin that is in use should be kept at room temperature. Care needs to be taken to ensure that insulin does not get too hot or too cold. On very hot days, insulin should be protected from the heat, for example, by placing this in a medical cooling pack when outside in the sun. Very cold temperatures can affect the efficacy of insulin, so care must be taken to keep the fridge at the right temperature (for any spare insulin stored).

Schedule 2 controlled drugs **must** be securely stored in a non-portable, locked container. However, it is recommended that all controlled drugs, regardless of schedule are stored as such. Only designated members of staff should have access to the container, but schools and settings must ensure controlled drugs are easily accessible in an emergency.

Schools and settings can seek further advice about medicine storage from their Health and Safety Advisor.

## Administering medicines

Schools and settings should ensure that dignity and privacy can be maintained when medicines are administered. Suitable facilities should be provided, with space for the child or young person to rest and recover, if required.

**Prior to administering any medication, staff should wash their hands and check the:**

- parental agreement form (Template B)
- IHP
- expiry date of the medicine
- child or young person's name tallies with the name on the medicine container
- prescribed dose and how it is to be taken
- prescribed frequency of dose and confirm that this has not been exceeded

The medicine can then be administered in accordance with the prescriber's instructions.

If staff are uncertain or in doubt, they should not administer medication; they should contact the child or young person's parents or carers before proceeding.

Used needles and other sharps should be disposed of in a sharps box which should be kept securely on site.

## Record keeping

It is vital that clear records are maintained by staff supporting children and young people with medical conditions. Failure to do so may invalidate medical malpractice insurance.

A record must be kept of all medicines administered stating what medicine was administered, the dosage, how this was administered, when and by whom. Any side effects should be noted. This record must be completed immediately after administration.

Parents and carers should be informed on the day if non-prescription medicines are administered.

With controlled drugs, it is also good practice to count and check these at least weekly and keep a record of this, including a witness signature. Records must be written in ink and kept for at least 2 years from the point at which the medicine was last administered.

If a child or young person refuses medicine, the record must state this, and parents or carers must be informed at the earliest possible opportunity.

Schools and settings can use Template C: record of medicine administered to individual child (DfE) or they can develop their own version, as long as this meet the requirements of the DfE guidance.

## Disposal

Medicines that have expired or that are no longer required should be returned to parents and carers to dispose of correctly, e.g. by returning them to a pharmacy.

Otherwise, medicines should be returned to parents or carers at the end of each term and received back into the school or setting at the start of each new term.

Schools and settings must have a Health and Safety policy which covers First Aid. Within this, there should be clear arrangements for hygiene and infection control relating to medical conditions, e.g. basic hygiene procedures, disposal of waste materials such as used dressings, and managing spillage of bodily fluids. Generally, used wipes, paper towels, gloves and aprons should be put into a plastic waste bag, sealed, and placed in the main waste collection bin.

Further guidance about first aid, including Dorset Council's First Aid at Work Guidance and Code of Practice is available from the Dorset Health and Safety Team.

Used needles and other sharps should be disposed of in a sharps box, which must be kept securely on site. As prescribed items, sharps boxes are usually provided by parents or carers and should be returned to them for safe disposal. Sharps boxes should be changed when ¾ full (to the marked full line) or every three months. Sharps boxes should not be sent home with a child or young person for disposal; they should be collected by parents or carers, who should also be asked to bring a new sharps box in.

## Sharps injuries

Sharps injuries occur when a sharp instrument, such as a needle, penetrates the skin. If the sharp instrument is contaminated by blood, there is potential for transmission of infection. Such injuries can cause anxiety and distress to those affected and can, in the more serious cases, result in blood borne infection.

Schools and settings should consider adding procedures for managing sharps to their policy for supporting children and young people with medical conditions.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, require employers to assess the risk of sharps injuries under the Control of Substances Hazardous to Health (COSHH) Regulations 2002. **Where sharps must be used, for instance, when managing Type 1 Diabetes, schools and settings should work with healthcare practitioners, when developing the IHP, to:**

- use safe sharps where possible
- prevent recapping of needles
- place instructions for safe disposal of sharps and sharps boxes in the work area

Additionally, schools and settings should ensure that training to employees involved in administration of sharps covers the risks, relevant legal duties, safe use, good practice in preventing injuries, disposal, and the support available to an injured person.

**If a sharps injury occurs, schools and settings must ensure the following procedure is followed:**

- immediately encourage the wound to bleed; wash with lots of running water and cover with a sterile dressing
- seek medical advice from Accident & Emergency
- offer wellbeing support to the affected staff member
- record what happened, including the type of sharp involved, at what stage of the procedure the incident occurred and the severity of the injury
- report the incident to the person responsible for supporting medical conditions within the school
- if required, follow Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 procedures
- take action to prevent a reoccurrence
- review the effectiveness of procedures and control measures at suitable periods

## Medicines on school trips



Schools and settings must ensure that safe arrangements are made for any medicines that need to be administered on trips, particularly residential trips, where parents or carers would normally administer medication at home.

Further details can be found in the school trips section of this document.

## Purchasing medicines

In general, schools and settings should not hold their own stock of non-prescription medicines. However, in some situations it may be appropriate for the school or setting to purchase these.

These situations include long day trips and residential trips where it is safer to carry one or two boxes of pain relief medication than numerous boxes supplied by parents or carers. Some secondary schools may also want to hold a small stock of non-prescription pain relief medication for children and young people experiencing period pain.

Such medicines should only be administered where the school or setting has received written parental consent in advance. Additionally, written parental consent must be sought for each school trip.

As with other medicines, records of administration must be kept, using Template C: record of medicine administered to individual child (DfE). Parents and carers must be informed as soon as possible and usually prior to medication being administered, to check when a previous dose was given. The consent form should cover the arrangements to be followed if the school or setting is unable to contact the parent or carer prior to administering non-prescription medicines.

It is for the school or setting to make the decision on whether to purchase non-prescription medicines as outlined above. However, if they chose to do so, they should ensure their policy covers this.

# Medical errors



By following Supporting pupils at schools with medical conditions (DfE), this guidance, and the school or setting's own policy, an error with medicine administration or a health care procedure is unlikely to occur.

However, if an error does occur, immediate action must be taken to ensure the child or young person's health is not at risk. The parent or carer should be contacted and informed of the incident so that they can advise next steps. If they cannot be reached, the school should contact either the healthcare practitioner named in the IHP, the GP or Accident & Emergency. Always call 999 in an emergency.

Following this, an internal investigation must be undertaken as soon as possible, with the aim of preventing any future errors. This should be led by a member of the senior leadership team and the person with overall responsibility for the school or setting's supporting children and young people with medical conditions policy.

The investigation should record the key findings of the incident and agree actions to improve medicines administration and processes going forwards, with dates by which these will be completed. It is also important to risk assess all medicines administration arrangements at the school or setting, following an error.

Depending on the severity of the incident, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 procedures may also need to be followed. Schools and settings should read these regulations to decide whether RIDDOR procedures are required. The Dorset Health and Safety Team will complete RIDDOR reports for schools who have purchased their service. If safeguarding concerns are raised because of the investigation, the incident should be referred to the Local Authority Designated Officer (LADO).

The child or young person's IHP should be updated to reflect the robust measures put in place following the incident.

The error should be reported to the Local Authority as soon as possible, with a copy of the investigation paperwork being submitted in due course. This should be sent to the Physical & Medical Needs Service.

# Self-management

As most children get older, they will increasingly be able to manage their medical condition themselves. Schools and settings should support and encourage this move towards independence, which could include children and young people administering their own medicines or undertaking medical procedures themselves.



However, each case should be considered on an individual basis and it should be recognised that despite having the same medical condition, a child or young person's level of support might be different. There should be no assumption that once a child or young person reaches secondary school, they are capable and confident to manage their medical condition.

Schools and settings, working with the child or young person, their parents or carers, and a relevant healthcare practitioner should agree which aspects of their medical care, a child or young person can self-manage. This should be recorded on the IHP.

Even where children and young people can administer their own prescription medicines, schools should continue to supervise this, so that appropriate records can be completed for safeguarding purposes. Some pupils may require direct supervision to ensure they are taking the correct dose or medication. Others may only need someone in the vicinity to know that they are self-administering their medication in line with their IHP, and in other cases, staff checking in with the pupil daily will be sufficient.

For record-keeping, staff must only record what they have seen. Direct supervision can be recorded as so, with details of the name of the medication, dosage, and time. Where a pupil self-administers in the vicinity of a member of staff, the record should state that the pupil was seen in the medical room/ other area, at set time, with a note on whether the pupil stated they had self-administered or not. Similarly, if staff are checking in with pupils, only a record of the conversation can be kept.

There must not be an expectation that children or young people take complete responsibility for managing their medical condition. This is particularly important in secondary settings; children and young people may not want to appear different from their peers and might not ask for help when they need it. It is therefore vital that the school or setting is monitoring their ability to manage their health needs.

FE colleges are less likely to need to supervise self-administering of medicines, due to the age of their students but they should plan for this where needed.

Schools and settings should allow children and young people to carry their own prescription medicines (e.g. inhalers, diabetes devices, adrenaline pens) when appropriate. This should be recorded on Template B: parental agreement for setting to administer medicine (DfE) and the child or young person's IHP.

Children and young people can carry their own controlled drug, if they are competent to do so. Passing a controlled drug to someone else for use is an offence so the school or setting, along with parents or carers should carefully consider the risks.

Schools and settings should ensure that they have a policy in place for dealing with drug misuse. This should cover the protocols for children and young people carrying non-prescription medicines, e.g. pain relief. It is best practice to allow children and young people to carry a supply sufficient for one day. This can be extended for residential trips.

# School trips



Having a medical condition should not prevent children and young people from accessing the same trips as their peers, unless medical advice explicitly states this. This includes 'opt in' trips as well as those that are part of the curriculum.

In most cases, planning early can help prevent any issues. Risk assessing any activities is a key element of this process. Risk assessments focus upon reducing the level of risk to an acceptable level; they should not be used to exclude children or young people from trips.

Schools and settings should meet with the parent or carer, child or young person and a relevant healthcare professional if required, prior to any trips, to undertake a risk assessment and plan any extra support, such as additional staffing, that may be needed to support the child or young person's medical condition. Any additional support agreed for the trip should be added to the IHP, and a copy should be taken on the trip.

Dorset Council has produced a template Medical Risk Assessment for schools and settings to use which is available on Nexus.

Schools and settings are responsible for providing any extra support required for trips. This is known as a reasonable adjustment under the Equality Act 2010 and failure to provide this could constitute disability discrimination. Whilst parents and carers may wish to support their child on a trip, schools and settings cannot request that they do this, nor can they charge parents and carers for providing the support required.

If medication is required during a trip it should be carried by the child or young person if this is normal practice, e.g. asthma inhalers. If not, it should be carried by an authorised member of staff. Recording of any medicines administered will still apply.

In exceptional cases, schools and settings may have to provide adapted activities or consider alternative arrangements for children and young people with more complex medical conditions, to ensure that they remain safe.

If residential trips are planned outside of the UK, specific advice may be required depending on the country being visited, the mode of transport and the medicine involved. Parents or carers should check what rules apply to taking their child's medicine out of the UK, and into the country or countries being visited. Different countries have different regulations about medicines and quantities. Schools and settings should consult with their travel insurer to check if any additional declarations are required. It is also helpful to have a copy of the parental consent form and the IHP in the language of the country visited.

# Emergencies



Schools and settings must have detailed arrangements in place for dealing with general emergencies. All staff should know what action to take and receive updates at least annually. In the event of a medical emergency, staff should always call 999 and summon a qualified first aider.

Schools and settings, as employers, must have appropriate first aid provision to respond to any life-threatening medical emergencies. First aid provision should also consider non-employees, such as children and young people, or visitors and should be available both on, and off-site, for example, on educational visits. Further details can be found in First aid in schools, early years and further education (Department for Education).

Schools and settings should consider basic life-saving skills as part of their arrangements for general emergencies. Several nationally recognised organisations such as the British Heart Foundation, Red Cross and St John Ambulance offer online resources and training to aid with this (see Appendix B).

In line with Relationships Education, Relationships and Sex Education (RSE) and Health Education (DfE) all state-funded schools in England should now teach first aid as part of health education; this includes basic first aid for primary age children, and how to administer CPR and the purpose of defibrillators for secondary age pupils.

Emergency arrangements also include being prepared to continue supporting medical needs in the event of evacuation from the school or setting. Where necessary, medicines and medical devices should be removed from the school or setting during the evacuation. These arrangements should be detailed in the child or young person's risk assessment and practiced regularly.

Some children and young people may require support in an emergency resulting from their existing medical condition. Where this is the case, their IHP should clearly define what constitutes an emergency and the procedure to be followed. This is sometimes referred to as an emergency protocol.

Staff should receive regular training in the emergency procedure and any medication to be administered. It is good practice for staff to regularly familiarise themselves with this protocol.

Staff should have ready access to the child or young person's IHP and any supporting information, know where this is kept and be able to pass this on to the emergency services, should an ambulance need to be called. This is often known as a 'grab pack'.

Parents or carers should be informed of an emergency as soon as is reasonably possible.

If necessary, an ambulance should always be called; staff should not take children or young people to hospital in their own vehicle. If a parent or carer cannot be contacted to accompany their child to hospital, a member of staff should go with them and remain there until a parent or carer arrives.

Staff cannot give consent for any medical treatment in hospital, as they do not hold parental responsibility. Hospitals have their own policies about treatment for medical emergencies where parents or carers cannot be contacted. Staff, however, should be aware of any religious or cultural wishes of the family (e.g. about blood transfusions) and inform hospital staff of these.

## Emergency salbutamol

Salbutamol inhalers for asthma must only be administered to the child or young person for whom it has been prescribed.

However, schools are now able to buy salbutamol inhalers for use in emergencies, such as an inhaler being lost, broken or empty. This prevents unnecessary trips to hospital and potentially, saves lives.

Schools must obtain written parental consent to administer emergency salbutamol inhalers, in advance.

Full details on this process can be found in Guidance on the use of emergency salbutamol inhalers in schools from the Department of Health.

If schools choose to hold emergency salbutamol inhalers, they should establish a policy for their use. This can be included within the 'Supporting children and young people with medical conditions' policy.

## Emergency adrenaline auto-injectors

Schools can purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children and young people who are at risk of anaphylaxis but whose own device is not available or not working.

Emergency AAI devices can only be administered to children and young people at risk of anaphylaxis, where both medical authorisation and written parental consent has been provided.

Schools must continue to call 999 without delay if a child or young person appears to be experiencing a severe allergic reaction (anaphylaxis) even if they have already used their own AAI device, or the emergency AAI.

Full details on this process can be found in Guidance on the use of adrenaline auto-injectors in schools from the Department of Health.

If a school chooses to hold emergency AAI devices they should establish a policy for their use. This can be included within the 'Supporting children and young people with medical conditions' policy.

## Automated external defibrillators

An Automated External Defibrillator (AED) is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. AEDs should be used as part of a 4-stage chain of survival which can drastically increase the likelihood of a person surviving a cardiac arrest. **The stages are:**

1. Early recognition and calling 999
2. Early CPR
3. Early defibrillation
4. Early post-resuscitation care

Schools are advised to consider purchasing an AED as part of their first-aid equipment. Automated external defibrillators (AEDs): A guide for schools (DfE) provides further information about this.

The DfE have recently announced plans to provide all state-funded schools with a defibrillator by the end of 22/23 academic year if they do not already have one. Further details of the rollout and device specification will be confirmed by the DfE in the autumn term 2022.

# School transport



Some children and young people with medical conditions will be provided with transport to and from their school or setting by Dorset Travel.

## Emergency arrangements

All drivers employed or contracted by Dorset Travel are trained in first aid and can respond to emergency situations. In an emergency the vehicle is stopped and 999 called immediately.

Medication will not usually be administered to children or young people on transport. However, in circumstances where there is a significant risk to a child or young person's health requiring an immediate response in an emergency, Passenger Assistants (PAs) will be employed and trained to administer emergency medication. The PA will inform the parent or carer and the school of any medicines administered.

Parents or carers, and schools and settings should inform the PA if emergency medication has been administered within the previous 12 hours.

## Information sharing

Schools and settings are encouraged to share the child or young person's IHP with the PA and Dorset Travel, with the consent of the parent or carer. If appropriate, the PA could be involved in the development and review of the IHP. Dorset Travel can choose to adopt the IHP or develop it into a transport healthcare plan if preferred.

## Transporting medicines

Ultimately, it is the parent or carer's responsibility to ensure that any medication required on transport or at the school or setting is provided to them.

Where transport is provided, the PA may need to administer medication (as stated in the IHP) or deliver the medication to the school or setting. Dorset Travel will support this, but each case will be risk assessed. If agreed, the medication to be transported will be added to the route schedule and the parent or carer will be asked to sign a consent form.

On transport, medication will be stored by the PA and out of the reach of other children. Medication will be transported in a clear, portable, and preferably, locked container. The exception to this will be medicines that need to be kept within easy reach, such as asthma inhalers. Medicines will be delivered to the school or setting office by the PA. A signature will be required to confirm delivery of the medication.

Schools and settings should keep records of any medication handed over to a PA for return to the parent or carer. The PA will obtain a parent or carers' signature to confirm receipt of the returned medication.

Children and young people who are competent to do so, can carry their own medicine on transport and should be encouraged to do so, to increase their independence. This will be recorded on the route schedule.

Further guidance on the processes outlined above can be obtained from Dorset Travel.

# Transition



Transition to the next school or setting should be planned well in advance. Both the feeder and receiving school or setting should be proactive in this process.

The feeder school or setting should gain parental consent to share the child or young person's IHP with the receiving school or setting as early as possible.

The receiving school or setting should seek information from the feeder school or setting, begin planning the child or young person's support and arrange appropriate staff training in good time.

It is recommended that a planning meeting is held in the spring or summer term prior to transfer. This meeting should involve both schools or settings, the parent or carer, the child or young person and any relevant healthcare practitioners.

The meeting should focus upon updating the IHP for use in the new school or setting and reassuring the family that appropriate support will be in place. If training has not already been discussed, it should be determined at this meeting. Where necessary, the receiving school should also begin drafting a risk assessment at this meeting, with input from those who already know the child or young person.

# Ensuring access to education

Absences due to medical conditions can affect educational attainment. Schools and settings should ensure that a child or young person returning following a period away is properly supported so that they don't fall behind in their learning.

**Schools and settings can be flexible in how they support absences from school and could consider:**

- providing handouts for any lessons missed
- recording lessons
- offering catch up sessions
- lowering homework expectations
- investigating the use of ICT and online learning

Dorset Council is committed to ensuring children have access to an education and has purchased a number of AV1 distance learning robots for schools to hire. They sit in the classroom in the place of a child or young person and live stream the lesson to a device in the home. The AV1 distance learning robots were developed specifically to support pupils who cannot attend school due to medical conditions. They enable them to continue to take part in school life, even when they are physically unable to attend.

Some children and young people can be absent from school for extended periods due to their medical condition. Schools should ensure that they:

- have a written policy for ensuring a good education for pupils who are unable to attend due to a health need
- identify and monitor absences for medical reasons
- provide work to undertake at home for absences of less than 15 days (where the child or young person can manage this)
- maintain contact with the child or young person
- follow relevant advice from Dorset Council
- allow teachers and other staff to access relevant records and information about the child or young person
- monitor and support the progress of absent children and young people
- work in a proactive manner to support the child or young person's return to school

Dorset Council will follow its legal duties in line with Ensuring a good education for children who cannot attend school because of health needs (DfE) towards pupils who cannot attend school for more than 15 days due to a medical condition.

# Links to Education, Health & Care (EHC) Plans

Having a medical condition does not automatically mean a child or young person has a special educational need.

A child or young person has a special educational need if they have a learning difficulty or disability which calls for special **educational** provision to be made for them. The Special Educational Needs and Disability (SEND) Code of Practice (2015) defines special **educational** provision as provision that is 'different from or additional to' that normally available to those of the same age.

In line with the Special Educational Needs and Disability (SEND) Code of Practice (2015), schools and settings are expected to implement a graduated approach towards meeting special educational needs. They should only apply for an Education, Health and Care (EHC) needs assessment where 'despite having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, they have not made expected progress'.



Additionally, the Local Authority will only agree to start a EHC needs assessment where it is felt likely that the special educational provision required is in accordance with an Education, Health and Care (EHC) Plan. Further information is available on Dorset Council's SEND Local Offer.

Most children and young people with medical conditions require support in their school or setting to manage the medical procedures or care associated with their medical condition. They do not usually require special **educational** provision. As such, they are unlikely to need an EHC needs assessment, or to be issued with an EHC Plan.

Schools and other settings should use their existing funding to support children and young people with medical needs without an EHC Plan, as they would support children and young people with SEND.

Where a school or college feels that the support required to successfully manage a medical condition is beyond that which they would normally be expected to provide, they should discuss this with the Physical and Medical Needs Service. Early years settings can discuss this with their Early Years Support and Advice Officer.

# Confidentiality and data protection

Schools and settings should ensure that IHPs are easily accessible to all staff who need them whilst also preserving confidentiality.

When developing an IHP, schools and settings should obtain consent from the parents or carers to share this with relevant staff. This could include teaching staff, library and office staff, and lunchtime assistants. It could also include Dorset Travel and a Passenger Assistant, or paramedics. Sharing of information is often done through a privacy notice.

Medical information about a child or young person, including their IHP, must not be 'on view' within a school or setting. Such personal information must be held securely and confidentially. This is a requirement of the General Data Protection Regulation (GDPR) UK.



Paper copies of IHPs and 'grab packs' must be kept in locked cabinets or filing systems whilst ensuring they are easy to access in emergency situations. Electronic IHPs must also be kept securely.

Schools and settings should establish systems that prevent misuse, accidental loss, or wrongful disclosure of such personal information. Particular care should be taken if IHPs must be taken out of the school or setting, for example, on trips.

Schools and settings can find more information about the GDPR via the Information Commissioner's Office (ICO) website.

# Insurance

All schools and settings must have appropriate insurance that reflects the level of risk associated with supporting children and young people with medical conditions. This is to ensure that legal and financial protection is available in the event of a claim against staff.

Typically, Liability Insurance provides cover in relation to the administration of medicines, simple non-invasive medical procedures (including management of Type 1 Diabetes) and first aid or emergency treatment. For most schools and settings, Liability Insurance will be suitable for their needs.



However, Medical Malpractice Insurance will usually be required for any complex or invasive health care procedures, e.g. those that fall outside of the above definition for Liability Insurance. This includes tracheostomy care, gastrostomy care and catheter management.

Medical Malpractice Insurance provides cover in instances where an employee, the school or setting, or the local authority are deemed to be negligent when carrying out health care procedures.

Dorset Council organises insurance for maintained schools and settings. Whilst this automatically provides Liability Insurance, schools and settings must inform Dorset Council if Medical Malpractice Insurance is required. Academies and other settings must arrange their own insurance, including Medical Malpractice Insurance. Academies can choose to become a member of the DfE's Risk Protection Arrangement (RPA) if they wish.

Schools and settings should ensure that any requirements of their insurance cover are made clear to staff and complied with. **Usually, employers and employees' liabilities are covered where all the following apply:**

- medicines are administered as prescribed or advised by a medical practitioner
- the required medical support has been detailed in an IHP and has been agreed by a relevant healthcare practitioner
- written parental consent has been obtained for any medical procedures being undertaken or any medicines administered
- employees undertaking such tasks have completed their training and achieved the competency standard specified in the IHP (with records kept of all training)

The school or setting's policy for supporting children and young people with medical conditions should set out the details of the insurance arrangements which cover staff providing support.

# Appendix A : **Health contact details**

## School Nursing Team (Dorset Healthcare)

01929 557558
dhc.snadmin.hub@nhs.net
www.dorsethealthcare.nhs.uk/school-nursing

## Children's Community Nursing Team - Dorset County Hospital

01305 254279
ccndorchester@dchft.nhs.uk

## Children's Community Nursing Team - Poole Hospital

0300 019 8279
CCN@uhd.nhs.uk
www.uhd.nhs.uk/services/children/community-nursing/childrens-community-nurses

# Appendix B : **Training and resources**

## Legal duty to support medical conditions

Administration of Medication in Schools (EduCare in association with SAPHNA)

Medication Awareness Training for Schools (iHASCO)

Working collaboratively to keep children with medical conditions safe in school (Health Conditions in Schools Alliance)

## Common medical conditions

Asthma at school and nursery (Asthma UK)

Asthma awareness training (Supporting Children's Health - Education for Health)

Eczema and school (National Eczema Society)

Digibete Type 1 Diabetes Platform (Digibete)

Type 1 Diabetes Training (JDRF – Children & Young People's Diabetes Network)

Support for schools (Epilepsy Action)

Supporting young people with epilepsy: a guide for schools (Young Epilepsy)

Making schools safer project and AllergyWise for schools (Anaphylaxis Campaign)

Help at school (ERIC – The Children's Bowel and Bladder Charity)

Cancer and School Life (CLIC Sargent)

Supporting your pupil after a cancer diagnosis (Children's Cancer & Leukaemia Group)

Life with cystic fibrosis: pre-school and primary school and secondary school (Cystic Fibrosis Trust)

# Appendix B : **Training and resources**

## First aid and basic lifesaving skills

First aid in schools, early years and further education (Department for Education)

Health protection in schools and other childcare facilities (Public Health England)

CPR training in schools (British Heart Foundation)

First Aid in Schools (St John Ambulance)

## Mental health and wellbeing

Resources for professionals and volunteers (MindEd)

Young people's mental health (Royal College of Psychiatry)

Parenting and family support (Family Lives)

Supporting you to work better with young people (Young Minds)

HeadEd – Supporting teenage mental health (Stem 4 Education)

Resources for schools (Anna Freud National Centre for Children and Families)

Mental health in schools: make it count (Mental Health Foundation)

Mental Health Support Teams in Schools (Child & Adolescent Mental Health Service (CAMHS) Dorset)

CAMHS Gateway (Child & Adolescent Mental Health Service (CAMHS) Dorset)

Mental health and behaviour in schools (Department for Education)

Counselling in schools (Department for Education)

Promoting children and young people's emotional health and wellbeing: a whole school and college approach (Public Health England with the Department for Education)

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