The Dales School
North Yorkshire

# Health & Safety Supporting pupils with medical conditions

**Including:**

- **Medication management**
- **Poorly children**
- **Ensuring good education for children who cannot attend school due to health needs or medical conditions**

# Appendix 12

Person responsible: Ann Marie Ellis
Adopted and reviewed by school: October 26
Next Review date – October 27

**Appendix 12: The Dales School Policy on Supporting Pupils with Medical Conditions**

## General Statement

Our school welcomes and supports children and young people (CYP) with medical (in terms of both physical and mental health) and health conditions. We aim to include all CYP with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equalities Act 2010.

**In addition to this school policy we also use the more detailed North Yorkshire 'Guidance for Supporting Children and Young people with Medical Conditions in School Feb 2015'**

We have a responsibility to **plan ahead** for pupils with medical conditions who may enroll for our school in the future and we do this by:

- Having some staff who have the duties of administering medicines and undertaking health care procedures written into their job descriptions.
- Ensuring other staff are aware that they may volunteer to do these duties and that they also have responsibilities in emergency situations.
- having record keeping procedures in place for administering medication
- having storage facilities in place for medication
- having identified a suitable area within school for undertaking health care procedures
- having suitable toileting facilities for CYP which are clean, safe and pleasant to use
- Having flexible policies which take into account medical conditions e.g. we do not refuse access to the toilet at any time to any CYP with a medical condition that requires this.
- appointing a member of staff to be our Named Person for medical needs
- following NYCs Policy & Procedures for supporting children at school with medical conditions and children who cannot attend school because of health needs

## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (HCP)
- Working collaboratively with NYC and Health Services

**The named person with responsibility for implementing this policy is Ann-Marie Ellis**

## 2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

It is also based on the Department for Education's statutory guidance on Supporting Pupils with Medical Conditions at School.

It has been written alongside NYC's Policy & Procedures for supporting children at school with medical conditions and children who cannot attend because of health needs.

## 3. Roles and responsibilities

### 3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions and in doing so to ensure that all pupils can access and enjoy the same opportunities at school. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2 The Headteacher

The Headteacher will:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including CYP, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, Healthy Child Nurse, other relevant health services, parents and governors.
- Ensure CYP confidentiality.
- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (HCP), including in contingency and emergency situations
- Take overall responsibility for the development of HCP
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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 systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure all supply staff and new teachers know and implement the medical conditions policy.
- Will ensure any staff who are to undertake procedures of a clinical nature must receive their training from a registered health professional.
- Ensure that all staff who need to know are aware of a child's condition
- Contact the Growing Healthy 0-19 Service for advice, consultation and support for children and families with Emotional Health & Resilience needs.
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place
- Check medication held in school (frequency) for expiry dates and dispose of accordingly
- Quality assure record keeping.

### 3.3 Staff

All staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand and implement this policy
- Know which CYP in their care have a medical condition.
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Be aware of CYP with medical conditions who may be experiencing bullying or need extra social support
- Ensure all CYP with medical conditions are not excluded unnecessarily from activities they wish to take part in
- Ensure CYP have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines.

Those staff who support pupils with medical conditions will receive sufficient and suitable training in order to achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs support.

**3.4 Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs; telling school if their child has or develops a medical condition by immediately informing in writing if there are any changes to their child's condition or medication.
- Administer medication and undertaking health care procedures out of school hours wherever possible
- Be involved in the development and review of their child's HCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the HCP e.g. provide equipment and ensuring they supply school with correctly prescription labelled in date medication.
- Provide up-to-date emergency contact details and be contactable at all times
- Keep their child at home if he/she is unwell/infectious and free from sickness and diarrhea for at least 48 hours
- If their child is absent from school for medical reasons, be involved with school/other educational provider and health professionals to enable continuity of education during the period of absence and to draw up reintegration plans.
- Provide written consent for any health care procedures that, following consultation with parents/carers the school has agreed to undertake.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional

Parents who do not provide this support should be aware that we may not be able to fully support their CYP's medical condition in school.

**3.5 Pupils**

Wherever possible, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their HCP. They are also expected to comply with their HCP.

Self-administer medication under staff supervision, if it is felt appropriate and agreement is given between school and parents.

In addition, where appropriate, pupils should:

- Treat other CYP with and without a medical condition equally
- Tell their parents, teacher or nearest staff member when they or another CYP is not feeling well. We remind all CYP of this on an annual basis (in assembly)
- Treat all medication with respect
- Know how to gain access to their medication (includes emergency medication)

### 3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition.

**The school nurse will**

- Give training to school staff on appropriate medical training and the administration of medicine as required for individual pupils.

Where necessary a pupil will have a feeding and drinking plan written by Speech and Language.

## 4. Equal opportunities

Our school is clear about the need to actively support all pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals may be consulted.

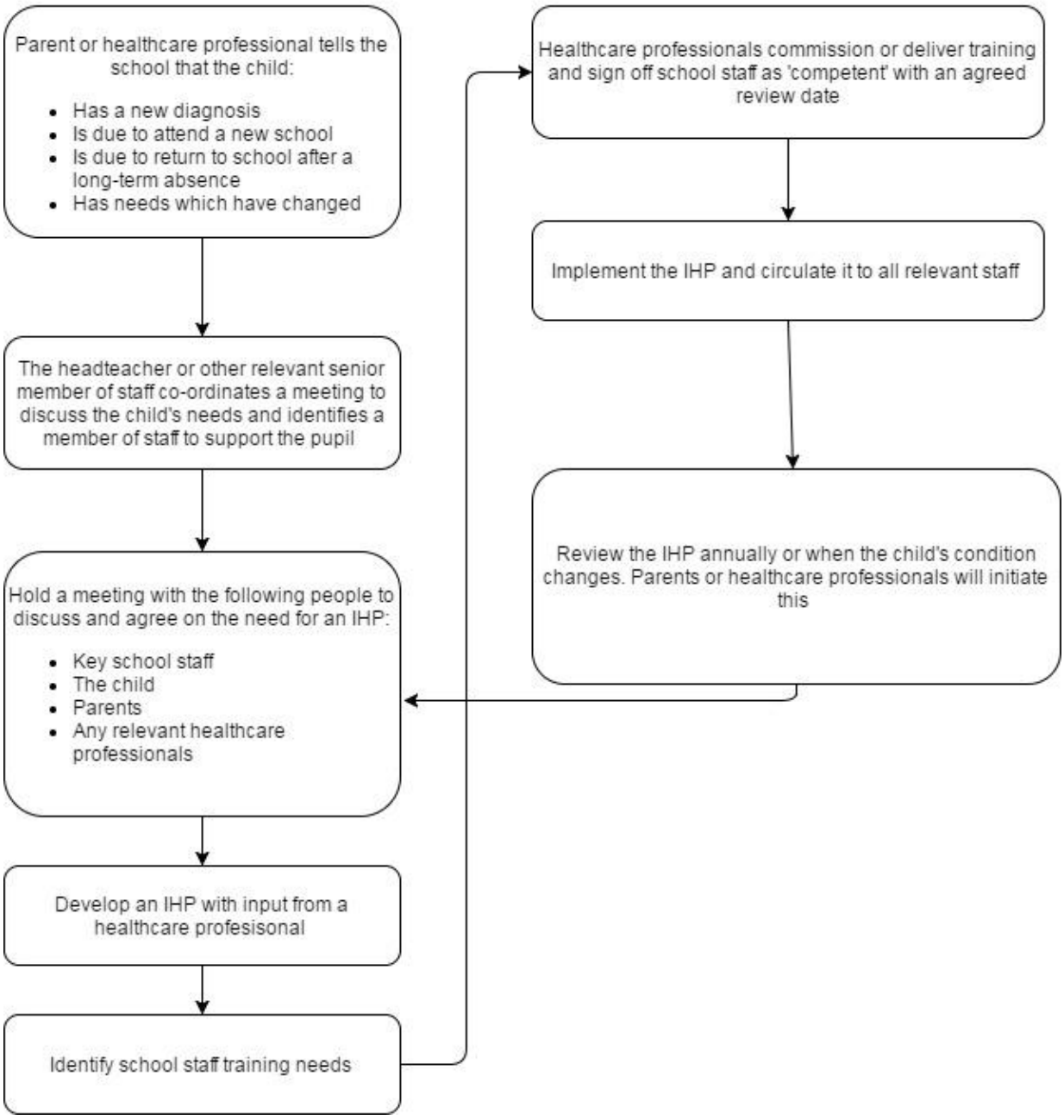
## 5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an HCP.

Whatever the route the Headteacher / named person must be informed as soon as possible. They must then:

- Seek further information about the condition
- Determine with the support of parents and relevant health professional whether an Individual Healthcare Plan is required
- Identify any medication / health care procedures needed
- Identify any aspects of a CYPs care they can manage themselves
- Identify which staff will be involved in supporting the CYP
- Identify what, if any, training is needed, who will provide this and when
- Identify which staff need to know the details of the CYPs medical condition and inform them as appropriate
- Ensure parent/s written permission is received for any administration of medication

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.




## 6. Healthcare plans (HCP)

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires a HCP. NB Please note that the HCP would normally cover everything that would be covered in a Risk Assessment so it is unlikely that a separate risk assessment would be required.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be kept according to NYC guidance & the requirements of the UK GDPR. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an HCP. It will be agreed with a healthcare professional and the parents when an HCP would be inappropriate or disproportionate. This will be based on clinical evidence. If there is not a consensus, the headteacher will make the final decision. Any decisions made and the reasons for them must be adequately recorded and the information shared with parents unless there is a safeguarding concern.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

HCP will be linked to, or become part of, any Education, Health and Care Plan (EHCP).

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the school nurse will consider the following when deciding what information to record on HCP:

- 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,
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- Medication detailed in a pupils HCP must be sent into school on a termly basis; when medication arrives in school staff must check this off against the pupils HCP and use this as authorization of administration

We send completed and signed Individual Health Care Plans electronically to: insurance@northyorks.gov.uk . This includes Individual Health Care plans detailed using the NYC template or any other format.

## 7. Emergency procedures

We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill-managed or misunderstood.

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' HCP will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

If a CYP needs to be taken to hospital, an ambulance will be called and, if parents are not available, a member of staff will accompany and school will phone the parent/s to meet the ambulance at hospital. The member of staff will stay with the CYP until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent.

Staff will not take a CYP to hospital in their own car unless it is an absolute necessity.

## 8. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of HCP. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the HCP
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Any member of staff who is trained but feels unable to carry out these duties competently (for example due to having an injury/condition themselves or due to further training being required) must report this as soon as possible to the Headteacher who will make appropriate arrangements.

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

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Training is arranged by the school nurse in liaison with LMT. As a core training requirement, all class-based staff need to ensure that they attend training and updates on:

- Epilepsy
- Anaphylaxis
- Buccal Midazolam and VNS
- Medicines Management
- Hand-washing
- Gastrostomy Care
- Oral suction
- Dystonia awareness

It is the professional duty of all staff to retain individual training records and to ensure that their training is kept up to date.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the Headteacher / named person will determine this.

## 9. Managing medicines

We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a CYPs health. For example if a medicine is required three times a day, it may be possible to adjust administration times so that does can be given before school, after school and at bedtime, where this does not conflict with the treatment.

- We will only accept medication that has been **prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber and are in-date, labelled and provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date and be clearly labelled with the name of the person for whom it is prescribed, the date of expiration, and the dosage.

Prescription medicines will only be administered at school for anyone under the age of 18; for students over the age of 18, school will consider administration of non-prescription medications:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

**Our staff will**

- Ensure that the health & safety of pupils and staff is properly controlled when it agrees to administer any medicines, through implementing this guidance on the safe administration, storage of medicines and return unused and out of date medicines to parents.
- Only accept medicine into school in their original container as dispensed by a pharmacist/chemist in accordance with the prescriber's instructions.
- Only store, supervise and administer medicine that has been prescribed for an individual pupil.
- Only undertake a request to administer a prescribed medicine when there is a written agreement and consent form from parent/carer and school are in agreement. This must also be signed by a Designated Safeguarding Lead
- The school will only undertake a request to administer a prescribed medication when the school is insured to do so
- The school will ensure staff have undertaken any required training.
- Send home all medication at the end of every ½ term and Inform parents when supply of medicine needs replenishing / disposing
- Ensure two trained members of staff check and sign when medication is administered.
- Only administer medicine where there is written agreement between school and the parents - 'Request to Administer Medicines' Form
- Ensure medicines are stored in accordance with product instruction, and in the original container in which dispensed.
- Ensure medicines are stored within a locked cabinet, securely locate fridge (in office) and locked bag on trips out of school. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. They will be kept in a safe place, out of reach of other pupils.
- Administer medication according to guidelines/Health care plan.
- Record all administration of medicine as per guidelines using medication form.
- Dispose of any unused or out of date medication by returning the container to parents.
- Will keep the key for medicine cabinet safe and out of pupil's reach
- Record when medicine comes in / goes out of school (staff, parents and escorts to sign)

Parents will:

- Inform school of any changes to the administration of their child's medicine in writing
- Be responsible for the disposal of unused or out of date medication
- Completing the necessary paperwork e.g. form to be completed and signed by parent/carer to request/consent to administer in school

All medicines will be stored safely. Where appropriate, pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. Where pupils are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell staff what they need. However, this does not replace staff vigilance in knowing and responding to when a child requires medication

- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent.

- Some medicines require staff to receive specific training on how to administer it from a registered health professional.

All trained staff will be issued with a medicine cabinet key; each class has access to at least one medicines cabinet. There is also a fridge in the office if medication needs to be securely refrigerated.

We encourage all CYP to manage as much of their own needs as is appropriate. The Headteacher / named person will determine after discussion with parents whether a CYP is competent to manage their own medicine and procedures. Where a CYP has been recently diagnosed, or has an additional disability/condition e.g. visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible.

We aim for our CYP to feel confident in the support they receive from us to help them do this.

**9.1 Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Staff medication must be kept locked up in their lockers.

**9.2 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's HCP, but it is generally not acceptable 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children 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 HCP
- 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 absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent 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 their child
- Administer, or ask pupils to administer, medicine in school toilets

**9.3 Transfer of medication within school setting**

Only under extenuating circumstances, with express agreement from the Headteacher or the Deputy Headteacher, will allowances be made which might require the Leadership and Management Team to take responsibility for a locked medication bag for a short period of time. This may be, for example when the short break provider has been closed overnight and a pupils medication bag arrives at school some minutes before the staff member from the provider is able to come to school to collect it.

### 9.4 Managing medicines on trips and outings

- Staff accompanying pupils who require medication must be trained to administer medication – the medical needs and the person trained to administer them should be identified on the offsite risk assessment.
- Medication must be stored in a locked rucksack and staff should know how to access this
- Copies of required pages of HCP that detail information on how and when to administer medication should be carried within the locked rucksack
- Medication should be signed in and out of school
- Staff seek information about any medical / health care needs which may require management during a school trip. This is specifically relevant for residential visits when CYP may require medication / procedures that they would not normally require during the school day.
- A risk assessment which includes how medical conditions will be managed in the trip, will be required and staff are aware that some CYP may require an individual risk assessment due to the nature of their medical condition.
- Medication should only be transported in the original packaging with original label
- Controlled Drugs (CDs sent out on trips should be in the original container, with a pharmacy dispensing label, including the child's details & medication details. Smaller volumes should be used to transport CD's out on trips, (this reduces the risks associated with taking larger volumes of CD's out of school). (CD's in liquid form can be transported in the same way as described above) The stock must be checked out & recorded on the CD record in the presence of the person who will be administering the medication & the transcriber, if transcribing takes place. Medication & documentation ( Forms med 1 and 2, appendix 2) should be stored in the child's school bag during the trip but returned to safe locked storage within school on return.

### 9.5 One off medication if pupil has NO health care plan

**Non-prescribed** medication can only be administered in a school/setting where it is absolutely essential to the CYP's health and where it cannot be taken out of the schools/settings hours.

When non-prescribed medicine in administered it must have prior written parental consent form and a record of administration form must be kept.

All non-prescribed medication is managed in the same way as prescribed medication and can only be administered where the school is insured to do so i.e. checking the packaging, expiry date, dosage, administration instructions, correct storage etc.

School will only administer non-prescription medication only when related to mild skin irritation or mild pain relief. Where a pupil is capable of expressing symptoms that develop during the school day (eg headache/period pain/hay fever) and where they are not suggestive of any new or continuous complaint/infection, parents will be phoned. All administering of future medication must be preceded by a phone call to parents. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken

Non – prescribed medication should be provided by the parents. Schools/setting should not routinely hold their own stocks of medication.

We will not give **Aspirin** to any CYP under 16 unless it is prescribed

### 9.6 Refusal

If a pupil refuses to take their medication school staff will note this on the administrations of medication record, and report via CPOMS. Parents will be informed as soon as is reasonably possible so that they can make alternative arrangements

### 9.7. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

HCP are kept in a readily accessible place which all staff are aware of.

All these records will be kept securely and in accordance with NYCs Records Retention and Disposal Schedule & the requirements of the UK GDPR. All electronic records will be password protected

**Overview of medicine protocols**

| | **Prescribed Medication** | **Prescribed mediation as part of a HCP** | **Non-Prescribed medication – Bonjela - Sudocrem - Ibuprofen** |
|---|---|---|---|
| **Examples of:** | • Antibiotics<br>• Pain relief for period pains<br>• Antihistamines for hay fever | • Painkillers for specific named conditions<br>• Asthma inhalers<br>• Epilepsy medication<br>• Muscle relaxants | • Paracetamol for period pains<br>• Hay fever medication<br>• Emollient cream for dry skin |
| **When should these be brought into school?** | As required | Each half term | As required |
| **Should they be locked away?** | Yes | Yes | Yes |
| **Is Parent written consent required** | Yes – as required, but at least annually | Yes annually when HCP is reviewed or when medication changes | Yes |
| **Permissions** | Permissions form which can be downloaded from website or use the copy in the pupil planner | Agreed in HCP - If meds change HCP updated | Permissions form can be downloaded from website or the copy in the pupil planner form can be used. |
| **Who can sign medication into school?** | Anyone who has had the training - at the Dales School this would include Teacher, HLTAs, ATAs and GTAs | | |
| **Who can administer medication** | Anyone administering medication must be trained to do so. Teachers, HLTAs & ATAs are trained to do so – GTAs and PSAs can support | | |
| **Who can counter sign medication administration forms** | Anyone who has had the training including PSAs | | |
| **How do we record medication** | Before giving medication phone home and record unless specific details have been given in planner | | |
| **Staff who have access to medical cabinets** | All trained staff | | |

This guidance should be used in conjunction with 'Managing the health care needs of children and young people – information, guidance and standards for schools and settings' document. All medicines may be harmful to anyone for whom they are not appropriate. The aim of this guidance is to ensure the safe administration and storage of medicine at the Dales school.

## 10. Asthma

School staff are aware that, although it is a relatively common condition, asthma can develop into a life threatening situation.

- We have a generic asthma plan in place in school which details how asthma attacks are managed.
- CYP who have asthma will not have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions.

**Inhalers**

Inhalers should be stored in a safe accessible place agreed with school staff and documented in the child's care plan. This may be in the child's bag if it is agreed suitable and safe for the individual child and those children around them, (Asthma UK 2006). Spacer devices should be cleaned according to manufacturer's instructions but should always be labelled with child's name to protect from cross infection. They should be stored in a clean dust free environment (closed container or bag). Original packaging should be intact & must include the child's name, dispensing date, expiry date, instructions for use & dose. All emergency medication should be stored securely, but in a location that is readily accessible by appropriate staff. Asthma update 2020

**The Dales School Asthma Plan.**

The Dales School recognises that in most cases when pupils have a diagnosis of asthma they will need to take asthma medication during the school day, usually through the use of inhalers. Every effort will be made to encourage and help pupils with an asthmas diagnosis to participate fully in all aspects of school life.

Where a pupil attends school with an asthma diagnosis the School will ensure that:

● An asthma care plan is in place.
● Pupils with capacity to do so take charge of and use their inhaler from an early age.
● Pupils with asthma have immediate or emergency access to their inhaler, and those who are able to use their inhaler themselves to carry it with them in their pocket or pouch.
● Indemnity is provided for staff who volunteer in assisting with administering medication to pupils with asthma.
● Full participation in PE and sport activities is encouraged and supported.
● Staff are aware of the procedure (below) to be followed if a pupil has an asthma attack.

Asthma Attacks

If a pupil has an asthma attack the school will follow the following procedure:

● Ensure that the reliever inhaler is taken immediately.
● Stay calm and reassure the pupil. Listen carefully to what the pupil is saying. Although it is comforting to have a hand to hold staff will not put their arm around a pupil's shoulder as this is restrictive.
● Help the pupil to breathe by ensuring tight clothing is loosened.
● Encourage the pupil to breathe slowly and deeply whilst sitting upright or leaning forward slightly. Laying flat is not recommended.
● Offer the pupil a drink of water.
● Return the pupil to class when they are better.
● Inform the pupil's parents about the attack.

Emergency Situation

Medical advice will be sought and/or an ambulance called if:

● The reliever has no effect after five to ten minutes;
● The pupil is either distressed or unable to talk;
● The pupil is getting exhausted;
● There are any doubts at all about the pupil's condition.

School will continue to give reliever medication every few minutes until help arrives.

## 11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA). Liability Insurance does cover staff when undertaking a Health Care procedure. However, if alternative or additional arrangements are required then these will be dealt with by Insurance and Risk Management on an individual case. It is therefore essential that copies of IHCPs are sent to NYC Risk Management and Insurance following parental consent. Due to the numbers of IHCPs, CYPS Insurance and Risk Management will only contact a school if they have a query or if they think additional cover may need to be taken out. If schools require a receipt for their message they should add a tag for this.

**NYC maintained schools** must send completed and signed IHCPs electronically to:

InsuranceAndRiskManagement@northyorks.gov.uk

Additional insurance may need to be taken out for specific procedures and the Headteacher will ensure relevant staff are able to access a copy of the insurance policy.

## 12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher resolve the matter, they will direct parents to the school's complaints procedure available on the School's website.

## 13. Data protection

We will only share information about a medical condition with those staff who have a role to play in supporting that child's needs. In some cases eg allergic reactions, it may be appropriate for the whole school to be aware of the needs. We will ensure we have written parental permission to share any medical information.

Refer to the school's obligations under the UK General Data Protection Regulation (GDPR) and set out how the schools privacy notice include the basis upon which health information for pupils is shared as this is special category information and additional safeguards apply. The policy must also set out how all staff who have access to the medical records will receive training regarding their duties under the Data Protection legislation and in particular the UK GDPR duties regarding special category data.

## 14. Home to School Transport

Parents are responsible for informing SEN transport or Integrated Passenger transport if their child has a medical need that they may require assistance with during the journey to and from school.

## 15. Dignity and Privacy

At all times we aim to respect the dignity and privacy of all CYP with medical conditions we do this by only sharing information with those who have a role in directly supporting the CYPs needs.
We are considerate when giving / supervising medication / managing health care needs.

## 16. Physical Environment

We have an accessibility plan which outlines how we aim to develop our facilities and staffing to meet potential future health care needs e.g. improved physical access, improved toilet facilities.

## 17. Poorly children

Due to the vulnerability of many of our pupils, the school follows a strict approach with any child who is unwell (that is not part of their health care plan) and they should not be in school. Any child who does come to school unwell or presents as unwell during the school day will be supported appropriately and parents/carers contacted to collect them. School has a duty of care to all pupils and staff and ask that all stakeholders support us in this.

## 18. Supporting children with health needs who cannot attend school.

Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority.

Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough. We understand that we have a continuing role in a pupil's education whilst they are not in school and will work with the LA, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

Children who are unable to attend school because of their medical needs may include those with:

- Physical health issues (this includes post-operative recovery)
- Physical injuries
- Mental health problems, including anxiety issues
- Emotional difficulties or school refusal
- Progressive conditions
- Terminal illness
- Chronic illness

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. Regular contact with parents carer will be made to discuss suitable arrangements for working from home or hospital. Arrangements could include sending work and resources home or attendance at virtual lessons. As far as possible the pupils will be able to access the curriculum and materials that they would have used in school.
Where a pupil has long-term health issues, the pattern of illness can be unpredictable, flexibility and responsiveness will be needed. Where an absence is known in advance, for example where a pupil is going into hospital for a procedure, then planning and discussion with the family can take place ahead of any absence.

Appendix A (The Dales School management of hospital and long term absence & return to school form) is used to keep a record of long-term absences in identifying how all professionals are supporting that family. It will also be used to ensure that everything is in place for their return to school, ensuring all parties have been fully consulted and risk assessment, equipment and necessary training in place. Each reintegration back into school is likely to look very different and will be personalised to the needs of each pupil.

Whilst a pupil is away from school, the school will ensure that the family and pupil will still have access to the following:

- School newsletters
- Emails
- Invitations to school events
- Tapestry

**The Medical Education Service (MES)**

If the school can't make suitable arrangements, The Local Authority will become responsible for arranging suitable education for these children. Within NYC the school can request support from the Medical Education Service (MES) team who provide short-term education to help schools and settings to provide continuity in education when a child or young people has been absent from school for 15 days or more due to a physical or mental health need. The medical education service is not an Alternative Provision nor a long-term solution. If it is likely that a child or young person will

be out of education for a long period due to a medical need further discussions will take place between the school and the Local Authority regarding a longer-term plan.

**Who are the children and young people supported by the service?**
Children referred for support from the MES will be assessed on the following criteria:

- A resident in North Yorkshire
- Aged 5-18 years or up to 25 years if they have an EHC Plan
- A health condition which is the reason they are unable to attend school
- Currently receiving specialist help and support from a recognised health professional.
- Evidence from the health specialist, delivering the help and support which describes what the child or young person can do from an educational perspective.
- Children must have been absent from school for 15 days or more (one off or cumulatively) due to their medical condition
- The request has been discussed with parents/carers and signed consent has been obtained from those with parental responsibility or from a young person themselves, where they are considered to be competent and are over 16 years of age.

**School responsibilities**
Schools have a statutory duty to make the necessary arrangements to provide ongoing education for children who, due to their medical condition, are unable to attend school for a period of time. Schools are responsible for making adjustments so CYP can access education.

If the MES service is used, schools are responsible for:

- Making a request to the Medical Education Service if a CYP has 15 days of absence, consecutive or accumulative, due to a medical need and school are unable to offer an education the CYP can access
- Keeping in contact with the CYP and their parents/carers even though they may not be attending school. The CYP remain on the roll of the school and therefore it is crucial the CYP continues to feel a part of the school even though they may not be on site.
- The organisation of regular review meetings between school, health, MES and parents/carers.
- Ensuring the CYP have the appropriate resources to be able to engage in the offer of education made by school and or the MES and this may include a laptop, tablet, access to the school's online platform or any other resources needed.
- Ensuring they have an Individual Health Care Plan (IHCP) in place for all children with medical needs and this needs to be completing alongside health and parents/carers.
- Maintaining safeguarding responsibility for the CYP. If a CYP does not attend the offer of education made by the MES and the school it is fundamental that school visits the CYP at home as part of the wellbeing check. The MES will inform the school's safeguarding lead of any concerns.

- Where a CYP is open to the MES the head teacher will:
  - Identify a named school contact to liaise directly with the MES
  - Ensure the named contact arranges regular Pupil Reintegration Education Plan (PREP) meetings in a timely way
  - Ensure the CYP's teachers liaise directly with the MES & share appropriate resources (laptop/schemes of work/lesson plans etc) prior to provision from the MES starting
  - Arrange an appropriate space in school for the CYP to have provision from the MES
  - Ensure school is in regular contact with the CYP and parent/carer
  - Maintain safeguarding responsibility & identify the Designated Safeguarding Lead (DSL)
  - Enter the CYP for exams & arrange access & invigilation arrangements
  - make arrangements for EHCARs and EHCP Reviews where appropriate
  - facilitate career interviews
  - be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school

- Support transitions

If a child is open to the Medical Education Service (MES) the CYPS's teachers will:

- Liaise directly with the MES
- Share schemes of work, lessons plans & resources with the MES in a timely manner prior to the provision starting
- Moderate & standardise work completed by the CYP at least once a term

**Legislation and guidance**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Education Act 1996
- Equality Act 2010
- Data Protection Act 2018
- DfE (2013) 'Ensuring a good education for children who cannot attend school because of health needs'
- DfE (2015) 'Supporting pupils at school with medical conditions

## Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Distribution of the school medical policy

**Parents and School staff** are informed about this school medical policy via the school's website, where it is always available.

Staff are expected to read all H&S policies annually and sign their Personal Records of Development (PRD) to acknowledge that this has been undertaken.

Policy reviewed March 2025 to ensure that the following guidance was covered; Prescribing over-the-counter medicines in nurseries and schools

The Dales School
North Yorkshire

# Appendix 1: The Dales School management of hospital and long-term absence & return to school

This document will be used for any pupil who has undergone any surgical procedure (planned or emergency), or has been absent for longer than 3 weeks or has been admitted to hospital

| | |
|---|---|
| Name | |
| Name of liaison within school | |
| Names of health liaison | |
| Last date in school | |
| Reason for absence | |
| How was the school informed of this absence | |
| **Details of absence as discussed with parent/carer** | |
| Date of surgery | |
| Location (which hospital)<br>Consultant | |
| Brief description of what's involved | |
| Estimated length of absence | |
| Brief discussion on how school can support absence eg massage/art/sensory | |

CC to family & relevant colleagues
Once completed, please return to office for filing in pupil file

| | |
|---|---|
| Brief discussion on what will happen during absence eg who will contact/frequency | |
| Who else needs to be informed and who is going to do this (eg transport) | |
| Those present at the meeting/discussion between | |
| Date of meeting | |

To avoid unnecessary phone calls, please inform office of reason for absence so that this can be coded on registers. Discussion with parent on protocols of absence – maybe do a letter or instructions eg who to contact & when – understand required actions when returning to school – understand contact with teacher and when appropriate – understand support we can offer and not offer.

| **Contact/visits record** | | | | | | |
|---|---|---|---|---|---|---|
| Date | Time | Type of contact eg letter/phone call/visit | Who made contact | Brief description of what said or support provided if home visit | Further action required (eg anyone else needs to be informed) | Signed |
| | | | | | | |
| | | | | | | |
| | | | | | | |

CC to family & relevant colleagues
Once completed, please return to office for filing in pupil file

**Appendix 12: The Dales School Policy on Supporting Pupils with Medical Conditions**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Weekly feedback on progress will be required at staff meetings

CC to family & relevant colleagues
Once completed, please return to office for filing in pupil file

**Appendix 12: The Dales School Policy on Supporting Pupils with Medical Conditions**

| Returning to school, have the following been considered | | | | |
|---|---|---|---|---|
| **Discussions with:** | | **Yes/No/NA** | **Action required** | **Date** |
| Parent – protocols discussed on returning to school? | | **Yes/No/NA** | | |
| Health care manager | | **Yes/No/NA** | | |
| Class teacher/ATA | | **Yes/No/NA** | | |
| Headteacher | | **Yes/No/NA** | | |
| Consultant advice | | **Yes/No/NA** | | |
| H& S (additional RA) | | **Yes/No/NA** | | |
| School nurse | | **Yes/No/NA** | | |
| Physios | | **Yes/No/NA** | | |
| Occupational Therapist | | **Yes/No/NA** | | |
| School transport | | **Yes/No/NA** | | |
| Speech & language | | **Yes/No/NA** | | |
| Social worker | | **Yes/No/NA** | | |
| Manual Handling advisor | | **Yes/No/NA** | | |
| Other: | **Yes/No/NA** | | | |

CC to family & relevant colleagues
Once completed, please return to office for filing in pupil file

| | | | | |
|---|---|---|---|---|
| Changes to Health care plan | | **Yes/No/NA** | | |
| If yes: | **Yes/No/NA** | | | |
| | **Yes/No/NA** | | | |
| | **Yes/No/NA** | | | |
| | **Yes/No/NA** | | | |
| | **Yes/No/NA** | | | |
| Additional Risk Assessments required? | **Yes/No/NA** | | | |
| Moving and Handling programe to be updated? | | **Yes/No/NA** | | |
| Additional training for staff identified & provided | | **Yes/No/NA** | | |
| Feeding program to be updated/ training? | | **Yes/No/NA** | | |
| Behaviour support plan to be updated? | | **Yes/No/NA** | | |
| Continuous care to be provided?<br>Induction of staff to be completed before pupil returns | | **Yes/No/NA** | | |
| Additional equipment required/ready | | **Yes/No/NA** | | |
| Additional medication required – if not part of health care plan, then medication form must be completed | | **Yes/No/NA** | | |
| Infection and wounds - wounds should be closed and healed prior to return (stiches removed) | | **Yes/No/NA** | | |

CC to family & relevant colleagues
Once completed, please return to office for filing in pupil file

**Appendix 12: The Dales School Policy on Supporting Pupils with Medical Conditions**

| Once all of the above has been considered and agreed upon, then a suggested return to school date can be agreed | |
|---|---|
| Consider length of time pupil has been absent | |
| Consider how tired they are | |
| Consider impact on school eg school's ability to cope with additional manual handling/therapy/training | |
| Pain control – is it under control and pupil able to access learning | |
| Phased return – suggested pattern of days - which sessions would suit pupil best in terms of access, tiredness, impact, appropriateness, motivation? Access to offsite facilities | |
| Parents have arranged transport to school | |
| Agree contact with parents to offer feedback and review | |
| Agreed return to school date: | |
| Agreed by all parties:<br>(signed & dated) | |

CC to family & relevant colleagues
Once completed, please return to office for filing in pupil file