



Medical Needs Policy and Procedures

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Introduction

School Context

The staff at The Royal Free Hospital Children's School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe all pupils should have access to as much education as their particular medical condition allows, so the momentum of learning is maintained whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than others. We place particular emphasis ensuring the road is prepared for when children are discharged, linking up with schools, charities, social services clinical staff and other related organisations, where necessary, to guarantee the level of care is sustained, with the intended outcome of minimising further admissions.

Principles

This policy and any ensuing procedures and practice are based on the following principles:

- A clear policy understood and accepted by staff, parents and children provides a sound basis for ensuring that children with medical needs receive proper care and support in school and after being discharged. The RFHC School's policy draws on the Camden LA guidance but is amended to meet the particular needs of the school population.
- All children and young people are entitled to a high quality education.
- Disruption to the education of children with health needs should be minimised as much as is practically achievable.
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school.
- Most children with medical needs are able to attend school regularly and take part in normal activities, sometimes with some support. Staff take extra care in supervising some activities to make sure that these children, and others, are not put at risk.
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes.
- The NHS Trust, Local Authority and Governing Body work together to make sure children with medical needs and school staff have effective support.
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires.
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.
- The integration of a child into the school is part of the school's Accessibility Plan.

As a school we will not:

- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- Send children to the school office unaccompanied or with someone unsuitable if they become ill.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- Pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day.
- **Sick children**, including those who are physically ill or injured or are recovering from medical interventions.
- Children with **mental or emotional health needs**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability.

- They are protected from discrimination under the Disability Discrimination Acts (DDA) of 1995 and 2010.
- The DDA defines a person as having a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.
- The school makes reasonable adjustments for disabled children, including those with medical needs, in its practices, procedures and policies.

Roles and Responsibilities

Staff have a responsibility to ensure that all pupils at the RFHCS have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Close co-operation between school, parents, health professionals and other agencies provides a supportive environment for children with medical needs. Responsibility for child safety is clearly defined and each person involved is aware of what is expected of them.

Designated school medical needs officer

The member of staff responsible for ensuring pupils with health needs have proper access to education is the head teacher, **Alex Yates**. They will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be their responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupil inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. The Children Act 1989 introduced the concept of parental responsibility. The Act uses the phrase “parental responsibility” to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law in respect of a child.

- Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions.
- Parents are expected to keep the school informed about any changes in their child’s condition or in the treatment their child is receiving, including changes in medication.
- Parents will be kept informed about arrangements in school and about contacts made with outside agencies.
- Parents have the prime responsibility for their child’s health and should provide the school with information about their child’s medical condition.
- Parents should obtain details from their child’s General Practitioner (GP) or paediatrician, if needed. Specialist voluntary bodies may also be able to provide additional background information for staff.
- Parents should provide the Head with sufficient information about their child’s medical needs if treatment or special care is needed. Ideally, the Head should always seek parental agreement before passing on information about their child’s health to other staff.
- If a child is ‘Looked After’ by a local authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a Local Authority and gives the Local Authority parental responsibility for the child. Where there is a voluntary arrangement, the parents will retain parental responsibility acting so far as possible as partners of the Local Authority.
- It only requires one parent to agree to or request that medicines are administered. Where parents disagree over medical support, the school will continue to administer the medicine in line with the consent given and in accordance with the prescriber’s instructions.
- Parents should keep their child at home when they are acutely unwell.

School staff

Staff should be informed about the nature of a child's medical condition and when and where the child may need extra attention.

- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- Staff must familiarise themselves with the medical needs of the pupils they work with.

Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

- Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. The Head and a member of support staff are trained to manage medicines as part of their duties.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines should also be aware of possible side effects of the medicines and what to do if they occur.
- If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent make a complaint.

The Head teacher

- Is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the Head or to whoever they delegate this to.
- Is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensure that all staff are aware of a child's medical condition through up-to-date discussion of need during briefings and information accessible from the school's management information system (SIMS).
- Ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Has overall responsibility for the development of individual healthcare plans.
- Make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Will contact the school nursing service in the case of any child who has a medical condition that may require support at school.
- Ensure that all parents and all staff are aware of the policy and procedures for dealing with medical needs and that the appropriate systems for information sharing are followed.
- Will agree with the parents exactly what support can be provided. Where their expectations appear unreasonable, the Head will seek advice from the child's GP or other medical advisers.

The Governing body

- Is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented.
- Will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life.
- Will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Health Services and other Professionals

The school health service may –

- Provide guidance on medical conditions and specialist support for a child with medical needs
- Draw up individual health care plans for pupils with medical needs and supplement information already provided by parents and the child's GP.
- Advise on training for school staff on administering medicines.

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

- Any exchange of information between a GP and the school is normally with the consent of the parent or the child if appropriate.
- Community paediatricians caring for the child may provide advice to the school, in liaison with other health professionals looking after the child.
- Some children with medical needs receive dedicated support from specialist nurses or community children's nurses.

Local Authority - London Borough of Camden

- The Local Authority, as the employer, is responsible for all health and safety matters and provides a general policy framework to guide schools in developing their own policies on supporting pupils with medical needs. London Borough of Camden is responsible for commissioning school nurses for maintained schools and academies.
- Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.
- London Borough of Camden provides support, advice and guidance, including suitable training for school staff in conjunction with health professionals, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- In the event of legal action over an allegation of negligence, the employer, rather than the employee, is likely to be held responsible. Keeping accurate records is helpful in such cases. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support.

- Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- Complex medical assistance is likely to mean that the staff will need specialised training. This should be arranged in conjunction with local health services or other health professionals. A health care professional should provide written confirmation of proficiency in any medical procedure.
- The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.
- Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- If the administration of prescription medicines requires technical or medical knowledge then individual training will be provided to staff from a qualified health professional. Training is specific to the individual child concerned.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

Procedures

The school plans the admission of an able bodied or disabled pupil with medical needs so they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility.

Notification

Information about medical needs or SEN is requested on admission to the school.

- Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment.
- Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the school.
- Information supplied by parents/carers is transferred to the Medical Needs Register. A summary of the Medical Needs Register is kept inside the attendance register so that it can be referred to easily. Fuller details are given on a 'need to know' basis.
- Confidentiality is assured by all members of staff.
- Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the head teacher or SENDCo, **Siobhan Auberge**.
- Coordinating and sharing information about an individual pupil with medical needs and how to deal with an emergency is the responsibility of the Head teacher, who is the first point of contact for parents, staff and external agencies.

- Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parent/carer) suggesting a referral to a multi-disciplinary centre where a full paediatric assessment can be carried out.

Individual Healthcare Plans

The main purpose of an individual health care plan for a child with medical needs is to identify the level of help and support that is needed.

- It also identifies the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. This is written by school staff in liaison with parents, the child and the child's GP or paediatrician.
- Staff should agree with parents how often they should jointly review the health care plan.

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. A model letter inviting parents to contribute to individual healthcare plan development is provided at Appendix C.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided in Appendix D.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. A template for individual healthcare plans is provided at Appendix E.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

The Head and staff should always treat medical information confidentially. The Head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

The school is responsible for ensuring that work experience placements and KS4 provision through another provider are suitable for pupils with a particular medical condition. The school has a duty of care for all pupils and has a responsibility to assess the general suitability of all off-site provision. The school would carry out a risk assessment before a young person, with or without medical needs, is educated off-site or has work experience. This would include issues such as travel and supervision during non-teaching time or breaks and lunch hours. Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

Medicines in school

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children require medicines in particular circumstances e.g. severe allergic reactions and asthma attacks. A few children however have medical needs that require medicines on a long-term basis e.g. children with epilepsy.

Support for Children with Medical Needs

- There is no legal duty that requires school staff to administer medicines. The school has a member of staff who is appropriately trained to manage medicines as part of their duties.
- Staff managing the administration of medicines and those who administer medicines receive appropriate training and support from health professionals at the Royal Free Hospital. A system is in place to ensure that medicines are managed safely, which includes an assessment of the risks to the health and safety of staff and others, and measures are taken to manage any identified risks.
- Medical advice about each child or young person's individual needs is sought if they have complex health needs that require more support than regular medicine.

Self-management by pupils

Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. Health professionals need to assess, with parents and the child, the appropriate time to make this transition. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed on the same day so that alternative options can be considered. If a refusal to take medicines results in an emergency, the child will be taken to the RFH A&E Department, NOT the ward, so trails of treatment decisions are officially documented.

Managing medicines on school premises

- The school has information about the medical condition of any child with long-term medical needs to ensure they are adequately supported. Some medicines may affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Staff check that the medicine has been administered without adverse effect to the child in the past, and that parents have confirmed this. This is recorded in the written parental agreement for the school to administer non-prescription medicine.
- Whenever possible, parents are encouraged to arrange for medicines to be taken outside of school hours. On some occasions, it is recommended that parents/carers request 2 prescriptions; 1 for home and 1 for use in the school, avoiding the need for repackaging or re-labelling of medicines by parents.
- No child under 16 will be given prescription or non-prescription medicines without their parent's/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. A template for obtaining parental agreement for the school to administer medicine is provided at Appendix F
- Any member of staff giving medicines to a child will check the child's name, name of medicine, dosage, expiry date, method of administration, time and frequency, possible side effects and any other written instructions provided.
- If there are any concerns, staff should not administer the medicines but check with the parent/carer or a health professional before taking further action.
- Staff complete and sign a record each time they give medicine to a child.
- The school only accepts medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. These must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines are locked away until needed; they are then given to the child by a member of staff.
- Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. The school limits access to any emergency medicines that it keeps to the Head, Deputy Head and School Manager. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate container.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers will be informed.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access.
- Staff administer a controlled drug, to the child for whom it has been prescribed, in accordance with the prescriber's instructions and with a second adult present to double-check correct dosage.
- Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. A template for recording medicine administered to an individual child is provided at Appendix G. A template for recording medicine administered to all children is provided at Appendix H.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. A template for recording staff training on the administration of medicines is provided in Appendix I.
- When no longer required or any date-expired medicines will be returned to the parent to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they are taken to the RFH pharmacy for safe disposal.
- Sharps boxes will always be used for the disposal of needles and other sharps. Collection and disposal of the boxes is via the hospital.

Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection as outlined in the latest 2021 Covid Risk Assessment (Appendix L) and follow basic hygiene procedures.
- Staff should use protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Situations

- Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed.
- All staff should know how to seek help from RFH medical staff.
- All staff should also know who is responsible for carrying out emergency procedures.
- A member of staff should always accompany a child taken to A&E and should stay until a parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.

Guidance on contacting the emergency services when off-site is provided at Appendix J.

Day trips, Residential and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. When necessary, an additional adult might accompany a particular child. Arrangements for taking medicines are also taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. The majority of physical activities are sufficiently flexible for all children to participate in, according to their own abilities. Any restrictions on a child's ability to participate should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests. If the school is concerned about whether they can provide for a child's safety or the safety of other children, they will consult with parents and relevant RFH governor.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

A précis of this policy is included in the prospectus and on the school's website.

Date updated: July 2021

Date of next review: July 2024

Date approved by the Governing Body: 11/11/21

Appendix A: Common Medical Conditions

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). The school uses the guidance given in the DfES “Medical Conditions at School” Policy.

Asthma

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. There are two main types of medicines –

- Relievers (blue inhalers) and Preventers (brown/red/orange inhalers usually used out of school hours).

Epilepsy

An epileptic seizure can happen to anyone at any time, and can take many different forms. Parents and health care professionals should provide information setting out the particular pattern of an individual child’s epilepsy. If a child does experience a seizure in a school, details should be recorded and communicated to parents.

- Triggers such as flashing or flickering lights, anxiety, stress, tiredness or being unwell may increase a child’s chance of having a seizure. Most children with epilepsy can use computers and watch television without any problem.
- Support from RFH medical staff should be sought if it is the child’s first seizure, s/he has injured themselves badly, they have problems breathing after a seizure, a seizure lasts longer than the period set out in the child’s health care plan, or there are repeated seizures.

Diabetes

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child’s needs or the insulin is not working properly (Type 2 diabetes).

- The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level, and to eat regularly. Children with Type 2 diabetes are usually treated by diet and exercise alone.
- Frequent need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Hunger, sweating drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, irritability, headache, and mood changes; especially angry or aggressive behaviour may be indicators of low blood sugar - a hypoglycaemic reaction (hypo)
- Support from RFH medical staff should be sought if the child’s recovery takes longer than 10-15minutes or s/he becomes unconscious or s/he is giving off a smell of pear drops or acetone; this may be a sign of ketosis and dehydration.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

- Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
- The most severe form of allergic reaction is anaphylactic shock when there may be swelling in the child’s throat, which can restrict the air supply.

Appendix B: Legal Framework

The legal framework for schools dealing with the health and safety of all their pupils derives from Health and Safety legislation.

Staff administering medicine

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. Support staff may have specific duties to provide medical assistance as part of their contract.

Staff 'duty of care'

Anyone caring for or in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency.

Admissions

Children with medical needs cannot generally be excluded from school for medical reasons unless their being there represents a serious risk to the health or safety of other pupils or school staff. After consultation with the parents, the pupil may be sent home that day. This is not an exclusion and may only be done for medical reasons.

SEN and Disability Act (SENDA) 2001

Schools are required to take reasonable steps to meet the needs of disabled children.

LEAs and Schools

Since September 2002 schools and LEAs have been under a duty -

- Not to treat less favourably disabled pupils, without justification, than pupils who are not disabled
- To make reasonable adjustments to ensure that disabled pupils are not put at a substantial disadvantage in comparison to those who are not disabled.

Health and Safety at Work etc Act 1974

- The responsibility of the employer is to make sure that safety measures cover the needs of all children at the school.

Management of Health and Safety at Work Regulations 1999

Employers of staff at a school are required to –

- Make an assessment of the risks of activities and introduce measures to control these risks
- Tell their employees about these measures

Staff may need to take additional steps to safeguard the health and safety of children with medical needs. The employer is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these children require.

Control of Substances Hazardous to Health Regulations 2002

- Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer must ensure that the risks to the health of staff and others are properly controlled.

Misuse of Drugs Act 1971 and associated regulations

- This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs Regulations 2001 allow "any person" to administer the

drugs listed in the Regulations.

Medicines Act 1968

- Anyone may administer a prescribed medicine, with consent, to the person for whom it has been prescribed, labelled and supplied so long as it is in accordance with the prescriber's instructions. No-one other than the prescriber may vary the dose and directions for administration.
- The administration of prescription-only medicine by injection may be done by any person but must be in accordance with directions from the prescriber in respect of a named patient.

Special Educational Needs

- Section 322 of the Education Act 1996 requires local health services to provide help to a LEA for a child with SEN (which may include medical needs) unless the health services consider that the help is not necessary to enable the LEA to carry out its duties.

Appendix C: Letter Inviting Parents to Contribute to Individual Healthcare Plan

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

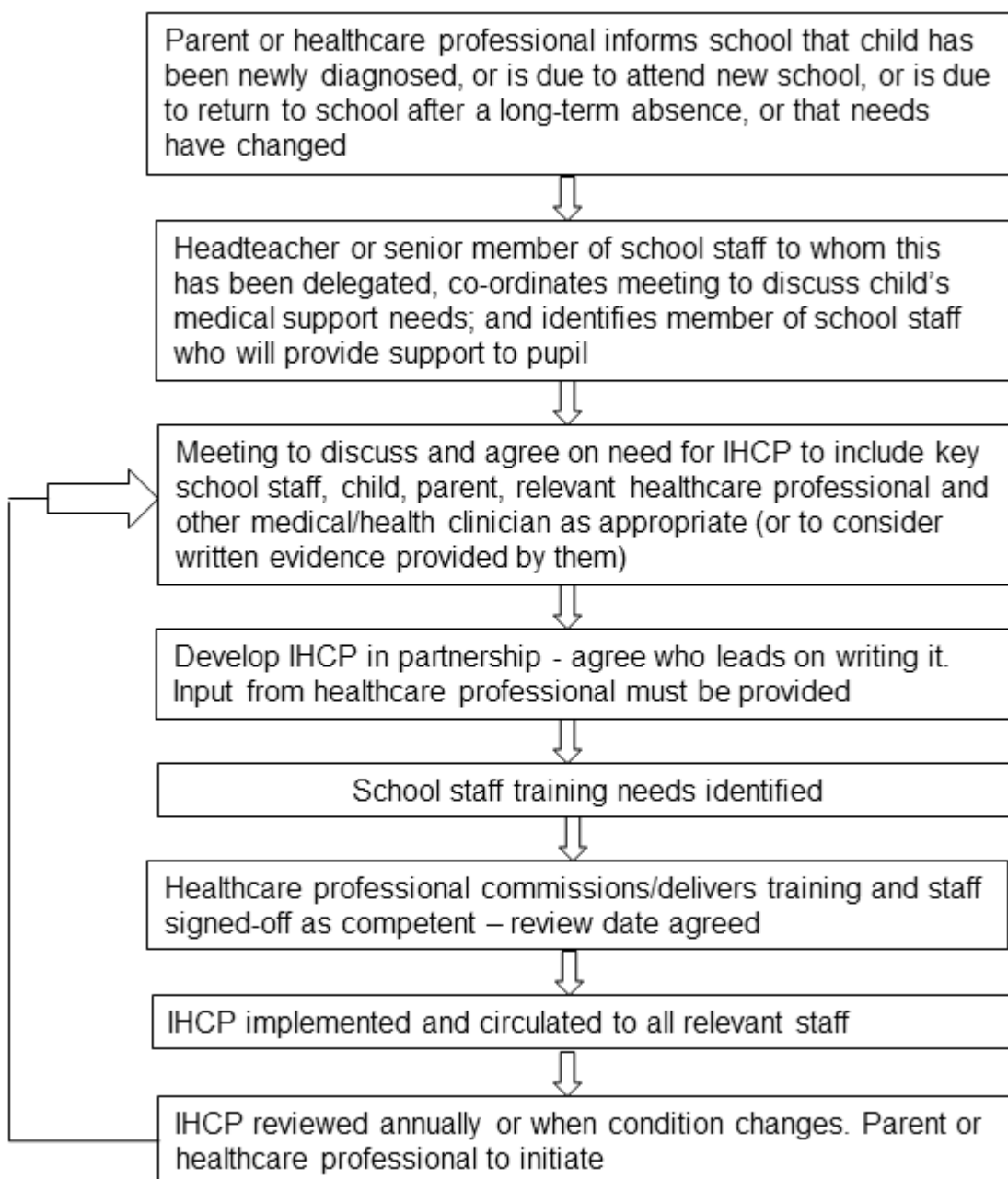
A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make collaborative and informed judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix D: A Flow Chart for Developing an Individual Healthcare Plan



Appendix E: Individual Health Care Plans

DATE COMPLETED:

REVIEW DATE:

CHILD'S NAME	DATE OF BIRTH	YEAR GROUP
MEDICAL DIAGNOSIS OR CONDITION		

FAMILY CONTACT INFORMATION

NAME:		NAME:	
Relationship to child		Relationship to child	
TEL NO: WORK		TEL NO: WORK	
HOME		HOME	
MOBILE		MOBILE	

MEDICAL CONTACT INFORMATION

NAME:		NAME:	
TEL NO: WORK		TEL NO: WORK	
MOBILE		MOBILE	
E-MAIL		E-MAIL	

MEDICAL INFORMATION

DESCRIPTION OF MEDICAL NEEDS AND DETAILS OF CHILD'S SYMPTOMS, TRIGGERS, SIGNS, TREATMENTS AND MEDICATION
DAILY CARE REQUIREMENTS
DESCRIPTION OF WHAT CONSTITUTES AN EMERGENCY FOR THE CHILD, AND ACTION TO BE TAKEN IF THIS OCCURS
FOLLOW UP CARE
WHO IS RESPONSIBLE IN AN EMERGENCY (ON/OFF-SITE)

Appendix F: Parental Agreement for the School to Administer Medicines

DATE COMPLETED:

REVIEW DATE:

CHILD'S NAME	DATE OF BIRTH	YEAR GROUP
MEDICAL CONDITION OR ILLNESS	NAME & STRENGTH OF MEDICINE	
DOSE/NUMBER OF TABLETS TO BE GIVEN	EXPIRY DATE	
TIME/WHEN TO ADMINISTER	QUANTITY TO BE HELD IN SCHOOL	
SPECIAL PRECAUTIONS /ANY OTHER INSTRUCTIONS	AGREED REVIEW DATE/INITIATED BY	
SELF ADMINISTRATION YES/NO	PROCEDURES TO TAKE IN AN EMERGENCY	

FAMILY CONTACT INFORMATION

NAME:	NAME:
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD
TEL NO: WORK	TEL NO: WORK
HOME	HOME
MOBILE	MOBILE

MEDICAL CONTACT INFORMATION

NAME:	NAME:
ROLE:	ROLE:
TEL NO: WORK	TEL NO: WORK
MOBILE	MOBILE
E-MAIL	E-MAIL

Note: Medicines must be the original container as dispensed by the pharmacy

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:

Date:

Print Name:

Appendix G: Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix I: Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix J: Contacting Emergency Services when Off-Site

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

Appendix K: Useful Contacts

<p>Allergy UK Allergy Help Line: (01322) 619864 Website: www.allergyfoundation.com</p>	<p>The Anaphylaxis Campaign Helpline: (01252) 542029 Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk</p>
<p>Association for Spina Bifida and Hydrocephalus Tel: (01733) 555988 (9am to 5pm) Website: www.asbah.org</p>	<p>Asthma UK (formerly the National Asthma Campaign) Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm) Website: www.asthma.org.uk</p>
<p>Crohns and Colitis UK Tel: 0300 222 5700 Website: https://www.crohnsandcolitis.org.uk</p>	<p>CICRA – better lives for children with Crohns and Colitis Tel: 0208 949 6209 Website: www.cicra.org</p>
<p>Council for Disabled Children (National Children’s Bureau) Tel: (020) 7843 1900 Website: http://www.ncb.org.uk/cdc/</p>	<p>Contact a Family (Information about caring for disabled and special needs children) Helpline: 0808 808 3555. Website: www.cafamily.org.uk</p>
<p>Cystic Fibrosis Trust Tel: (020) 8464 7211 (Out of hours: 020 8464 0623) Website: www.cftrust.org.uk</p>	<p>Diabetes UK Careline: 0845 1202960 (Weekdays 9am to 5pm) Website: www.diabetes.org.uk</p>
<p>Department of Health Tel: (020) 7210 4850 Website: http://www.dh.gov.uk</p>	<p>Disability Rights Commission (DRC) DRC helpline: 08457 622633. Textphone: 08457 622 644 Fax: 08457 778878 Website: www.drc-gb.org</p>
<p>Epilepsy Action Freephone Helpline: 0808 800 5050 (Mon – Thurs 9am to 4.30pm, Fri 9am to 4pm) Website: www.epilepsy.org.uk</p>	<p>Health and Safety Executive (HSE) HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm) Website: www.hse.gov.uk</p>
<p>Health Education Trust Tel: (01789) 773915 Website: http://www.healthedtrust.com</p>	<p>Hyperactive Children’s Support Group Tel: (01243) 551313 Website: www.hacsg.org.uk</p>
<p>MENCAP Telephone: (020) 7454 0454 Website: www.mencap.org.uk</p>	<p>National Eczema Society Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm) Website: www.eczema.org</p>
<p>National Society for Epilepsy Helpline: (01494) 601400 (Mon-Fri 10am to 4pm) Website: www.epilepsynse.org.uk</p>	<p>Psoriasis Association Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm. Fri 9.15am to 16.15pm) Website: http://www.psoriasis-association.org.uk/</p>

Appendix L: Return to ward Coronavirus/Covid-19 Risk Assessment for The Royal Free Hospital Trust Children's Schools

The purpose of this risk assessment is to reduce the transmission of the SARS Covid-19 both within the ward and throughout the hospital by consideration of the main points of focus listed below:

- Movement between ward and classroom
- Social distancing – observe maximum capacity indicated on doors within each setting
- All school-related activities in addition to classroom teaching
- Use of toilets
- Identification of symptoms
- Protocols associated with staff attendance
- Travel to the hospital and movement within the hospital
- Food preparation and arrangements for lunch
- PPE
- Cleaning and disposal of waste

In addition to adhering to the recommendations made in this risk assessment, staff assigned to ward duties will have completed the most recent PPE training, will have been strongly encouraged to receive 2 doses of a Covid-19 vaccine with proven efficacy and agree to submit results of twice weekly lateral flow testing on the mornings before attending the hospital where possible. Below is a summary of these main points. The full document presented to infection control in July 2021 can be accessed on request from the head teacher.

Focus	Area of consideration	Recommendations and levels of risk Difficult to control - High risk red * Reasonably controlled - Medium risk blue * Can be controlled completely - Little or low risk green *
Children	Movement between ward and classroom	<ul style="list-style-type: none"> • Only children who are symptom free for 48 hours, COVID negative, or have completed the required isolation period can attend school classroom. Swab frequency to be updated daily from morning Safety Huddles. The ward is responsible for the completion of swabs. • Children identified as COVID negative will be permitted in the classroom where social distancing permits, and can also be seen on the ward. Work will be provided in the form of non-returnable worksheets, wipeable resources, school contact and facilitated access to school remote learning platforms. • School staff / medical staff to drop and return children from the ward. • Children pending a COVID test result will not be permitted in the classroom, and can only be seen after a negative test result. Staff to check with ward staff for publication of updated results. Immunocompromised children, will also not be permitted to access the classroom. • Children identified as COVID positive will not be permitted in the classroom. Work will be provided (via the nursing staff) in the form of non-returnable worksheets, school contact and facilitated access to their school remote learning platforms. • On school arrival, it is reasonable for young people to be asked if parents, children or any member of the household have any of the symptoms of COVID-19 (high temperature, a persistent cough or loss of smell). If the answer is yes, they will not be permitted, and cannot return until a negative test result has been confirmed and current isolation guidelines followed. • No unwipeable items to be brought to class from ward or home. • Children to wash hands thoroughly with soap or alcohol foam on arrival, when moving from the adolescent room, before eating and before returning to the ward. • Encourage children to avoid touching their face, eyes, nose and mouth. • All children coming to the classroom should be made aware that use of public transport, and movement outside the hospital setting incurs an element of risk and they should be advised to follow distancing guidelines. This is likely to apply to patients taking cigarette breaks or walks outside the building with a Registered Mental Health Nurse (RMN).

		<ul style="list-style-type: none"> Any child who has been told to shield, or who is clinically vulnerable, or lives in a household with someone who has been advised to shield, or is clinically vulnerable cannot attend the setting. Consider allowing parents/carers to enter the classroom for the purpose of settling in. All measures should be taken to minimise contact between the parent and other children and staff members. Parents must be wearing a mask and maintain 2m distance and only to do so in exceptional circumstances.
	Social distancing	<ul style="list-style-type: none"> Observe maximum capacity for rooms indicated on classroom and office doors. Maintain 2m social distancing as much as possible. The use of communal internal spaces such as the Adolescent and Play rooms should be restricted as much as possible. If they are used, they are to be wiped down and cleaned immediately after use.
	School-related activities in addition to classroom teaching	<ul style="list-style-type: none"> Implement social distancing at all times. Minimise the resources available to those that can be cleaned effectively. Ensure children wash hands regularly, throughout the day, as well as before eating, after coughing or sneezing. Removal of soft furnishings, soft toys and other items that are hard to clean.
	Use of toilets	<ul style="list-style-type: none"> Children should be supported to do as much for themselves as possible. Remind importance of washing hands. Limit children attending the toilet to one person at a time. High touch areas such as door handles and taps to be wiped down more frequently. Ensure hand towels /soap /gel replenished as soon as required.
	Identification of symptoms	<ul style="list-style-type: none"> Contact Ward Manager immediately. Send back to the ward to isolate per ward guidelines. Ward and domestic staff to be informed immediately so room can be cleaned. Teaching staff to wipe all items in contact with young person.
Staff, parents and other visitors	Protocols associated with staff attendance, travel and movement within the building	<ul style="list-style-type: none"> One member of staff (minimum) working directly with patients on that day must attend the daily morning Safety Huddles for up to date feedback on COVID status and issues that improve patient and staff safety. Staff should only attend the school if they are symptom free, have completed the required isolation period if symptoms reported previously and be fully recovered. Occupational health should be informed. Staff and other visitors are not permitted to the classroom if they have been in contact with, or are living in the same household, as a person displaying symptoms. They must isolate until the Covid status of the person displaying symptoms has been established. Allocated ward teacher to discuss with the ward manager or Nurse in charge to identify which children can attend school classroom and the ones requiring bedside teaching. To also identify any risks/concerns. Staff are advised not to move from a higher to a lower risk site on the same day. If public transport is necessary, current guidance on the use of public transport must be followed. Lateral flow tests must be carried out twice weekly (or the morning before arrival) and results reported to the designated member of staff. If positive, staff member must self-isolate and book PCR test by contacting the Test and Trace team on rf.covidstafftesting@nhs.net. If PCR test is negative, staff member may return to work, if positive – staff member must self-isolate in accordance with RFL Test and Trace team advice. Staff must not attend work until they have completed their self-isolation period. Staff with underlying conditions to complete the Specific Local Authority Individual Risk Assessments and take account of the latest medical advice to determine safe working conditions and whether adjustments can be made. This would be kept under review. Risk assessing with regular health questionnaires for returning staff as per regulations set out by Occupational Health. On return, Lateral Flow Tests are not required until after 90 days.
Arrangements for lunch	Eating and food preparation	<ul style="list-style-type: none"> Children return to ward for lunchtime. Maintain social distancing at all times. Staff and children MUST wash hands before and after eating. Children and adults to be responsible for disposing their own food rubbish.
PPE procedures	Both staff and children	<ul style="list-style-type: none"> All staff and children to follow Royal Free Trust, ward PPE protocols at all times. A distance of 2 metres must be maintained whenever possible. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask must be worn. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn. Currently, children under 11 are not required to wear face masks but will be encouraged to do so. Masks to be provided by the ward. Hands are to be washed and protective coverings discarded and replaced between each bedside visit. Face masks must be disposed of in the yellow and black tiger bins designated for clinical waste.

Cleaning	Waste disposal and regular cleaning using Clinell wipes	<ul style="list-style-type: none"> • Classroom to be wiped down after every session (Clinell wipes), including handovers and safety huddles • All wipeable or non-absorbent materials such as pens, pencils, iPads and laptops destined and returned from the ward should be thoroughly cleaned (Clinell wipes) before and after use. • Absorbent or non-wipeable materials such as paper and worksheets should not be reused and should be either disposed of or taken home. • Clean frequently touched surfaces throughout the day and after contact with a student using Clinell wipes. • Regularly clean electronics, such as tablets, computer mice, touch screens, keyboards, telephones and remote controls throughout the day using Clinell wipes. • Classroom and Office to be cleaned daily by hospital domestic staff. • Wash hands regularly with soap and water for 30 seconds, and after removing gloves, aprons and other protection used while cleaning. • Used PPE is deemed clinical waste and should be disposed of accordingly (in yellow and black tiger bags)
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