



**Guidance for Supporting  
Children and Young People in Schools  
With Medical Conditions**

**May 2024**

# Contents

Guidance for Supporting.....	1
Children and Young People in Schools .....	1
With Medical Conditions .....	1
1.0 Introduction.....	5
1.1 Aims of this guidance .....	5
1.2 About this guidance .....	5
1.3 Duty for schools.....	6
1.4 Anticipatory duty .....	6
1.5 Reasonable adjustments .....	7
2.0 Roles and Responsibilities.....	8
2.1 Head Teachers, Governing bodies of schools, proprietors of academies and management committees of PRUs .....	8
2.2 School staff.....	9
2.3 The Health Authority .....	10
2.4 The 5-19 Healthy Child Service .....	11
2.5 Children and Young People .....	11
2.6 Parents .....	11
2.7 Local Authority (CYC).....	12
2.8 Clinical Commissioning Groups (CCGs).....	12
2.9 Health service providers .....	12
2.10 Ofsted.....	13
3.0 Staff Training .....	13
3.1. Healthcare procedures .....	13
3.2. Other training.....	13
3.3 Determining competency .....	13
4.0 Managing Medication.....	14
4.1 Agreeing to administer medication.....	14
4.2 Prescribed medication .....	14
4.3 Non-prescribed medication.....	15
4.4 Controlled Drugs.....	15
4.5 Aspirin and non prescribed medicines .....	15
4.6 Asthma inhalers.....	15
4.7 Request to carry and self-administer .....	16
4.8 Receiving medication .....	16
4.9 Storage.....	17
4.10 Administration.....	17
4.11 Record keeping .....	18
4.12 Return/Disposal .....	18

4.13 Medicines on school trips .....	18
4.14 Refusal by Child / Young Person to take medication .....	19
5.0 Emergencies .....	19
5.1 Emergency procedures.....	19
5.2 Calling an ambulance .....	20
5.3 Accompanying a child / young person to hospital .....	20
5.4 Defibrillators .....	20
6.0 – Individual Healthcare Plans .....	21
6.1 The purpose of an Individual Healthcare Plan .....	21
6.2 Determining when an Individual Healthcare Plan is needed. ..	21
6.3 Situations where an Individual Healthcare plan is generally not required. ....	22
6.4 Developing Individual Healthcare Plans.....	22
6.5 Sharing Individual Healthcare Plans .....	23
6.6 Individual Healthcare Plans for 24 hour care .....	23
6.7 Children and young people with Individual Healthcare Plans attending more than one school .....	24
6.8 Transition.....	24
6.9 Allowing a child / young person to attend school before an Individual Healthcare Plan is drawn up.....	24
7.0 Risk Management and Insurance .....	25
7.1 Risk assessment .....	25
7.2 Insurance liability cover .....	25
8.0 Confidentiality and Data Protection.....	26
9.0 Home to School Transport.....	27
10.0 School trips.....	27
10.1 Planning school trips .....	27
11.0 Unacceptable Practice.....	29
12.0 Producing a school medical policy .....	29
13.0 Access to education when absent due to medical needs.....	31
14.0 Medical Conditions and Specific Guidelines .....	33
Asthma .....	33
Epilepsy.....	37
Diabetes .....	39
Allergic Reaction .....	41
Personal Care including Continence.....	44
Physiotherapy Programmes .....	48
Legs: injuries and surgery .....	50
15.0 References .....	52

16.0 Acknowledgements .....	53
17.0 Appendices.....	53
Appendix 1 Guidance for Parents .....	54
Appendix 2 Request for child to carry his/her medicine during the school day .....	56
Appendix 3 Head teacher/Head of setting agreement to administer medicine .....	57
Appendix 4 Record of medicine administered to an individual child .....	58
Appendix 5 Staff training record – administration of medicines.....	63
Appendix 6 Individual Health Care Plan .....	64
Appendix 7 Health care Plan Guidance.....	67
Appendix 8 Contacting Emergency Services .....	68
Appendix 9 Sample School Medical Policy.....	69
Appendix 10 Record of medicines administered to all children .....	80
Appendix 11 Authorisation for the administration of rectal diazepam .....	81
Appendix 12 Self Audit Checklist for Head teachers.....	83
Appendix 13 Moving and Handling .....	86
Appendix 14 Personal Emergency Evacuation Plans .....	91

## **1.0 Introduction**

### **1.1 Aims of this guidance**

- To promote the inclusion of children and young people (CYP) with medical needs
- To provide guidance to City of York (CYC) schools in the development of their policies and procedures.

This guidance also aims to support:

- Headteachers and governing bodies of maintained schools
- Proprietors of academies, including alternative provision academies ( not including 16 – 19 academies )
- Management committees of pupil referral units ( PRUs )

For ease of reading, this document will refer to these collectively as ‘governing bodies’, ‘Headteachers’ and ‘schools’.

This document may also provide useful information for other agencies such as:

- early years settings
- short break providers
- health service providers
- clinical commissioning groups
- parents and carers
- voluntary organisations

NB: It is important to consider other frameworks and legislation that may impact on individual schools e.g. residential schools, early years settings.

CYC encourage schools to adopt this Local Authority (LA) guidance and the practice herein.

### **1.2 About this guidance**

This document contains guidance (for statutory guidance see “Supporting pupils at school with medical conditions” DfE December 2015). It has been developed by the CYC and North Yorkshire County Council Specialist Support Service, with support from key stakeholders. Note: Where “parent” is referred to in this document, this could also

include carers where appropriate.

### **1.3 Duty for schools**

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units to make arrangements for supporting pupils with medical conditions. This duty came into force on 1st September 2014 supported by guidance from the DfE which states that:

*‘Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.’* - Supporting Pupils at School with Medical Conditions September 2014

CYC recognise that some activities may need to be differentiated accordingly and reasonable adjustments may need to be made.

- Governing bodies must ensure that arrangements are in place to support pupils at their school with medical needs. In doing so they should ensure that such CYP can access and enjoy the same opportunities at school as any other child/young person
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of CYP with medical conditions are effectively supported

It is crucial that schools receive and fully consider advice from health care professionals and listen to and value the views of CYP and their parents.

### **1.4 Anticipatory duty**

Head teachers and governors should be proactive in seeking information about medical conditions for CYP starting at their school and ensure that arrangements are in place in time for the start of the relevant school term. In other cases, such as newly diagnosed or moved in CYP, every effort should be made to ensure that arrangements are put in place within 2 weeks.

Schools should be proactive in developing their facilities to meet potential future health care needs. The Equality Act 2010 requires

schools to prepare and implement an accessibility plan for “increasing the physical environment of the school for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services offered by the school... The responsible body must have regard to the need to allocate adequate resources for implementing the plan.” This may include improved access/egress, improved toileting facilities and improved accommodation for the medical and therapy needs of CYP.

It is essential that all schools have some staff whose job descriptions include undertaking health care and personal care needs even though they may not yet have pupils with medical conditions on roll. (See sections 2.2 and 6.0)

### **1.5 Reasonable adjustments**

Some medical conditions may be considered to be disabilities, defined by the Equality Act 2010 as conditions which have “a substantial and long-term negative effect on your ability to do normal daily activities”.

#### **Where this is the case governing bodies must comply with their duties set out in the Equality Act 2010**

CYP with disabilities may require reasonable adjustments such as additional procedures, and/or support in place in order for them to be able to attend and participate in school.

Examples might include:

- assisting CYP with toileting issues and personal care
- testing of blood sugar levels and the administering of insulin
- supervision of children / young people who undertake their own medical procedures e.g. using asthma inhalers
- keeping records
- tube feeding
- hoisting and manual handling for children / young people with physical disabilities
- administering medication
- undertaking a physiotherapy and/or occupational therapy programme
- making timetable adjustments

- improving accessibility e.g. flexible use of classrooms, using alternative routes
- postural support and repositioning
- support for mental health and well being

## **2.0 Roles and Responsibilities**

### **2.1 Head Teachers, Governing bodies of schools, proprietors of academies and management committees of PRUs**

The governing body, proprietor or management committee are legally responsible and accountable for fulfilling their statutory duty. (Collectively referred to in this document as governing bodies)

They should:

- appoint a named person within their school to make arrangements to support pupils with medical conditions. The governing body should ensure this person becomes familiar with the DfE guidance and this document.
- ensure their school develops a policy for supporting children / young people with medical conditions, which is reviewed regularly and is readily accessible to parents and school staff (see section 13 and appendix 9)
- ensure that children / young people with medical conditions are supported to enable the fullest participation possible in all aspects of school life
- ensure their school has some staff whose job descriptions include undertaking health and personal care needs. This may involve recruiting members of staff for this purpose
- ensure sufficient numbers of staff receive suitable training to ensure absences are covered. Training should be updated if the CYP's condition changes and should be checked annually
- be involved in ensuring that staff are competent before they take on responsibility to support children / young people with medical needs (also see section 3.3 )
- ensure staff are able to access information as required and that staff who need to know are aware of a child / young person's condition
- know who their Healthy Child nurse / practitioner is and how to



- contact them
- know who is the child's specialist nurse (where appropriate) and how to contact them

## **2.2 School staff**

Any member of staff may be asked to provide support to CYP with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive suitable training and achieve the necessary level of competency before they take on the responsibility to support a CYP. At different times of the day other staff may be responsible for CYP e.g. lunchtime supervisors. It is important that they are also provided with training and advice.

If a member of staff does not feel competent, has any issues which may affect their undertaking of such duties or has any concerns they should inform their head teacher as soon as possible.

All staff should know what to do and should respond accordingly when they become aware that a CYP with a medical condition needs help

Unison state:

*There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. **This is purely a voluntary role.** Staff should be particularly wary about agreeing to administer medicines where:*

- *the timing is crucial to the health of the child*
- *some technical or medical knowledge is needed*

***Staff who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training specific to the child's medical needs.***

A joint statement from UNISON and the Royal College of Nursing recommends

*“Refresher training should be provided at least once a year. First aid training is not sufficient when meeting the needs of children and young people with additional health needs.”*

### **Named person**

It is good practice to identify a named person within school to whom the head teacher can delegate some responsibilities: The named person may:

- co-ordinate the implementation of this guidance in school
- keep track of all medications held in school; regularly check supply and use by dates
- monitor that records are being kept according to CYC guidance
- monitor any Individual Healthcare Plans held in school; check they are up to date, signed, implemented, reviewed and keep a list of all copyholders ( see section 7)
- monitor medical absences and ensure continued access to education ( see section 14 )
- co-ordinate and monitor visits from therapy colleagues, record visits and when appropriate liaise with the therapy services to balance therapy and curriculum needs (i.e. to ensure that CYP are not missing the same lessons or key lessons)

The named person can be any suitable member of staff.

## **2.3 The Health Authority**

A range of different National Health Services (NHS) may work with children and young people who have medical needs e.g. family doctor, paediatrician, specialist nurse, community Children’s Nursing team etc.

These services have an important and essential role in:

- notifying the School Nursing Service when a child / young person has been identified as having a medical condition that will require support in school
- delivering training to school staff and assisting with determining the competency of staff in a medical procedure (also see section 3.1)
- giving advice and support around individual medical conditions and individual healthcare plans
- agreeing and signing Individual Healthcare Plans

## **2.4 The 5-19 Healthy Child Service**

The school nurse/practitioner may assist schools in the development of Individual Healthcare plans around these conditions. They will also be able to sign off Individual Healthcare Plans. However, in cases where these conditions may be more complex or where a CYP may have a number of conditions then the Individual Healthcare plan should be signed by a more specialist health professional involved with the child e.g. specialist nurse, community nurse. Each specialist health care practitioner will be responsible for their specialist area and will not be able to sign off areas outside of their own job specification e.g. specialist epilepsy nurses will not be able to sign off intimate care sections.

At the start of each academic year the school nurse/practitioner will assess the needs of all the CYP in their link schools and will check that schools have Individual Healthcare Plans in place and that they are signed.

The Healthy Child Service will also notify schools when a CYP has been identified as having a medical condition which will require support in school. Whenever possible, they should do this before the CYP starts school.

The one stop number for contacting the York's Healthy Child Service is 01904 555475 or you can email them [HCS-Secure@york.gov.uk](mailto:HCS-Secure@york.gov.uk).

## **2.5 Children and Young People**

CYP should be encouraged to manage their own condition as much as they are reasonably able to, gradually taking on more of their own care, if possible, as they mature. At an appropriate level they should be involved in the decisions and arrangements around their care.

## **2.6 Parents**

Parents have an important role in providing relevant information and advice to school. They may be involved in training and advising staff alongside a health care professional but should not be the sole provider. They should be involved in developing and reviewing their child's Individual Healthcare Plan. They should carry out any action they have agreed as part of its implementation e.g. providing medication.

Parents must ensure that they or another nominated adult are contactable at all times.

## **2.7 Local Authority (CYC)**

The Local Authority has a duty to:

- commission Healthy Child Services for maintained schools and academies
- promote cooperation between relevant partners e.g. governing bodies, Clinical Commissioning Groups (CCGs), NHS England
- provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively
- work with schools to support children / young people with medical conditions to attend school full time
- make alternative arrangements for children / young people who would not receive a suitable education in a mainstream school because of their health needs
- make arrangements for children / young people who are absent from school for 15 days or more because of health needs including mental health (consecutive or cumulative across the school year)

## **2.8 Clinical Commissioning Groups (CCGs)**

CCGs should ensure that commissioning is responsive to CYP's needs and that health services are able to co-operate with schools supporting CYP with medical needs. **They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004.** CCGs can help with any issues or obstacles around health services' support and advice to schools.

## **2.9 Health service providers**

Health service providers should work with schools that are supporting CYP with medical conditions. They should liaise and communicate with the Healthy Child Service and other healthcare professionals and keep the named person in school informed of any changes to needs and provision.

## **2.10 Ofsted**

Ofsted inspectors are briefed to consider the needs of CYP with chronic or long term medical conditions and to report on how well their needs are being met. They will expect schools to have a policy and to be able to demonstrate that this is implemented effectively.

## **3.0 Staff Training**

### **3.1. Healthcare procedures**

Training should be identified during the development / review of the Individual Healthcare Plan. Training should be robust and delivered under a competency framework. Training should be reviewed and updated at least yearly. The plan should specify how and by whom training will be commissioned and provided. Staff who provide the support to CYP should be included in meetings where this is discussed. The named person needs an overview for all children with Individual Health Care Plans so training needs can be planned for and accommodated over the year.

The relevant health professional will lead on identifying and agreeing with the school the type and level of training required and how this can be obtained.

Schools may choose to arrange the training themselves through a private provider and should ensure this remains up to date.

### **3.2. Other training**

In order for processes to run efficiently, staff will need to be aware of their schools procedures including how to complete records, manage storage of medicines etc.

### **3.3 Determining competency**

Determining competency after training is a joint responsibility involving the:

- member of staff
- trainer
- Head Teacher
- named governor
- health service providers

- Healthy Child Service

Any member of staff who feels that they require further training or does not feel confident to undertake a procedure must inform their Head Teacher as soon as possible.

Headteachers should check that their staff remain competent over time, act in accordance with the health care plan and are physically fit enough to perform the roles they have been asked to perform. Headteachers have a duty to keep an ongoing record of staff trained.

Competency should be reviewed at least yearly or as needs change or arise and the health care plan updated accordingly.

Once the plan is written it is an individual's responsibility to ensure that the procedures are carried out according to health care plan.

## **4.0 Managing Medication**

### **4.1 Agreeing to administer medication**

Medication should only be administered in school when it would be detrimental to a CYP's health or school attendance not to do so.

**Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.**

Schools will need:

- a written agreement and consent from parent (appendix 1)
- staff to be given training where appropriate (a first aid certificate does not constitute appropriate training in supporting children/young people with medical conditions)
- insurance in place

**Exceptional circumstances** – where a medicine has been prescribed without the knowledge of the parent, schools should make every effort to encourage the young person to involve their parents whilst respecting their right to confidentiality.

### **4.2 Prescribed medication**

This should be prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

### **4.3 Non-prescribed medication**

Schools should detail in their policy the circumstances in which non-prescribed medications may be administered e.g. if it is included in an Individual Healthcare plan, or they have written procedures in place. Schools who are not insured by CYC should consult their own insurers.

Homeopathic medicines should not be viewed as non-prescribed medicines or administered in school. This is not covered by the CYC Insurance policy.

### **4.4 Controlled Drugs**

Supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act e.g. Methylphenidate.

A CYP 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 CYP for use is an offence. Monitoring arrangements may be necessary.

In cases where a CYP does not carry their own prescribed, controlled drug the school should store these securely in a non-portable container to which only named staff should have access. Controlled drugs should be easily accessible in an emergency. School staff may administer a controlled drug to the CYP for whom it has been prescribed according to the prescriber's instructions.

A record must be kept (record what quantity comes in, what is used, what remains).

### **4.5 Aspirin and non prescribed medicines**

A child under 16 should never be given non prescribed medicine unless it has been prescribed by a doctor. (Note: The new DfE guidance no longer makes reference to Ibuprofen)

### **4.6 Asthma inhalers**

New regulations (October 2014) allow schools to hold their own Salbutamol asthma inhalers for emergency use. This is entirely voluntary (see also section 14).

## **4.7 Request to carry and self-administer**

Wherever possible CYP should be encouraged to take responsibility for managing their own medicines. Headteachers should consider requests on an individual basis after discussion with parents, taking into account:

- maturity of the CYP
- implications to the child / young person and to others
- nature of the medication

Before agreeing Headteachers may wish to seek further advice from:

- relevant health professionals
- CYC Insurance and Risk Management
- CYC Health and Safety Risk Management

A parental request form will need to be completed (Appendix 2). A copy of the 'Request to Carry and Self Administer' form should be kept by the named person.

CYP who self-administer may still require an appropriate level of supervision.

## **4.8 Receiving medication**

Medication must be appropriately labelled and in the original packaging. The exception to this is insulin which will generally be available to schools inside an insulin pen or a pump, rather than its original container.

The container /package for prescribed medicine must show the following:

- name of patient
- name of medication
- the dosage
- frequency of dosage
- strength of medication
- date prescribed and expiry date
- specific directions for the administration
- precautions relating to the medication ( e.g. possible side effects, storage instructions)
- the name of the dispensing pharmacy

Check the measuring device supplied by the pharmacist is included.



It is the responsibility of a parent to ensure medication is delivered appropriately.

Good practice would be for schools to inform parents of their procedures for bringing medication into school e.g. there should be a single delivery / collection point. Wherever possible, medication should be handed adult to adult.

#### **4.9 Storage**

- All medicines should be stored safely.
- Children and young people should know where their medicines are at all times and should be able to access them immediately.
- For medicines which are in a locked cabinet the CYP should know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to CYP and not locked away. If they not carried by the CYP they must be securely stored in an easily accessible location.
- Medication requiring refrigeration should be stored in a sealable plastic container, with the CYP's name on, in a fridge that is only accessible to staff.
- Usually not more than one week's supply should be received and stored. However for CYP who are on long term medication or within residential settings this may be extended at the discretion of the Headteacher.

**Medication must not be stored in a first aid box**

#### **4.10 Administration**

- Ensure the correct medication is given by checking against parental request form (appendix 3). In some circumstances e.g. administration of a controlled drug it is good practice for a second adult to witness. This is a requirement in Residential Care settings.
- Ensure staff are trained to administer it.
- Give according to the instructions on the medication or according to the Individual Healthcare Plan
- Ensure medication is taken in staff's presence.

- Complete the administration of record immediately (Appendix 4).
- Medication must be given in a manner that offers respect, privacy and dignity for the child / young person.

#### **4.11 Record keeping**

Headteachers should ensure that the following records are kept:

- Written request to administer medication (appendix 3)
- Request to carry and self-administer form, where appropriate (appendix 2)
- Record of administration (appendix 4)
- Staff training record. (appendix 5)

In **early years settings** parents must sign the Record of Administration form when collecting their child at the end of each session or as soon as reasonably possible.

**Residential schools** have additional protocols determined by their own Inspection Framework.

#### **4.12 Return/Disposal**

- Medication should be returned, by an adult where possible/applicable, to the parent for disposal.
- Disposal should be recorded on the Administration of Medication Record (appendix 4)
- When not practical to return medication to a parent e.g. in a residential school, then medication should be returned to a pharmacy where a receipt should be obtained and attached to the Administration of Medication Record (appendix 4)
- Sharps boxes should always be used for the disposal of needles and other sharps.

#### **4.13 Medicines on school trips**

**In addition to all the above**

- Identify all medications needed during the visit by asking parents.
- Consider storage, quantity and transportation.
- Consider arrangements for administering medication including appropriate environment.
- Consider the sharing of information with relevant staff e.g. medical

needs and emergency procedures.

- Consider the need for and undertaking of any additional staff training.
- The Administration of Medication Record of a CYP should be taken on the off-site visit and completed as appropriate.
- Medication must be signed for when it is taken out of school and signed back in on return.
- If a CYP has an Individual Healthcare Plan this must be taken on the visit.

#### **4.14 Refusal by Child / Young Person to take medication**

Staff should not force a CYP who is refusing medicine to take it. They should follow the procedure agreed in the Individual Healthcare Plan and record the refusal on the administration of medication form (appendix 4). Parents should be informed as soon as is reasonably possible so that alternative options can be considered.

**Residential Schools, Children's Social Care Provisions and Early Years Settings also have their own frameworks and Guidance regarding Medication and Healthcare needs.**

## **5.0 Emergencies**

### **5.1 Emergency procedures**

All schools must have arrangements in place for dealing with general medical emergencies. These should be set out in the school policy.

CYP should also know what to do, in general terms, if they think there is an emergency or if help is needed e.g. tell a member of staff.

Children with complex health care needs often have their own emergency arrangements detailed on their individual health care plans. Where a CYP has an Individual Healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. There should be a copy held in reception to hand to an ambulance crew in case of emergency.

In most circumstances, staff should **not** take CYP to hospital in their own car; it is safer to call an ambulance. The national standards require that

**early years settings** must ensure that contingency arrangements are in place to cover such emergencies.

**Parents should be informed of the incident as soon as is reasonably possible.**

## **5.2 Calling an ambulance**

All staff must know how to call the emergency services.

When dialling 999 schools will need to give:

- your name
- your telephone number
- your location including postcode for ambulance navigation systems
- location within the school - best entrance for the ambulance crew and where they will be met by a staff member
- name of child / young person
- brief description of symptoms.

It is good practice to keep this information by the telephone. Good practice would also be to send a copy of the Individual Healthcare Plan with a CYP person who is taken to hospital and also any medication school holds for them.

## **5.3 Accompanying a child / young person to hospital**

In the absence of a parent a member of staff should always accompany a CYP taken to hospital by ambulance, and stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

## **5.4 Defibrillators**

Sudden cardiac arrest is when the heart stops beating and can happen to anyone at any age and without warning. When it does happen, quick action (in the form of early Cardiac Pulmonary Resuscitation and defibrillation) can help save lives. The DfE advises that schools should “consider purchasing a defibrillator as part of their first aid equipment”. If they do so they should inform their local NHS ambulance service and should ensure school first aiders are trained in its use.

## **6.0 – Individual Healthcare Plans**

### **6.1 The purpose of an Individual Healthcare Plan**

An Individual Healthcare plan:

- provides the necessary information
- clarifies procedures for support and enables a consistent approach when a number of staff are involved
- indicates who is responsible for each task
- clarifies the training / resources required and who will undertake the training
- includes parental consent
- will be required to be in place by CYC insurers before an employee can undertake a health care procedure unless the condition is temporary

Some medical procedures need to be written with advice from a registered health care professional and signed by them e.g. levels of medication, administration of medication.

### **6.2 Determining when an Individual Healthcare Plan is needed.**

A meeting should be called in school to discuss whether an Individual Healthcare Plan is needed. This should include:

- the CYP if appropriate
- parents
- key school staff
- relevant healthcare professional
- specialist teacher if required by the school, parent or CYP.

A child / young person will generally need an Individual Healthcare Plan if they:

- require medical procedures e.g. managing a tracheotomy, tube feeding
- require medication on a regular basis / have a number of medical conditions
- have personal care or continence needs (not occasional “accidents”)
- need monitoring for emergency symptoms and emergency procedures in place

- have a registered health professional e.g. community paediatrician, school nurse, specialist nurse involved who has identified the need

In some cases e.g. where school solely have to monitor for emergency symptoms a risk assessment may be more appropriate or a Pupil Profile. These should be easily accessible to all who need to refer to them, whilst preserving confidentiality (for example in the staff room). Advice may be sought from Specialist Teaching Team (Physical and Health Needs) by contacting [SENdept@york.gov.uk](mailto:SENdept@york.gov.uk).

### **6.3 Situations where an Individual Healthcare plan is generally not required.**

Many medical conditions are mild / short term and can be managed without the need for an Individual Healthcare Plan e.g. completion of a course of antibiotics

Other conditions may be long term but can be managed through generic policy and procedures e.g. a generic asthma plan (see section 14).

### **6.4 Developing Individual Healthcare Plans**

This may involve a number of people giving support, advice, information and training. For example:

- CYP themselves where appropriate
- parent
- school
- health professional
- healthy child service
- Advisory Support Teacher for Physical/Health needs if required
- Portage Team

A template for an Individual Healthcare Plan is available with guidance notes to assist with completion (appendix 6 and 7). **The template is designed to be used electronically so that sections not relevant to an individual case can be deleted.**

Some healthcare professionals provide schools with prewritten Individual Healthcare Plans. Schools may choose to use these and add the healthcare plan as an addendum or can transfer the information to

the CYC format (appendix 6).

The Head Teacher has overall responsibility for the development of Individual Healthcare Plans and for ensuring that they are finalised and implemented. It is essential that Headteachers seek support from relevant health care professionals for the necessary advice and that parents are fully involved and the child / young person where appropriate.

Headteachers should contact their School Nurse / Practitioner who can signpost them to the appropriate health professionals.

**Individual Healthcare Plans must be reviewed annually or when significant changes occur.**

### **6.5 Sharing Individual Healthcare Plans**

It is important that Individual Healthcare Plans are shared, following parental permission, with other provisions that a CYP attends e.g. after school club, out of school activities

If a Plan is shared with evening, weekend or overnight services, they may need to expand the plan to cover these periods. It is the responsibility of the short break provision to request a copy of the Individual Healthcare Plan from school and to write any additional information, with advice from health care professionals.

If a CYP has a package of short break care, or they are in the care of the Local Authority the social worker has responsibility to ensure that the Individual Healthcare Plan is applicable and co-ordinated across all services used by the CYP (with advice and support from healthcare professionals).

### **6.6 Individual Healthcare Plans for 24 hour care**

CYP may require 24 hour care during school trip. These needs must be taken into account and may require to be detailed in an Individual Healthcare Plan.

## **6.7 Children and young people with Individual Healthcare Plans attending more than one school**

A single Individual Healthcare Plan should be drawn up and, following parental consent, copied and used within the provisions. However, care must be taken to ensure that the single Individual Healthcare Plan meets the needs in each school.

**The Head teacher of the school where the child / young person spends the majority of their time should take the overall responsibility for the Individual Healthcare Plan.**

## **6.8 Transition**

In order to assist transition planning a school should seek parental consent to share a CYP's Individual Healthcare Plan with the receiving school in good time. This will allow the receiving school to plan ahead and to make any amendments to the plan that the new environment may bring. Receiving schools should also be proactive in requesting a copy and arranging relevant training in good time.

## **6.9 Allowing a child / young person to attend school before an Individual Healthcare Plan is drawn up.**

The responsibility for this decision lies with the Headteacher and governing body who will need to consider advice from everyone involved.

This requires a balanced decision taking into account:

- The nature of the child / young person's condition e.g. are there life threatening circumstances?
- The likelihood of any emergency occurring.
- The risk to staff and whether they are insured to undertake required procedures.
- Whether staff have received the necessary training and feel confident.
- Whether any interim measures can be put in place.

Good practice would be to write down the rationale behind the decision made.



## **7.0 Risk Management and Insurance**

### **7.1 Risk assessment**

Schools may need to manage the risks relating to:

- managing and administering medication
- the undertaking of certain procedures of an intimate or invasive nature
- the storage of medication
- infection control
- emergency procedures
- emergency evacuation
- off-site visits
- moving and handling (see appendix 13)
- equipment (e.g. hoists, height adjustable change beds etc )
- hazardous substances
- combustibles e.g. oxygen
- insurance cover
- behaviour

Refer to CYC Health and Safety Policy & Guidelines

### **7.2 Insurance liability cover**

For CYC schools

The Public Liability policy issued by City of York Council (Insurance and Risk) covers the City of York Council, school governing body, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliances or dressings. This applies to both straightforward and complex conditions. We would expect that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

Cover applies up to the full policy limit and in addition the policy covers

costs incurred in defending any claim. The policy excess/deductible, if any, will apply as normal

The policy applies to all school activities including extra curricular activities and school trips at home and abroad.

Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

**Schools who are not insured by CYC e.g. some academies, private nurseries, independent schools etc should contact their own insurers for advice.**

## **8.0 Confidentiality and Data Protection**

A school's approach should enable a parent to discuss their child's medical condition knowing that the information will only be shared with those staff carrying out the care, those with supervision responsibility and those as agreed with the parent. Information must be handled sensitively.

**Note:** Schools must ask parents for healthcare information when a CYP is first admitted and then at regular intervals e.g. annually in order to obtain current and up-to-date information. Due to patient confidentiality the onus is on the parents to reveal appropriate information. Schools can only act on information that they have been informed about.

Informed staff should be made aware that they must not divulge information regarding healthcare needs to anyone who does not have a role in managing those needs.

All paper based records and information must be securely stored and access control mechanisms must be in place e.g. password protected. It is up to all schools to devise their own Records Retention and Disposal Policy. SEN records should be kept until the pupil in question reaches the age of 25 years.

**Note:** Some infections are reportable.

## **9.0 Home to School Transport**

An Individual Travel Plan is required for every young person who receives assistance with home to school transport on the basis of their SEN or health, disability or medical issue.

The purpose of this document is to provide information to both the driver and the Passenger Transport Assistant (PTA) on how to support that young person.

Neither drivers nor PTAs are able to administer any type of medication. The procedure is that in the case of a medical issue, the driver or PTA either calls 999, or takes the young person to the nearest appropriate medical facility/A&E department.

Medication can be transported by the driver to and from school. This is to be handed over to the driver/PTA by parent/carer, and then handed over to the school on arrival. The same process applies to the return journey.

Schools should liaise with CYC School Transport regarding any queries. They can be contacted via [cyp.transport@york.gov.uk](mailto:cyp.transport@york.gov.uk). The policy can be found on the CYC website <https://www.york.gov.uk/TransportOptionsForEligibleYoungPeopleWithSEND>

## **10.0 School trips**

In view of the Equality Act 2010 schools must make every 'reasonable adjustment' to include CYP with medical needs in off site visits and that they must not be prevented from doing so.

Schools should seek information from parents regarding any medical needs which may require management during an off-site visit. Teachers should be aware of how a CYP's medical condition might impact on their participation and differentiate/make arrangements accordingly unless evidence from a health care professional states that this is not possible.

### **10.1 Planning school trips**

It is good practice to carry out a pre-visit and to write an individual risk assessment for a CYP with medical needs to ensure that they are safely

included. Decisions must be balanced i.e. the degree of risk to staff/CYP weighed against the benefit of the activity for the CYP.

Risk assessments should be documented so that there is evidence of the rationale for the decisions taken.

Parents have the greatest knowledge about their child's condition and should be involved in the planning of the visit.

**Schools will need to:**

- take a copy of Individual Healthcare Plans and record of administration of medication on each use
- identify roles and responsibilities of staff accompanying the child / young person
- consider what type of transport is needed
- identify how any equipment, resources or medication will be transported
- consider if a rest break will be needed during the journey
- consider what care will be required e.g. toileting / medication and where it can be carried out
- consider risk factors which could trigger anxiety or behavioural issues and how this will be managed
- consider how many staff will be required and any training requirement
- liaise with the venue; ask to see their Generic Risk Assessment where available
- consider the appropriateness of the activities. Do alternatives need to be organised?
- consider moving and handling tasks e.g. getting on/off transport, getting in/out of bed. Is a formal moving and handling risk assessment required?
- consider the implications for emergencies if the destination is remote e.g. is there a telephone landline available or reliable mobile phone signal?
- consider additional safety measures including postcode of venue for ambulance sat nav.
- have a 'plan B' scenario to address additional supervision that may arise from the child / young person's medical needs. Consider making an additional staff vehicle available that travels

separately and could be used to summon help NOT to transport the child.

**Plan well in advance** – it takes time to put things in place. The support/information/ services/products required from other people may not be available at short notice e.g. prescribed oxygen requires at least 10 days to organise a supply

## **11.0 Unacceptable Practice**

School staff should use their discretion about individual cases and refer to Individual Healthcare Plans; however, it is not generally acceptable to:

- prevent CYP from accessing their inhalers or other medication
- assume every CYP with the same condition requires the same support
- ignore the views of the CYP and their parents
- ignore medical evidence or opinion although this may be challenged
- send CYP with medical conditions home frequently or prevent them from staying for normal school activities e.g. lunch unless it is specified in the Individual Healthcare Plan
- send an ill CYP to the school office or medical room without a suitable person to accompany them
- penalise CYP for their attendance record if their absences relate to their medical condition e.g. hospital appointments, fatigue
- prevent pupils from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition
- require parents, or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues
- prevent CYP from participating, or create unnecessary barriers to participating in any aspect of school life, including school trips e.g. by requiring the parent to accompany them.

## **12.0 Producing a school medical policy**

Governing bodies should ensure that their school develops a policy for supporting CYP with medical conditions that is reviewed regularly and is readily accessible to parents and staff.

Governing bodies should detail how the schools policy will be implemented effectively and should appoint a named person who has overall responsibility for implementing the policy.

A policy should contain information on the following;

- Who is responsible for ensuring staff are suitably trained.
- A commitment that all relevant staff will be made aware of a CYP's condition.
- Cover arrangements in case of staff absences or staff turnover.
- Briefing for supply teachers.
- Risk assessments for off site visits.
- Monitoring arrangements for Individual Healthcare Plans.

The policy should set out:

- The procedure to be followed when school is notified that a CYP has a medical condition.
- Who is responsible for developing Individual Healthcare Plans.
- The roles and responsibilities of all those involved in arrangements for CYP with medical needs.
- Identify collaborative working arrangements between those involved, showing how they will work in partnership to meet the needs of the CYP.
- How staff will be supported in carrying out their role to support CYP with medical needs and how this will be reviewed. This should include how training needs will be assessed and how and by whom training will be delivered.
- Arrangements for whole school awareness training.
- Arrangements for CYP who are competent to manage their own medical needs and medication.
- The procedures for managing medicines.
- The system in place for recording the administration of medicine.
- The arrangements for dealing with emergencies.
- Unacceptable practice.
- Details of the school's insurance arrangements for covering staff who undertake medical / health care procedures.
- How complaints may be made and how they will be handled.
- How absences due to medical needs will be managed.

In addition, a school's medical policy may also refer to:

- Home to school transport.
- Defibrillator arrangements.
- Asthma inhalers, administration of insulin or the monitoring of pumps and related procedures.

A sample school Medical Policy is available for schools to adapt as required (appendix 9)

## **13.0 Access to education when absent due to medical needs**

Some CYP are absent from school due to medical reasons including:

- recurrent illnesses
- recovery after injury or operation
- physical conditions
- mental health conditions e.g. depression, anxiety

### **Duties of the Local Authority**

The City of York Council outlines its statutory duties and how it will meet these through the following policy statement: **Ensuring a Good Education for Children and Young People with Long Term Medical Needs (August 2020)**

Schools should:

- have a written policy and procedures for dealing with the education of children / young people who are unable to attend school because of a medical need. This can be included within the schools medical policy
- identify and monitor absences for medical reasons
- for absences of less than 15 working days, provide homework as soon as the child / young person is able to cope with it.
- ensure contact is maintained with the child / young person
- follow CYC procedures as outlined in the above document
- make available to tutors relevant records and information and resources
- monitor and support the progress of absent children / young people

- be proactive in planning the return to school.



## **14.0 Medical Conditions and Specific Guidelines**

### **Asthma**

#### **What is it?**

A long-term condition affecting the airways that carry air in and out of the lungs. Asthma triggers can irritate the airways causing them to react.

#### **Signs and Symptoms**

Can include:

- persistent cough ( when at rest )
- wheezing sound from chest ( when at rest )
- difficulty breathing ( may be breathing fast and with effort )
- may complain of a tight chest ( young children may express this as tummy ache )
- unable to talk in complete sentences. Some CYP may go very quiet
- Nasal flaring

#### **Managing an asthma attack**

( information taken from Dept of Health 'Guidance on the use of emergency salbutamol inhalers in school' 2015 )

During an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at anytime before you have reached 10 puffs, call for an ambulance
- If an ambulance does not arrive in 10 minutes give another 10

puffs in the same way

Call an ambulance immediately if the following are noticed:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

### **Possible Triggers**

Chalk, dust mites, animal fur, chemicals, mould etc.

Aim to reduce as many as these as is reasonably practicable.

### **How might symptoms be controlled?**

- Avoidance of triggers
- Inhalers – preventers/relievers

### **Staff training**

All staff including supply teachers need to know how to recognise asthma and what to do in an emergency. The school nurse should provide advice on where to obtain the training.

Good practice would be for all staff to receive annual training and for schools to display general information about the condition and what to do if someone is having an attack.

Staff who assist CYP with taking their inhalers and using spacers should have training in how to use them.

### **What schools need to do?**

- Ensure immediate access to inhalers at all times. Do not store in a locked container.
- Encourage CYP to carry their reliever inhaler as soon as the parent, doctor or asthma nurse and class teacher agree they are mature enough.
- Those with more severe asthma or additional medical conditions may require an Individual Healthcare Plan
- A generic school procedure can be created for those with less severe asthma who only use their inhalers occasionally.
- Keep an asthma register and keep a copy of this with the schools emergency Salbutamol inhaler
- Where a member of staff has assisted with the administration of

an inhaler ( including the emergency inhaler ) this must be recorded on the administration of medication record and parents informed.

### **Keeping a Salbutamol inhaler for emergency use**

From 1st Oct 2014 schools may voluntarily choose to keep their own Salbutamol inhaler for emergency use.

The emergency salbutamol inhaler should only be used by CYP:

- for whom written parental consent for use of the emergency inhaler has been given ( appendix 2 )
- who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.

Schools may purchase small quantities of Salbutamol inhalers and spacers from pharmacists on an occasional basis. Requests should be made on headed paper signed by the Headteacher and include:

- School name
- The reason why the inhalers/spacers are required
- The total quantity required

Pharmacists can advise on what type of spacers are most appropriate for the age of the children / young people in the school and can also demonstrate how inhalers and spacers are used.

Arrangements for the use of emergency inhalers should be included in the schools medical policy.

Where a CYP uses the school emergency Salbutamol inhaler parents should be informed of this via letter (appendix 4).

For further information: Department of Health's 'Guidance on the use of emergency Salbutamol inhalers in school' March 2015.

### **School's emergency kit**

Schools should consider keeping an emergency asthma inhaler kit which should include:

- a Salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler
- a record of administration (i.e. when the inhaler has been used).

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit.

**Salbutamol** is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects including:

- feeling a bit shaky or trembling
- feeling their heart is beating faster.

The main risk of allowing schools to hold a Salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by CYP who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Further information <https://www.allergyuk.org/> – resources for schools including training videos & materials

Department of Health's 'Guidance on the use of emergency Salbutamol inhalers in school' March 2015

## **Epilepsy**

### **What is it?**

A tendency to have seizures which are caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the messages that are passed between brain cells.

### **Signs and Symptoms**

The main symptoms are repeated seizures. There are about 40 different types of seizure ranging from trance like state to major convulsions.

### **Triggers**

Seizures can come without warning, however sometimes triggers can be identified e.g.

- Stress/excitement
- Hormonal changes
- Tiredness
- Illness
- Photosensitivity.

It is essential that any triggers are identified and detailed in Individual Healthcare Plans with information on how they will be avoided / limited.

### **How might symptoms be controlled?**

- Preventative medication
- Emergency medication e.g. Buccal Midazolam / Rectal Diazepam
- A Vagal Nerve Stimulator
- Special Ketogenic diet.
- Avoidance of triggers

### **Staff Training**

All staff, including supply teachers, need to know how to recognise epilepsy and what to do in an emergency.

School nurses can provide advice on where to obtain training.

A specialist epilepsy nurse may provide specific training to staff who administer medication or signpost you to where you can get this. You must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.

Good practice would be for staff to receive annual training for administration of emergency medication.

Schools should display general information about the condition and what to do if someone is having a seizure.

### **What schools need to do**

Most epilepsy can be controlled by medication and needs an Individual Healthcare Plan to be written, which details any areas where extra vigilance may be required e.g. when swimming.

Where epilepsy is not well controlled an additional risk assessment will probably be needed.

For younger children in free flow areas a risk assessment may be needed due to the nature of the environment and the additional issues this may bring.

A Personal Emergency Evacuation Plan may also be required (Appendix 14)

### **Impact of epilepsy in school**

Some CYP may experience difficulties with concentration, memory loss, tiredness, behaviour and learning. It is very rare but having prolonged / severe seizures can result in injury to the brain.

### **Tests and Examination Arrangements**

Some pupils may be entitled to access arrangements such as extra time, rest breaks. This must be applied for in good time with the appropriate exam boards.

Such arrangements should also be applied to school activities i.e. this must be the pupil's normal way of working

### **Further information**

[www.epilepsy.org.uk](http://www.epilepsy.org.uk), Epilepsy Action and Young Epilepsy

## **Diabetes**

### **What is it?**

Diabetes is a long-term condition caused by too much glucose, a type of sugar, in the blood. It is also known as diabetes mellitus.

### **Signs and Symptoms**

May include:

- Feeling very thirsty
- Going to the toilet a lot, especially at night
- Extreme tiredness
- Weight loss and muscle wasting (loss of muscle bulk)
- Lack of concentration or engagement
- Change of mood

### **How might symptoms be controlled?**

- Diet
- Insulin via injection or pump

### **Staff Training**

All staff including supply teachers need to know what symptoms to look out for and what to do in an emergency.

School nurses can provide advice on where to obtain training.

A specialist diabetes nurse may provide specific training to staff who supervise or administer medication, test blood sugar levels, test Ketones and calculate the carbohydrate content of meals. Headteachers and governors must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.

Good practice would be for staff to update their training annually.

### **What do schools need to do?**

- Detail needs in an Individual Healthcare Plan (appendix 6)
- Where the diabetes is not well controlled or in free flow areas an individual risk assessment may be needed.
- Identify a place in school where blood sugar levels can be tested and insulin / food given as detailed in the Individual Healthcare plan.

- A procedure for the safe disposal of sharps and the collection of sharps boxes should be put in place – sharps boxes must be kept off the floor and out of the reach of children / young people.

**Further information:** [www.diabetes.org.uk](http://www.diabetes.org.uk)



## **Allergic Reaction**

### **What is it?**

An adverse (bad) reaction to a particular substance (allergen).

### **Signs and Symptoms**

Can include:

- Sneezing
- Wheezing
- Sinus pain
- Runny nose
- Coughing
- Nettle rash/hives
- Swelling
- Itchy eyes, ears, lips, throat and palate
- Shortness of breath
- Sickness, vomiting and diarrhoea
- Anaphylactic shock

### **Triggers**

Can include:

- Pollen
- House dust mites
- Mould
- Animal fur
- Latex
- Nuts and other foods
- Bee and wasp stings

### **Staff Training**

All staff including supply teachers need to know how to recognise allergic reactions, what constitutes an emergency and what to do in an emergency.

School nurses can provide advice on where to obtain training. A school nurse may also provide specific training to staff who administer medication via an EpiPen.

Good practice would be for training to be updated annually and for general information about allergies and anaphylaxis to be displayed in school.

Headteachers and governing bodies must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.

### **How might symptoms be controlled?**

- Avoidance of allergens where possible
- Medication via tablet, liquid, EpiPen

### **What do schools need to do?**

- Keep EpiPens readily accessible
- Reduce triggers where possible
- Those with more severe allergic reactions will need an Individual Healthcare Plan and a risk assessment
- Consider food preparation
- Consider meal supervision
- Put in place a procedure for the safe disposal of sharps

### **Should we ban identified triggers from school e.g. nuts?**

Before making this decision Headteachers should undertake a risk assessment which considers the nature of their school, the maturity of the CYP and other CYP in the school, the severity of the allergy etc. A balanced decision should then be made.

Complete bans on products containing nuts are no longer recommended as it is not possible to guarantee and enforce a nut free zone as staff cannot monitor all lunches and snacks brought in from home. A free from environments creates a false sense of security and does not prepare children for environments where nuts may be present. Age-appropriate education and awareness is important. The school would need to consider other children with different food allergies, and it is not practical to restrict them all. The school should have procedures in place to minimise risk of reaction vis cross-contamination etc.

### **Want to know more?**

<https://www.allergyuk.org/living-with-an-allergy/at-school>

<https://www.anaphylaxis.org.uk/education/safer-schools-programme>

## **Personal Care including Contenance**

### **What is it?**

Procedures of a personal / invasive nature, assisting with:

- cleaning and changing a pupil who has soiled/wet themselves
- disabled or young girls with aspects of menstruation
- disabled children and young people with toileting needs
- oral health procedures e.g. teeth brushing

### **Why might needs arise?**

Examples...

- Young age
- Cognitive and developmental level
- Physical disability or medical condition
- Social and Emotional needs

### **Admissions**

Schools must not refuse admission to a child / young person due to not being toilet-trained or not being able to manage their own intimate personal care needs.

### **Reasonable Adjustments**

Schools should make all 'reasonable adjustments' to manage intimate personal care needs to ensure emotional resilience and develop good health and well-being.

### **Intimate personal Care Plan**

It is good practice to have generic written procedures for children / young people who have occasional "accidents" in school.

CYP with more complex conditions may require an Individual Healthcare Plan ( appendix 6 )

### **Independence**

CYP should be encouraged to undertake as much of the task as is reasonably possible and this should be detailed in the Individual Healthcare Plan.

### **Staffing levels**

This must be assessed on an individual basis. In most circumstances procedures only require 1 member of staff. Two members of staff should only be used where there is a specific need e.g.

- A moving and handling need
- A history of child protection issues
- Social, Emotional and Mental health challenges

**There is no legal requirement for 2 adults to be present in such circumstances and such a requirement might in any case be impractical, however the member of staff accompanying the CYP should notify another member of staff when they are going alone to assist with a CYP. They must ensure that another member of staff is in the vicinity, visible or audible.**

### **Identifying an area where procedures can be undertaken.**

This needs to take into account ...

- Age/gender
- Facilities required/available
- Privacy and dignity

### **Disposal of Waste**

Soiled or wet nappies/pads and wipes should be double bagged using nappy bags and disposed of in the usual waste. If there is a larger quantity schools should contact their local environmental health department for advice.

Where a child / young person is known to have a reportable disease e.g. HIV or Hepatitis you must always contact your local environmental health department for advice on safe disposal.

### **Soiled/wet clothing**

This should be double bagged using plastic carrier bags and stored in a lidded bin / box for returning home at the end of the session.

Non – residential schools are not expected to wash soiled / wet clothing

Other schools should follow their own protocols

### **Resources/ Equipment For Continence issues**

In general schools should supply these items where they are required:

- Gloves (Nitrile rather than latex)
- Disposable aprons
- Nappy bags
- Lidded box/bin
- Hand washing facilities
- Changing mat / change bed

Note: some children / young people prefer to be changed standing up

In general, parents supply:

- Nappies/incontinence pants/pads
- Wipes
- Spare clothing

It is good practice for schools to keep their own small supply of these in case of need. School supplies of wipes should be non-alcohol based.

### **Hygiene and infection control**

Staff who assist with intimate personal care procedures should not have any nail enhancements or nail varnish. They should keep fingernails short and remove any jewellery on hands and wrists (apart from plain bands)

Good hand hygiene practice should be followed by staff and the child/young person.

### **Parental Involvement**

Schools should be clear on what resources and information they expect parents to provide and detail this in the Individual Healthcare Plan. Good liaison is essential.

**Schools should not expect parents to come in to undertake intimate personal care or to lift their child on/off the toilet or undertake any other manual handling needs. This also applies to off-site visits and residential trips.**

### **Staff Training**

A lot of intimate personal care is about using common sense but it is important to remember that staff may need help and guidance to gain

confidence this can be done through discussion with other staff, parents, and relevant health professionals. Healthy child nurses / practitioners can provide training for schools.

In addition adults involved need to be aware of safeguarding/child protection procedures.

**Further information**

- CYC Health and Safety policy
- CYC Intimate Care policy

## **Physiotherapy Programmes**

### **What is it?**

Therapeutic exercises / stretches which aim to improve or maintain physical health, mobility and movement. This may also include the use of a standing frame, walking frames and other aids. They are an essential aspect for a child / young person's care. Moving and Handling training may be needed to safeguard staff.

### **Reasonable adjustments**

Some families will choose to carry out physiotherapy at home but schools need to make 'reasonable adjustments' to include physiotherapy taking into account:

- Time
- Staffing
- Staff training
- Parents & child / young person's views
- Facilities
- Equipment

### **Identifying a suitable area**

This would take into account...

- Dignity and privacy
- A space for the child / young person and staff **that is fit for purpose**
- Space for any equipment e.g. plinth, mat, hoist etc

### **Following a programme**

School staff would only undertake a physiotherapy programme following guidance from the child / young person's physiotherapist. This should be clear and reviewed at regular intervals or when the condition changes. Schools will need to have regular communication with therapists, parents and carers.

**It is essential that the physiotherapist trains staff, sets and monitors the programme.**

Where a private physiotherapist has been employed by parents and will be working in a school, the Headteacher must ensure the therapist:



- is registered with The Health and Care Professions Council  
<https://www.hcpc-uk.org/check-the-register/>
- has their own insurance
- has DBS clearance
- works with regard to the ethos of the school
- provides records and reports following visits (where pertinent)

## **Legs: injuries and surgery**

### **Reasonable adjustments**

These are likely to be short term and often unexpected. However, schools will need to make 'reasonable adjustments' to meet needs.

### **Planning a child/young person's return**

School will need to find out the following information from parents:

- Are both legs affected?
- Are there external fixators (metal work around a leg)?
- Have any mobility aids been issued e.g. crutches, wheelchair?
- Is the CYP able to weight bear?
- Is there a need for a phased return?

Arrange a pre visit for the CYP and parent. Consider:

- Access
- Emergency exits
- Alternative routes/areas
- Toileting needs
- Fatigue and whether a shorter day/phased return is needed

### **Toileting needs**

Identify:

- Which toilet is most appropriate to use?
- Any assistance needed and which staff will give this
- Any equipment that could help (take advice from the therapist or specialist teacher involved).

If a CYP cannot get on / off the toilet independently moving and handling advice must be sought. Parents must not be expected to lift their child on/off the toilet. Contact [SENdept@york.gov.uk](mailto:SENdept@york.gov.uk) for Moving and Handling Training and advice.

### **What might schools need?**

- A risk assessment
- A moving and handling risk assessment (see appendix 13 for guidance)
- A Personal Emergency Evacuation Plan (appendix 14)

**Access to the curriculum / activities**

It is important that schools make 'reasonable adjustments' to ensure inclusion into activities. Consider:

- Physical activities
- Practical activities
- Off-site visits
- Break times and after school activities

**Further information**

- CYC Health and Safety Policy
- Moving and handling section of this document

## 15.0 References

### CYC Documents

- CYC Health and Safety Policy and Guidance
- CYC Evolve information

[www.education.gov.uk](http://www.education.gov.uk)

### Department for Education

- Supporting pupils with medical conditions in school December 2015
- Health and Safety: Advice for Schools, 2022 (This covers on-site, off-site, and school trip advice).
- Arranging Education for Children Who Cannot Attend School Because of Health Needs (December 2023)
- Special Educational Needs and Disabilities Code of Practice 0-25, 2014
- Keeping Children Safe in Education (September 2023)
- Early Years Foundation Stage Statutory Framework for Group and School-Based Providers (January 2024)

### Other Education Guidance

- Council for Disabled Children and DfES: Including Me, SEN and disability in the Early Years: A Toolkit

### Department for Health

- National Service Framework for Children, Young People and Maternity Services, 2004
- Guidance on the Use of Emergency Salbutamol Inhalers in School, 2014

### Other Agencies / frameworks

- [www.hpa.org.uk](http://www.hpa.org.uk) for information about infections
- The Equality Act 2010
- Manual handling operations regulations 1992 (revised 2004)
- Manual Handling of Children (2021)
- National Education Union Health and Safety in Schools (2023)
- <http://medicalconditionsatschool.org.uk/>

<b>Website address</b>	<b>Website details</b>
<a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a>	The Anaphylaxis campaign
<a href="http://www.shinecharity.org.uk">www.shinecharity.org.uk</a>	Association for Spina Bifida and Hydrocephalus
<a href="http://www.asthma.org.uk/">www.asthma.org.uk/</a>	Asthma UK
<a href="https://www.cysticfibrosis.org.uk">https://www.cysticfibrosis.org.uk</a>	The Cystic Fibrosis Trust
<a href="http://www.diabetes.org.uk/">www.diabetes.org.uk/</a>	Information on diabetes
<a href="http://www.eczema.org./">www.eczema.org./</a>	National Eczema Society
<a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a>	Information on epilepsy
<a href="http://www.eric.org.uk/">www.eric.org.uk/</a>	Education and resources for improving childhood continence
<a href="http://www.iasupport.org">www.iasupport.org</a>	Information for children and young people who undergo either ileostomy or an internal pouch operation
<a href="http://www.muscular-dystrophy.org/">http://www.muscular-dystrophy.org/</a>	Information on muscular dystrophy and other neuromuscular conditions
<a href="http://www.patient.co.uk">http://www.patient.co.uk</a>	Information for patients and carers

## **16.0 Acknowledgements**

The following agencies have been involved in supporting the development of this guidance:

- CYS Insurance and risk management

## **17.0 Appendices**

The following templates can be used or adapted by schools. Alternatively schools may use formats obtained from other sources.

**See also - Personal Care - CYC Guidance on Intimate Care (2022)**

# Appendix 1 Guidance for Parents

## School

### Medicines In Schools: A Parent's Guide

A copy of the Managing Medicines in School Policy, which outlines

School's practices and procedures relating to administering medicines, is available on request.

This handout aims to inform you of your responsibilities with regard to supporting this policy in school.

- **Medication will not be accepted without complete written and signed instructions from the parent/carer.**
- Medicines should only be brought into school or settings when essential i.e. where it would be detrimental to your child's health if the medicine were not administered during the school or setting day.
- Medicines must be handed to a responsible member of staff in the containers in which they were supplied. Only a reasonable amount of medicine should be handed in at any one time.
- Medicine containers should be clearly labelled with:
  - the child's name,
  - the name of medicine,
  - dosage and frequency
  - date of dispensing
  - storage instructions
  - and expiry date
- School will not accept unlabelled items of medication.
- School can only follow the instructions on the bottle/packet. Changes to dosage can only be made in accordance with instructions on the dispensed container or written instruction from a doctor.

- Unused medicine must be collected and taken home when requested.

Other ways in which you can support school are:

- Make sure your child is fit and well enough to attend school.
- Provide full details, in writing, of any health problems he/she may have. Keep the school informed of any changes.
- Provide full written details of any special religious and / or cultural beliefs which may affect any medical care that the child receives, particularly in the event of an emergency.
- All information should be provided as soon as possible, to allow the school sufficient opportunity to plan and prepare for how they can meet your child's needs.
- Make every effort to attend meetings requested by the school and cooperate in drawing up the Individual Health Care Plan (if applicable).
- Ensure the school has a telephone number where you can be contacted in emergency. Have you changed your mobile phone?

Thank you in anticipation for noting your responsibilities and helping us maintain the health and safety of all pupils in our care.

**Appendix 2 Request for child to carry his/her medicine during the school day**

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN**

**If staff have any concerns discuss this request with school healthcare professionals**

Name of School/Setting:

Child's Name:

Group/Class/Form:

Address:

Name of Medicine:

Procedures to be taken in an emergency:

**Contact Information**

Name:

Daytime Phone No:

Relationship to child:

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed:

Date:

If more than one medicine is to be given a separate form should be completed for each one.



### **Appendix 3 Head teacher/Head of setting agreement to administer medicine**

Name of school/setting:

It is agreed that

(name) will receive medicine in school at stated in **Request for child to carry his/her medicine during the school day.**

The arrangements for dosage, frequency and supervision are detailed on **Request for child to carry his/her medicine during the school day.**

This arrangement will continue until either the end of the course or until notified by parents.

Any changes to dosage will only be made in accordance with instructions on the dispensed container or written instruction from a doctor.

Date:

Signed:

*(The Head teacher/Head of setting/named member of staff)*

**A copy of this Document should be kept in the child's school record and archived along with the record. This record should be kept in accordance with City of York Council guidance on document retention.**

## **Appendix 4 Record of medicine administered to an individual child**

Name of school/setting

Name of child

Group/class/form

Name and strength of medicine

Dose and frequency of medicine

Expiry date

Date medicine provided by parent/carer

Quantity received

Quantity returned

Staff signature:

Signature of parent/carer:

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

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

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

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 5 Staff 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

[Please state how often]

Trainer's signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

## **Appendix 6 Individual Health Care Plan**

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### **Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

### **Clinic/Hospital Contact**

Name

Phone no.

### **G.P.**

Name

Phone no.



## **Appendix 6 continued**

Describe medical needs and give details of child's symptoms

Daily care requirements (*eg before sport/at lunchtime*)

Medicine is stored in:

Medicine will be administered by:

Describe what constitutes an emergency for the child, and the action to take if this occurs

Are there any special religious and/or cultural beliefs which may affect any medical needs?

Follow up care

Who is responsible in an emergency (*state if different for off-site activities*)

Form copied to

School records (electronic database)

Pupil file

Parents/carers

Others...

## **Appendix 7 Health care Plan Guidance**

A healthcare plan should adopt a holistic approach detailing all aspects of the child's condition, as well as the medicines and the support required.

A healthcare plan should be completed before the child attends the setting and must be overseen by health visitor, GP or other health professional.

Healthcare plans should be written together with parents/carers and the child (where appropriate) and other professionals involved.

Healthcare plans should be kept in a place accessible to all relevant staff but also where they can be found quickly when an emergency arises.

Healthcare plans are CONFIDENTIAL documents.

Training should be arranged for all areas of need and updated regularly in line with Annex A of the local authority guidance.

## **Appendix 8 Contacting Emergency Services Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number:
2. Give your location as follows:
3. State that the postcode is:
4. Give exact location of the child in the school/setting:
5. Give your name:
6. Give name of child and a brief description of child's symptoms:
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the child.

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

Put a completed copy of this form by the telephone

# Appendix 9 Sample School Medical Policy

**NB Words in italics need to be customised**

## ***SCHOOL/SETTING***

### **POLICY FOR THE ADMINISTRATION OF MEDICINES**

#### **INTRODUCTION**

*(Name of school/setting)* is committed to reducing the barriers to participation in activities and learning experiences for all children

*(pupils/young people)*. This policy sets out the steps which

*(name of school/setting)* will take to ensure full access to learning for all children who have medical needs and are able to attend

*(name of school/setting)*. The policy reflects the City of York Local Authority guidance (Dec 2019 Managing Medicines in York Schools, Early Years and Out of School settings.)

Medicines should only be taken to *school/setting* when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the *school or setting* 'day'.

The *Headteacher/Head of Setting*

will accept responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. There is no legal duty which requires school staff to administer medication; this is

purely a voluntary role. If staff follow documented procedures, they are fully covered by their employer's public liability insurance.

*(Name of school/setting)*

will ensure that staff receive proper support and training where necessary. The headteacher or teacher in charge will decide when and how such training takes place, in their capacity as a line manager.

*(name of school/setting)* will access support and training via the agreed City of York pathways outlined in

City of York Local Authority guidance (Dec 2019 Managing Medicines in York Schools, Early Years and Out of School settings.)

All practices and procedures referred to in this document reflect the collaborative agreement reached between City of York Council Children's Services, Education and Skills, NHS trusts, Teaching Unions and UNISON. The policy is based on the DfE document Supporting Pupils with Medical Conditions in School September 2014.

This policy is available *(on request / on school website)*.

This policy has been agreed by *(the Governors)* and is reviewed annually.

Signed  
*(Chair of Governors)*

Signed  
*(Headteacher/Manager)*

Date

## 1. Prescribed Medicines

Medicines should only be brought into (*school/setting*) when essential. Where possible parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in *school/setting*. Staff should check that any details provided by parents/carers are consistent with instructions on the container or on the consent form.

Medicines will not be accepted anywhere in *school/setting* without prior agreement of the Headteacher/Head of Setting. Complete written and signed instructions from parent/carer are required.

Medicines must always be provided in the original container as dispensed by a pharmacist and handed directly to the *Headteacher/Head of Setting* or to a nominated person authorised by the *Headteacher/Head of Setting*. Each item of medication must include the prescriber's instructions for administration. Medicines that have been taken out of the container as originally dispensed will not be accepted. Parental requests for changes to dosages will not be actioned without receiving a new supply which is correctly labelled or a written request from the doctor. This will require an amendment to records.

Parents/carers or the child's doctor should provide the following details as a minimum:

- Name of child
- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment

Surplus or out-of-date medication will be returned to parent/carers for safe disposal.

## **2. Controlled Drugs**

The *school/setting* agrees in principle to the administration of controlled drugs (e.g. methylphenidate), provided that the correct procedures are followed, as outlined in this policy and in accordance with the Misuse of Drugs Act.

The controlled drug will be kept in a locked non-portable container and only named staff will have access to it. A record will be kept for audit and safety purposes, as for other medication.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. If this occurs (*name of school/setting*) will inform parents and, where necessary, the police.

## **3. Non-prescribed Medicines**

### *Option 1*

*(Name of school/setting) discourages the use of non-prescribed medication and will not give non-prescription over the counter medicines.*

### *Option 2*

*(Name of school/setting) discourages the use of non-prescribed medication but if medication is required e.g. for headache, toothache or period pains, pain relief in the form of paracetamol may be administered by the Head teacher/Head of Setting and/or other volunteer members of staff who are willing to be involved.*



The administration of a non-prescribed medicine must be in accordance with the *school's/setting's* policy, for which specific prior written agreement with parents is necessary.

Paracetamol is the only non-prescribed pain-relieving drug which will be purchased and supplied by the school/setting and given to pupils, with parental consent. Parents/carers will be informed of the school's policy and must give (or withhold) their consent in writing to the administration of paracetamol according to the policy, when their child is admitted to the school.

Paracetamol may be given in either liquid or tablet form, in a dose appropriate to the pupil's age according to the instructions on the container. If the paracetamol is purchased and supplied by the school/setting, only one dose may be given during the school day. If a pupil makes a second request, the *Headteacher/head of setting* should reconsider whether the pupil is well enough to remain in school and consult with parents/carers regarding further dosages.

The storage and administration of paracetamol should be in accordance with the advice given relating to prescribed medication.

In addition, prior to administration the member of staff should ensure that:

- The medication has not passed its expiry date
- The pupil has not taken any other medication within the last six hours.

If there is any doubt, medication should not be administered.

It is important to record the name of the pupil and the time and date of administration for each dose of paracetamol that is given.

Aspirin and aspirin containing preparations must not be given to pupils under the age of 16 unless it is on the prescription of a doctor.

#### **4. Self-Management/Administration**

(*name of school/setting*) encourages children, where appropriate, to manage their own medication, under the supervision or with the

knowledge of staff and following procedures laid out in their Individual Health Care Plan. This may include carrying their medication securely on their person, or collecting it from a lockable facility. The safety of other pupils will always be considered.

Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

#### Early Years settings, Early Years and Foundation Stage, Key Stage 1

Asthma inhalers will be kept within the classroom, in a designated container which is recognised by all staff and the children concerned. A designated member of staff will take this container to other locations in the building when children move between areas.

#### Key Stage 2 and above

Children are encouraged to carry their own asthma inhalers, if appropriate.

### **5. Short Term Medical Needs**

Medicines should only be taken to *school/setting* when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. In certain circumstances, eg completing a course of antibiotics, parents may apply to the

(*Headteacher/head of setting*) for the medication to be administered by staff.

### **6. Long Term Medical Needs / Individual Health Care Plan**

Where there are long-term medical needs requiring medication, an Individual Health Care Plan will be completed. (*Name of school/setting*)

will involve parents and other relevant parties such as:

- Headteacher or head of setting
- Child (if appropriate)
- Class Teacher/Form Tutor/Head of Year
- Staff who are nominated to administer medicines
- Staff who are trained in emergency procedures
- Specialist teacher for Physical Disability/Medical needs
- Health professionals (when appropriate and in line with local agreement).

In the case of long term medication,

*(Name of school/setting)* will agree with parents/carers how often they should jointly review the Individual Health Care Plan. This will be at least once a year, or when circumstances change.

In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and written by health care professionals, then shared with schools and settings. The 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the Individual Health Care Plan.

## **7. Dealing with medicines safely**

### **Storage**

*(name of school/setting)* will ensure that all emergency medicines such as asthma inhalers and adrenaline injector pens (Epi-pens) are readily available to children and not locked away. Whenever possible children are encouraged to carry their own inhalers.

Medicines are stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which it was dispensed.

Medicines which need to be refrigerated are kept in a refrigerator in *(specify location/s.)*

*(NB Cupboards should be well constructed and lockable and should generally be in a room not accessible to children. Medicines can be stored in a refrigerator containing food provided they are in an airtight container and clearly labeled. There should be restricted access to a refrigerator storing medicines.)*

Children are told where their own medicines are stored and who holds the key.

Staff should be aware of the implications for safe storage of their own medicines.

### **Administration of Medicines**

No child under 16 can be given medication by staff employed by the school or setting, without their parent/carer's written consent.

Staff giving medicines will routinely check

1. the child's name
2. prescribed dose
3. expiry date
4. written instructions provided by the prescriber.

### **Record Keeping**

*Schools/settings* will keep a record of medicines given to children and the staff involved. *This is a legal requirement for early years settings.* This will also apply to off-site activities eg residential trips etc.

A record will be kept of all medicines received, including quantity, even if they are not subsequently administered.

### **Refusing Medication**

If a child refuses their medication,

*school/setting* staff will not force them to take it but will note it in the records. The *school/setting* will provide parents/carers with details of when medication has been refused or has not been administered for any other reason, on the same day.

If a refusal to take medicines results in an emergency, the

*school's/setting's* emergency procedures will be followed.

## **8. Sporting Activities**

*(school/setting)* will ensure staff are aware if a child requires medication as a precautionary measure before taking part in PE or other physical activity, along with any emergency procedures. Inhalers will routinely be taken to PE or other physical activity. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert® (eg a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be aware of the significance of the MedicAlert® and will keep it safe.

## **9. Educational Visits**

*(school/setting)* is aware of its responsibilities under the Equalities Act (2018) and will make every effort to continue the administration of medication to a child whilst on trips away from the

*school/setting* premises, even if additional arrangements are required.

Appropriate risk-assessments will be undertaken and agreed with the parent/carer. Arrangements for taking any necessary medicines will be considered. Staff will be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures.

Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP.

## **Journeys abroad and exchange visits**

If children are involved in journeys abroad, arrangements will be made to ensure that all receiving parties have a clear understanding of the child's medical needs. In some circumstances it may be necessary to provide translated documentation.

#### **10. Home/school transport**

If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Education Health Care Plan. Where appropriate and with parental agreement, Individual Health Care Plan will be shared with home-school transport escorts and respite care providers.

#### **11. Disposal of Medicines**

Parents/carers are responsible for disposing of medicines safely, including ensuring that date-expired medicines are returned to the pharmacy for safe disposal. Parents/carers are requested to collect medicines held at the end of each term. A record will be made of all medicines returned to parents/carers.

If parents/carers do not collect all medicines, they will be taken to the local pharmacy for safe disposal. A record of disposal will be made.

#### **12. Hygiene/Infection Control**

All staff are aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicines.

Staff will have access to protective, disposable gloves. Extra care will be taken when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. A sharps container will be used for needles. Parents are responsible for its provision, collection and disposal.

#### **13. Training**

*(Name of school/setting)* will ensure that staff receive proper support and training where necessary. The head teacher or teacher in charge will

agree when and how such training takes place, in their capacity as a line manager.

*(Name of school/setting)* will work within the CYC policy '*Managing Medicines in York Schools Early Years and Out of School Settings August 2015*' when responding to the needs of children with the following common conditions: Asthma, Epilepsy, Diabetes, Anaphylaxis

General awareness raising will cover:

- the employer's policy on administration of medicines
- tasks staff should not undertake
- understanding labels and other instructions
- administration methods eg tablets, liquids, ointments, eye drops, inhalers etc
- infection control measures
- side effects or adverse reactions to medicines and medical procedures and how to report this
- recording the administration or failure to administer eg if a child refuses medicines
- how and when to contact the child's parent, GP, nurse etc
- safe storage of medicines
- disposal of waste materials
- awareness of policies on infectious diseases
- awareness of policies on admitting children with or recovering from illnesses

Child specific training will be accessed by the setting.

## Appendix 10 Record of medicines administered to all children

Name of school/setting:

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

To ensure that this document is the most recent version periodically check the issue number and date with the H&S document.



## **Appendix 11 Authorisation for the administration of rectal diazepam**

Name of school/setting

Child's name

Date of birth

Home address

G.P.

Hospital consultant

\_\_\_\_\_ should be given Rectal Diazepam \_\_\_\_\_ mg.

If \_\_\_\_\_ has a \*prolonged epileptic seizure lasting over \_\_\_\_\_ minutes

Or

\*serial seizures lasting over \_\_\_\_\_ minutes.

An Ambulance should be called for \*

**Or**

If the seizure has not resolved \*after \_\_\_\_\_ minutes.  
**(\*please enter as appropriate)**

Doctor's signature:

Parent/carer's signature:

Date:

### **NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child, this will be documented in the Individual Health Care Plan following advice from relevant outside agencies (the child's GP, Consultant and/or Epilepsy Specialist Nurse)

This should be reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state when the diazepam is to be given e.g. after 5 minutes; and how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5

## **Appendix 12 Self Audit Checklist for Head teachers**

**Are you familiar with the Supporting Children and Young People in Schools With Medical Conditions policy?**

Yes

No

N/A

Comments/actions

**Do you have a record of all children that require medication in school?**

Yes

No

N/A

Comments/actions

**Are you familiar with Appendix A Pathway to Access Awareness Raising and Pupil Specific Training?**

Yes

No

N/A

Comments/actions

**Is your insurance cover adequate?**

Yes

No

N/A

Comments/actions

**Do you have a secure storage area for medication?**

Yes

No

N/A

Comments/actions



**Have you an identified procedure for including all pupils in trips and work experience safely?**

Yes

No

N/A

Comments/actions

**Have you a clear record of any children whose special religious or cultural beliefs affect their medical care?**

Yes

No

N/A

Comments/actions

## **Appendix 13 Moving and Handling**

### **Definition**

Some CYP with physical disabilities require assistance with moving. This is known as 'moving and handling' e.g. assistance to move from wheelchair to toilet/chair, get up from/down to the floor, stand up from sitting.

### **Underlying principles**

These aim to reduce risk of injury to everyone involved. In addition:

- Consideration is given to dignity and privacy
- There needs to be a written procedure agreed by a health care professional, staff and parents. The physical and health needs team can help with completing this document, known as a 'Moving and Handling Plan'.
- The views of the CYP and their parents must be taken into consideration
- It is important to encourage CYP to be as actively involved as possible and to use the functional skills they have, to assist
- Staff need to be trained by a Moving and Handling Trainer from the Physical and Health Needs Team.
- All procedures are risk assessed

### **What schools need**

- To complete a school Risk Assessment as covered in M&H training
- Appropriate equipment
- PEEP (Appendix 14)

It is the Headteacher's responsibility to ensure these are in place with advice and support from a CYC moving and handling trainer and the CYP's occupational / physiotherapist

### **Staff Training**

Staff will require back care training and specific manual handling training. This can be obtained by contacting [SENdept@york.gov.uk](mailto:SENdept@york.gov.uk)

### **Monitoring and reviewing a moving and handling plan**

Amendments to the Moving and Handling Risk Assessment should be made when any significant changes occur. It should be reviewed at least annually

**Who to contact for support?**

Specialist Teaching Team (Physical and Health Needs Team)

Hob Moor Oaks Moving and Handling Team

Applefields School Moving and Handling Team







If the answer to any of the above questions is yes, a Manual Handling Plan must be considered. For this to be written you will have to liaise with a qualified Manual Handling Assessor.

# Appendix 14 Personal Emergency Evacuation Plans

## PERSONAL EMERGENCY EVACUATION PLAN

Please complete for every location the student uses.

Attach the relevant section of the school fire plan map

Name of Student:

Date:

**This plan has been developed from questionnaire completed on:**

Department:

Working location:

Responsible adult:

In the event of a fire or other emergency I will be assisted to escape by the following means:

I will be alerted to evacuate the building by

- Existing alarm system
- Pager
- Visual
- Alarm system
- Other (please specify

The following people have been designated to assist me leave this location.

Name:

Contact details:

Name:

Contact details:

The nearest safe exit is:

The nearest safe refuge is:

The safe exit route is:

The help I will need is:

The exact method of assistance I require is:

The equipment I need is:

It can be found:

Review date fixed for:



**Is it an Electric Wheelchair?**

Yes No N/A

**Is it an Attendant Propelled?**

Yes No N/A

**Can you Propel yourself in an emergency?**

Yes No N/A

**Are you happy to stay in a safe refuge point until collected?**

Yes No N/A

**Could you walk down a flight of stairs with one assistant holding each arm?**

Yes No N/A

**Could you walk down a flight of stairs with one assistant and the use of the handrail?**

Yes No N/A

**Could you be supervised to walk down the stairs unaided once the majority of people had already left?**

Yes No N/A

**If someone was with you would you be able to move down a flight of stairs on your bottom, unaided?**

Yes No N/A

**Could you self transfer to an evacuation chair or stair climber?**

Yes No N/A