



## **EAT Policy for supporting pupils at school with medical conditions.**

### **Introduction**

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The policy will be reviewed regularly and be readily accessible to parents and school staff.

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well.

Pupils at school with medical conditions should be properly supported so that they have full access to education, including educational visits and physical education.

### **Roles and responsibility**

Headteachers and the SAIG must ensure that arrangements are in place in academies to support pupils with medical conditions. SAIGs should ensure that, in the first instance, school leaders consult health and social care professionals alongside pupils and parents to ensure that the needs of children with medical conditions are effectively supported. It is the Headteacher and SAIGs responsibility to ensure that arrangements are made to implement the policy effectively, including a named person who has overall responsibility for this policy.

The named person will ensure that there are:

- sufficient staff, relevantly trained by specialist medical professionals, named on the Individual Healthcare Plan (IHP), relevant staff are made aware of the child's condition
- cover arrangements in place in case of staff absence
- briefing for supply teachers
- additional risk assessments for school visits/residential and other school activities outside of the normal timetable
- monitoring of IHP's
- relevant transitional arrangements in place to meet individual needs working closely with specialist medical professionals

### **The responsibility of the Headteacher**

To ensure that this policy is implemented.

### **The responsibility of school staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

### **The responsibility of healthcare professionals**

Every academy has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before a child starts at the academy. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. Doctors should notify the school nurse when a child has been identified as having a medical condition that will require support. Specialist nursing teams should provide support for children with particular conditions e.g. asthma, diabetes and epilepsy and provide training for all staff where required.

### **The responsibility of parents and carers**

Parents and carers must provide the school with sufficient and up-to-date information about their child's medical needs. Parents should contribute to their IHP and carry out any necessary action, e.g. provide correct medication and equipment.

Rejecting medical treatment - Sometimes, however, a pupil may belong to a group which rejects aspects of medical treatment, for example on cultural or religious grounds. Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem may be urgent or the parent may be out of contact, for example when the pupil is abroad on a school journey. Parents who reject medical treatment should make their views and wishes known to the school in writing so that the implications of their beliefs can be discussed and, wherever possible, accommodated.

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

Clinical Commissioning Groups commission other healthcare professionals such as specialist nurses. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with

a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should 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. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

### **Implementation of Individual Healthcare Plans**

It is the role of the Headteacher and SAIG to ensure that IHPs support pupils at school with medical conditions. The IHP will provide clarity about what needs to be done, when and by whom. This has to be in agreement with the school, parents and healthcare professionals. The plan should be reviewed, at least annually or earlier if needed, by the same individuals. However, if consensus cannot be reached, the Headteacher is best placed to take the final view. Plans should be easily accessible whilst preserving confidentiality. Plans should capture the key information and actions which are required to support the child effectively.

### **The IHP (Individual Healthcare Plan)**

The plan should contain:

- information about the medical condition
- the pupils' resulting needs, including medication and other treatment
- the level of support needed
- accommodation to be made to meet individual needs
- who will provide this support and who needs to be made aware
- written permission for medication to be administered
- arrangements to be made for trips and other school activities, outside normal school timetable
- what to do in an emergency, e.g. arrangements for transporting to hospital, home

### **Staff training**

The Headteacher should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. To meet the medical needs of all children training must be continually reviewed and updated, particularly if there are any changes in a child's condition.

### **Managing Medicines**

The Headteacher should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- We should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump rather than in its original container
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- Schools should keep controlled drugs in a not-portable container and only named staff should have access
- School staff may administer drugs to the child for whom it has been prescribed. Records should be kept of who it was administered by and why. Any side effects should be noted. When no longer required medicines should be returned to the parents for safe disposal

## **Asthma**

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

- The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, or empty)
- This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler - this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance
- Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack

**The protocol should include the following:**

- arrangements for the supply, storage, care and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler as required and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed

**Feeding tubes**

In the event that a child requires feeding via a nasal gastric tube or stomach gastronomy, relevant staff must be trained to test and administer feeds. Staff will not change or replace tubes. This is the responsibility of the family and the Children's Community Team.

**Emergency procedures**

If a child has an IHP it should be stated what constitutes an emergency and what needs to happen. If hospital treatment is needed, staff will stay with the child until the parents/carers or emergency services arrive and provide relevant details.

### **School trips and sporting activities**

All children should be allowed to participate. A risk assessment is essential to outline additional arrangements and make reasonable adjustments.

### **Liability and indemnity**

The Trust Board are responsible for the appropriate level of insurance.

This is accessible to staff and ensures that they are adequately covered, to provide medical support when needed. In the event of a claim of negligence civil actions would be likely to be brought against the employer.

### **Complaints**

Any complaints should be discussed directly with the Headteacher. In most cases, the issue can be resolved. Parents can refer to the Trust's complaints procedure if they are not satisfied.

### **Further sources of information: Other safeguarding legislation**

*Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.*

*Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.*

*Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.*

*Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.*

*Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.*

*The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. Section 3A provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the*

prevention, diagnosis and treatment of illness, in the persons for who it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses. Governing Bodies' duties toward disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follow:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

**Further sources of information: Other relevant legislation**

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 23B of Schedule 1 to the **Independent School Standards (England) Regulations 2010** replicates this provision for independent schools (including academy schools and alternative provision academies).

**Further sources of information: The Special Educational Needs Code of Practice**

**Section 19 of the Education Act 1996** (as amended by Section 3 of the **Children Schools and Families Act 2010**) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Department for Education Supporting pupils at School with medical conditions - Statutory guidance April 2014.

**Associated resources**

Links to other information and associated advice, guidance and resources, e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

Further information can be found at GOV.UK.

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