North Yorkshire County Council

Inclusive Education Service
Sensory, Physical & Medical

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

February 2015
(Updated November 2020)

Contents

Allergic Reaction

Personal Care and Continence

Therapy Programmes e.g. Physiotherapy, Occupational Therapy

Legs; Injuries and Surgery

Moving and Handling

15.0 Acknowledgements

16.0 References

17.0 Appendices – download from https://cyps.northyorks.gov.uk/medical-education-service

Appendix 1 Parental Request for medicine to be taken at school

Appendix 2 Parental Request for Self-administering / Carrying Medication

Appendix 3 Individual Administration of Medication Record

Appendix 4 Whole School Administration of Medication Record

Appendix 5 Staff Training Record

Appendix 6 Individual Health Care Plan

Appendix 7 Individual Health Care Plan completion guidance

Appendix 8 Invite to Individual Health Care Plan Meeting

Appendix 9 Sample school medical policy

Appendix 10 Emergency Salbutamol Parental Consent

Appendix 11 Letter to Inform Parents of use of Emergency Salbutamol Inhaler

Appendix 12 Off-site Visits Planning Checklist

Appendix 13 Moving and Handling of Children and Young People Risk Assessment

Appendix 14 Personal Emergency Evacuation Plan (PEEP) Appendix 15 Referral Process

Contact NYSENDHubs@northyorks.gov.uk for further information about this guidance

1.0 Introduction

1.1 Aims of this Guidance

- To promote the inclusion of Children and Young people with medical needs
- To provide support to North Yorkshire schools in the development of their policies and procedures.

This guidance aims to support:

- Head teachers 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 year's settings
- Short break providers
- Outdoor education centres
- 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 year's settings.

North Yorkshire County Council (NYCC) encourages schools to adopt this Local Authority (LA) guidance and the practice herein.

1.2 About this guidance

This document includes updates from the DfE and the Department of Health and replaces previous NYCC guidance 'Managing Medication and Complex Health Care Needs of Children and Young People 2012'.

Note: Where "parent" is referred to in this document, this could also include carers where appropriate.

The information within this document is advice for good practice. Schools must also refer to DfE guidance: **Supporting pupils at school with medical conditions December 2015**

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 is supported by guidance from the DfE (Supporting Pupils at School with Medical Conditions December 2015) 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. (NYCC recognises 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 children / young

people 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 children 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 children / young people and their parents.

1.4 Anticipatory Duty

Headteachers and Governors should be proactive in seeking information about medical conditions of children / young people 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 children / young people, every effort should be made to ensure that arrangements are put in place within 2 weeks of their start date.

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 children and young people.

Regulation 5 of the School Premises (England) Regulations 2012 provides 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. This is replicated in frameworks covering academies.

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

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**.
Children / young people 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 children / young people 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. supervising using an asthma inhaler.
- Keeping records.
- Following Feeding plans / tube feeding.

- Hoisting and manual handling for children / young people with physical disabilities.
- Administering medication.
- Undertaking a physiotherapy or occupational therapy programme.
- Making timetable adjustments.
- Improving accessibility e.g. flexible use of classrooms, using alternative routes.
- Postural support e.g. specialist seating.
- Support for mental health and wellbeing.
- Including rest breaks for children / young people whose medical conditions cause them to fatigue.

2.0 Roles and Responsibilities

2.1 Children and Young People

Children / young people 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. They may continue to require some supervision from school staff. The level of independence should be determined through discussions with parents, health professionals and the child / young person. At an appropriate level they should be involved in the decisions and arrangements around their care.

Some Young People, who are over the age of 16 years, may come under the definition of 'a person who lacks capacity' and in these cases regard must be given to the **Mental Capacity Act 2005**: Code of Practice when acting or making decisions on their behalf.

The term 'a person who lacks capacity' is defined in the Code of Practice as 'a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken.'

2.2 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 the developing and reviewing of their child's Individual Health Care Plan. They should carry out any action they have agreed as part of its implementation e.g. providing medication correctly labelled and with the necessary syringes / measuring spoon.
Parents must ensure that they or another nominated adult are contactable at all times.
Parents should ensure that they do not send their child into school when unwell and that they have arrangements in place to collect if school request them to do so.

2.3 Governing Bodies

Governing bodies are legally responsible and accountable for fulfilling their statutory duty. **They must ensure that arrangements are in place to support children / young people with medical conditions.**

They should:

- Appoint a named person within school to make arrangements to support pupils with medical conditions. Governing bodies should ensure this person becomes familiar with the DfE guidance and this document, by attending local authority training.

- **Ensure their school develops a policy for supporting children / young people with medical conditions, which it is reviewed regularly, is readily accessible to parents and school staff and is implemented.** (see sections 9 and 10).
- **Ensure their schools policy clearly identifies roles and responsibilities.**
- **Ensure their school's policy is clear about the procedure to be followed for managing medicines.**
- **Ensure the school's policy covers arrangements for children / young people who are competent to manage their own health needs and medicines.**
- **Ensure the school's policy sets out what should happen in an emergency situation.**
- 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 care needs. This may involve recruiting members of staff for this purpose / a review of remuneration.
- **Ensure sufficient numbers of staff receive suitable training so that absences can be covered.**
- **Ensure that staff are competent before they take on responsibility to support children / young people with medical needs.**
- Ensure staff are able to access information as required and that staff who need to know are aware of a children / young person's condition.
- Know how to contact the Healthy Child Service.
- Know who the child's specialist nurse is (where applicable) and to know how to contact them.
- **Ensure written records are kept of all medicines administered to children / young people.**
- **Ensure their school's policy sets out how complaints may be made and will be handled concerning the support provided to children / young people with medical needs.**
- Contact Human Resources for support and advice around job descriptions / job evaluation.

2.4 School Staff

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

School staff must not give prescription medicines or undertake Health Care procedures without appropriate training (updated to reflect any individual Health Care plans). At different times of the day other staff may be responsible for children/young people 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 or has any issues which may affect their undertaking of such duties or has any concerns, they should inform their Headteacher as soon as possible.

All staff should know what to do and should respond accordingly if / when they become aware that a child / young person with a medical condition needs help.

UNISON state:

"It remains the case that Support Staff cannot be required to support children with medical conditions unless it is part of their contract.
***Where staff do take on medical duties they must receive sufficient training**."*

Named Person

It is good practice to identify a named person within school to whom the Headteacher 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 NYCC guidance.
- Monitor any Individual Health Care Plans held in school; check they are up to date, signed, implemented, reviewed and keep a list of all copyholders.
- Monitor medical absences and ensure continued access to education.
- 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 children / young people are not missing the same lessons or key lessons).

The named person does not need to be a teacher. The head teacher should contact Human Resources for advice and support around job descriptions and job evaluation.

2.5 Local Authority (NYCC)

The Local Authority has a duty to:

- Commission services to deliver elements of the Healthy Child Programme for 5-19 year olds.
- 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 Health Care Plans can be delivered effectively.
- Work with schools to support children / young people with medical conditions to attend school full time or as close to full time as their medical condition allows.
- 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 (consecutive or cumulative across the school year)

Healthy Child Service (formerly known as School nursing team)

From 1st April 2015 every North Yorkshire school will have a link representative from the Healthy Child Service. Their main role is around the delivery of the Healthy Child Programme. However, they will also assist schools who have children / young people with manageable common health conditions including asthma, epilepsy, diabetes, allergies and continence needs.

The Healthy Child Service will assist schools in the development of Individual Health Care plans around these conditions. They will also be able to sign off such Individual Health Care Plans. However, in cases where these conditions may be more complex or where a child / young person may have a number of conditions then the Individual Health Care plan should

be signed by the more specialist health professional involved with the child e.g. specialist nurse, community nurse.

At the start of each academic year he Healthy Child Service will assess the needs of all the children / young people in their link schools and will check that schools have Individual Health Care Plans in place and that they are signed by Health and parents.

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

2.6 Ofsted

Ofsted inspectors are briefed to consider the needs of children and young people 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.

2.7 Health

Health Service Providers

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 nursing team etc. These services should also work with schools to support them. They should liaise and communicate with the Healthy Child Service and other health care professionals and keep the Named Person in school informed of any changes to care or provision. Health services should work together to ensure that there are clear pathways and communication across services.

These services have an important and essential duty to work together to ensure that:

- The Healthy Child Service is notified when a child / young person has been identified as having a medical condition that will require support in school.
- Where a service is commissioned to do so, training is delivered to school staff and assisting with determining the competency of staff in a medical procedure, (also see section 3.0). Advice and support around individual medical conditions and individual Health Care plans is provided.
- They contribute to the agreement and signing off of Individual Health Care Plans.

Clinical Commissioning Groups (CCGs)

CCGs are responsible for commissioning a range of acute and community based specialist health services for children / young people. CCGs should ensure that commissioning is responsive to children / young people's needs and that health services are able to co-operate with schools supporting children and young people with medical needs. **They have a reciprocal duty to co-operate to improve the wellbeing of children / young people under Section 10 of the Children Act 2004**.

Commissioners of health services should ensure that service specifications clearly indicate any responsibility for training so that it can be agreed and provided by the responsible service in a timely manner. This ensures that the needs of the child / young person are addressed and they are able to attend school.

3.0 Staff Training

3.1. Health Care procedures

Training needs should be identified during the development / review of the Individual Health Care Plan. The Plan should specify how and by whom training will be commissioned and provided. Staff who provide the support to children and young people 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 health professional involved with the child / young person will lead on identifying and agreeing with the school the type and level of training required and how this can be obtained. They will also inform school on how often the training should be refreshed.

Schools may choose to arrange the training themselves through a private provider, this should be a recognised body e.g. Diabetes UK, Young Epilepsy. The headteacher should ensure this remains up to date as advised by the training provider.

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.

Records must be kept by schools of all training.

3.3 Determining Competency

The Head teacher should ensure that staff are competent before they take on responsibility to support children / young people with medical needs. They should also check that their staff are competent over time and are physically fit enough to perform the roles they have been asked to perform.

Determining competence may also involve:

- The member of staff.
- The trainer.
- The governing body.
- Health Service providers.
- Healthy Child Service link representative.

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

4.0 Managing Medication

4.1 Agreeing to administer medication

Medication should only be administered in school when it would be detrimental to a child / young person’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 to cover medication administration.

Exceptional circumstances – where a medicine has been prescribed without the knowledge of the parent, schools should make every effort to encourage the child / 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.

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, a pump or a vial, 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, if applicable, supplied by the pharmacist is included.

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

Asthma inhalers

Regulations (October 2014) allow schools to hold their own Salbutamol asthma inhalers for emergency use. This is entirely voluntary and detailed guidance around this can be found in section 14 of this document.

Controlled Drugs

Supply, possession and administration of some medicines are controlled by the **Misuse of Drugs Act 1971** e.g. Methylphenidate.

A child / young person who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child / young person for use is an offence. Monitoring arrangements may be necessary.

In cases where a child / young person 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 child / young person for whom it has been prescribed according to the prescriber's instructions. School staff must put arrangements in place for carrying controlled drugs during off site visits.

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

4.3 Non-prescribed medication

Schools should detail in their policy the circumstances in which they will agree to administer non-prescribed medications.
The Local authority advises that non prescribed medication should only be administered in schools where:

- If it is included in an Individual Health Care plan.
  or
- The school has written procedures in place authorised by their insurers and they have written parental permission (appendix 1 or appendix 2).

Medicine for pain relief should never be administered without first checking maximum dosages and when the last dose was administered. Parents should be informed.

Aspirin

A child under 16 should never be given medicine containing aspirin unless it has been prescribed by a doctor.

Complimentary Medicines including homeopathy
These will either be prescribed or non-prescribed and so schools should treat them accordingly.

4.4 Request to carry and self-administer

Wherever possible children / young people 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 child / young person.
- Implications to the child / young person and to others. Nature of the medication.

Before agreeing Head teachers may wish to seek further advice from:

- relevant health professionals.
- NYCC Insurance and Risk Management.
- CYPS Health and Safety Risk Management.

A parental request form will need to be completed. (Appendix 1).

Children / young people who self-administer may still require an appropriate level of supervision.

4.5 Storage

All medicines should be stored appropriately:

- For medicines which are in a locked cabinet the child / young person 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 children and young people and not locked away. If they not carried by the child / young person they must be securely stored in an easily accessible location.
- Medication requiring refrigeration should be stored in a sealable plastic container, with the child / young person'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 children / young people who are on long term medication or within residential settings this may be extended at the discretion of the Headteacher.

Children and young people should know where their medicines are at all times and should be able to access them immediately.

Medication must not be stored in a first aid box

4.6 Administration

- Ensure the correct medication is given by checking against parental request form (appendix 1). In some circumstances e.g. administration of a controlled drug it is good practice for a second adult to witness. **(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 Health Care Plan.
- Ensure medication is taken in the presence of a member of staff.
- Complete the Administration of Medication Record form immediately (appendix 3 or 4).
- Medication must be given in a manner that offers respect, privacy and dignity for the child / young person.

4.7 Record Keeping

Headteachers should ensure that the following records are kept:

- Written request to administer medication (appendix1).
- Request to carry and self-administer form, where appropriate (appendix 2).
- Record of administration (appendix 3 or 4).
- Staff training record (appendix 5).

All records must be kept in accordance with the NYCC Records Retention and Disposal Schedule.

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.

4.8 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 3 or 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 3 or 4).
- Sharps boxes should always be used for the disposal of needles and other sharps.

Sharps boxes are prescribed items and therefore should be provided by parents and taken away by parents.

4.9 Refusal by Child / Young Person to take medication

Staff should not force a child / young person who is refusing medicine to take it. They should follow the procedure agreed in the Individual Health Care Plan and record the refusal on the administration of medication form (appendix 3 or 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 Health Care needs.

5.0 Emergencies

5.1 Emergency procedures

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

Children / young people 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.

Where a child / young person has an Individual Health Care 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 children / young people 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 and must not hesitate to call 999 if they feel an ambulance is needed.
When dialling 999 schools will need to give:

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

It is good practice to keep this information by the telephone. A template for this can be found in the CYPS Health and Safety Policy. Good practice would also be to send a copy of the Individual Health Care Plan with a child / young 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 child / young person 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”. Head teachers should obtain further information from NYCC Health and Safety Risk Management (CYPS). If schools do choose to provide a defibrillator they should inform their local NHS ambulance service and should ensure school first aiders are trained in its use.

6.0 – Individual Health Care Plans

These are written plans which bring together and clarify all the details of a child / young person’s health care needs. They:

- enable a consistent approach when a number of staff are involved.
- indicate who is responsible for each task.
- include parental consent.
- may be required to be in place by a schools insurers before an employee can undertake a health care procedure.

6.1 The purpose of an Individual Health Care Plan

An Individual Health Care 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.

- may be required to be in place by schools insurers before an employee can undertake a health care procedure. .

Medical procedures need to be written with advice from the main health care professional involved with the child / young person and signed by them e.g. levels of medication, administration of medication.

6.2 Determining when an Individual Health Care Plan is needed.

A meeting should be called in school to discuss whether an Individual Health Care Plan is needed (see appendix 8 for sample letter). This should include:

- The child / young person.
- Parents.
- Key school staff.
- Relevant Health Care professional or written evidence from them if they are unable to attend.
- Advisory support teacher for physical / medical needs, if required.

A child / young person will generally need an Individual Health Care 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 a risk assessment will also need to be written in addition to the Individual Health Care Plan.

Individual Health Care Plans and risk assessments should easily accessible to all who need to refer to them, whilst preserving confidentiality.

6.3 Situations where an Individual Health Care plan is generally not required.

Many medical conditions are mild / short term and can be managed without the need for an Individual Health Care 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.

6.4 Developing Individual Health Care Plans

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

- Child / young person themselves where appropriate.
- Parent.
- School.
- Health professional.
- Healthy Child Service.
- Early Years advisory teacher.
- Medical Education Service

A template for an Individual Health Care 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 health care professionals provide schools with pre written Individual Health Care Plans. Schools may choose to use these or can transfer the information to the NYCC format (appendix 6).

The Headteacher has overall responsibility for the development of Individual Health Care 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.

Head teachers should contact the Healthy Child Service who can signpost them to the appropriate health professionals.

The governing body should ensure that Individual Health Care Plans are reviewed annually or when significant changes occur

6.5 Sharing Individual Health Care Plans

It is important that Individual Health Care Plans are shared, following parental permission, with other provisions that a child / young person 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 Health Care Plan from school and to write any additional information, with advice from health care professionals.

If a child / young person 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 Health Care Plan is applicable and co-ordinated across all services used by the child / young person (with advice and support from Health Care professionals).

6.6 Individual Health Care Plans for 24 hour care

Children / young people may require 24 hour care during school trips these needs must be taken into account and may require to be detailed in an Individual Health Care Plan.

6.7 Children and young people with Individual Health Care Plans attending more than one school

A single Individual Health Care Plan should be drawn up and, with parental consent, copied and used within all provisions. However, care must be taken to ensure that the single Individual Health Care Plan meets the needs in each school. The Headteacher of the school where the child / young person spends the majority of their time should take the overall responsibility for the Individual Health Care Plan.

6.8 Transition

In order to assist transition planning a school should seek parental consent to share a child / young person's Individual Health Care Plan with the receiving school as soon as is reasonably possible. 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 Health Care Plan has been drawn up.

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

This requires a balanced decision, via risk assessment, which takes into account:

- The nature of the child / young person's condition e.g. are there life threatening circumstances?
- The likelihood of an 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 / alternative solutions.
- Advice from Health professionals.

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 section 14).
- equipment (e.g. hoists, height adjustable change beds etc.).
- hazardous substances.
- combustibles e.g. oxygen.
- insurance cover.
- Behaviour.

Refer to CYPS Health and Safety Policy & Guidelines which also contain sample risk assessments.

7.2 Insurance liability cover

Governing bodies should ensure that the appropriate level of insurance is in place before staff undertake procedures. Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA). NYCCs insurance policy can be viewed on NYCC intranet. Insurance policies should be accessible to the staff who are providing the support.

NYCC Liability Insurance does cover staff when undertaking a Health Care procedure. However, if alternative arrangements are required then these will be dealt with by Insurance and Risk Management on an individual case. It is therefore essential that copies of Individual Health Care Plans are sent to NYCC Risk Management and Insurance following parental consent.

Due to the numbers of Individual Health Care Plans, CYPS Insurance and Risk Management will only contact a school if they have a query or if they think additional cover may need to be taken out. If schools require a receipt for their message they should add a tag for this.

NYCC schools must…

- Send completed and signed Individual Health Care Plans electronically to: **InsuranceAndRisk Management@northyorks.gov.uk** this includes Individual Health Care plans detailed using the NYCC template or any other format.

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 NYCC e.g. some academies, private nurseries, independent schools etc. must NOT send Individual Health Care Plans to NYCC Insurance and Risk Management but should contact their own insurers for advice.

Parental Consent

Prior to sending an Individual Health Care Plan to CYPS Insurance the Headteacher must:

- Inform the parent as to why this is necessary.
- Ensure parent has signed the plan thereby giving consent for it to be shared with Insurance and Risk Management.
- Inform parent that NYCC Insurance and Risk Management has Data Protection systems in place.
- Explain to parent that the staff who will carry out the health care procedure(s) are not health professionals but will be trained by a registered health professional.

Headteachers and governing bodies should consult with NYCC Insurance and Risk Management for any further information/advice:
Tel: 01609 532721 email: InsuranceAnd Risk Management@northyorks.gov.uk

8.0 Confidentiality and Data Protection

A school's approach to confidentiality and data protection 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 e.g. NYCC Insurance Risk Management. Informed staff should be made aware that they must not divulge information regarding Health Care needs to anyone who does not have a role in managing those needs.

Information must be handled sensitively e.g. the displaying of Individual Health Care plans on staffroom walls must be determined on a case by case basis.

Schools must ask parents for Health Care information when a child / young person 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 or young person to reveal appropriate information. Schools can only act on information that they have been informed about and which has been verified by a Health professional involved with the child / young person.

All paper based records and information must be securely stored and access control mechanisms must be in place e.g. password protected. Refer to NYCC Data protection policy for further guidance.

Because of the wider public health risk, some infections are reportable – refer to NYCC CYPS Health and Safety Policy.

9.0 Home to School Transport

The Local Authority is responsible for obtaining transport Health Care plans (These are separate to the individual Health Care plans used in schools but should reflect the information in a child / young person's Individual Health Care Plan). Some children / young people may require specific medical interventions during their journey to and from school that require the assistance of an adult, in these cases a transport assistant is specifically employed by the Local Authority.

NYCC Integrated Passenger Transport is responsible for ensuring that:

- passenger assistants are trained in the required procedures as detailed in the child / young person's transport Health Care plan.
- Passenger assistants understand and follow the designated procedures. Transport operators are made aware of transport health care plans.

School staff must liaise with the passenger assistant regarding:

- The exchange of any medication / equipment.
- Information about any concerns, changes to procedures, emergencies and of any medication given.
- Any "Positive Behaviour Plan" or Challenging Behaviour Risk Assessment that is also in place for a child / young person.

Where children / young people have statements of special educational needs or Education Health and Care Plans NYCC Integrated Passenger Transport will be notified of any medical needs via the SEN admin team. For children / young people without statements of Education, Health and Care plans, parents are responsible for notifying the school transport team when they apply for transport or if their child develops a medical need at a later date.

Schools should liaise with NYCC Transport Team regarding any queries.
Transport Team: 01609 533693 / schooltransport@northyorks.gov.uk
SEND Transport Team: 01609 535077 / sendtransport@northyorks.gov.uk

10.0 School trips, residential visits and sporting activities

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to actively support children / young people with medical conditions to participate in school trips, visits and sporting activities and not prevent them 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 child / young person'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 child / young person with medical needs to ensure that they are safely included. Decisions must be balanced i.e. the degree of risk to staff/child/young person weighed against the benefit of the activity for the child / young person.

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.

For a planning checklist see appendix 12

Schools will need to:

- Identify all medications needed during the visit by asking parents.
- Consider storage, quantity and transportation of medicines.
- 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.
- Take the Administration of Medication Record of a child/young person on the trip and complete as appropriate.
- Establish a system whereby medication is signed for when it is taken out of school and signed back in on return.
- Take Individual Health Care Plans on the visit.
- Identify roles and responsibilities of staff accompanying the child / young person.
- 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 challenging behaviour and how this will be managed.
- Consider how many staff will be required.
- Liaise with the venue and ask to see their generic risk assessment where appropriate.
  - 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? (appendices 15 and 16).

- Consider the implications for emergencies if the destination is remote e.g. is there a telephone landline available or reliable mobile phone signal?
- Additional safety measures including postcode of venue for ambulance sat nav.
- A 'plan B' scenario to address additional supervision that may arise from the child / young person's medical needs e.g. 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 can require at least 10 days to organise a supply.

11.0 Unacceptable Practice

Governing bodies should ensure that their school's policy is explicit about what practice is not acceptable.

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

- Prevent children / young people from accessing their inhalers or other medication.
- Assume every child / young person with the same condition requires the same support.
- Ignore the views of the child / young person and their parents.
- Ignore medical evidence or opinion, although schools may challenge this.
- Send children / young people with medical conditions home frequently or prevent them from staying for normal school activities e.g. lunch.
- Send an ill child / young person to the school office or medical room without a suitable person to accompany them.
- Penalise children / young people for their attendance record if their absences relate to their medical condition e.g. hospital appointments, fatigue, school phobia, anxiety.
- 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, administering medicines and manual handling needs.
- Prevent children / young people from, or create unnecessary barriers to, participating in any aspect of school life, including school trips e.g. by unreasonably 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 children / young people 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 child / young person'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 Health Care Plans.

The policy should set out:

- The procedure to be followed when school is notified that a child / young person has a medical condition.
- Who is responsible for developing Individual Health Care Plans.
- The roles and responsibilities of all those involved in arrangements for children / young people with medical needs.
- Identify collaborative working arrangements between those involved, showing how they will work in partnership to meet the needs of the child / young person.
- How staff will be supported in carrying out their role to support children / young people 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 children and young people 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 schools medical policy may also refer to:

- Home to school transport.
- Defibrillator arrangements.
- Asthma inhalers 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 children / young people are absent, from school, due to medical reasons, including:

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

Duties of the Local Authority
NYCC outlines its statutory duties and how it will meet these through their following policy statement: **Policy for Access to Education for School Aged Children and Young People with Medical Needs, Autumn 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 NYCC procedures as outlined in the above document.
- Make available to tutors relevant records and information.
- Monitor and support the progress of absent children / young people.
- Be proactive in planning the return to school.

See appendix 15 for more information.

4.0 Medical Conditions and Specific Guidance

Asthma

What is it?	Asthma is a condition that affects the airways-the small tubes that carry air in and out of the lungs. When a person with asthma is exposed to a trigger or airway irritant the muscle around the airway tightens causing breathing difficulty and wheeze.
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 increased effort). • may complain of a tight chest (young children may express this as tummy ache or neck pain). • unable to talk in complete sentences. Some children / young people may become very quiet. • Nasal flaring.
Managing an asthma attack (information taken from Dept of Health 'Guidance on the use of emergency salbutamol inhalers in school' 2014)	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 any time 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. • If 10 puffs are given and the child recovers, he/she should see the GP as soon as possible. Call an ambulance immediately if the following are noticed: • Appears exhausted.

	• Has a blue/white tinge around lips. • Is going blue. • Has collapsed. • The person administering the inhaler is concerned. A child / young person with Asthma can deteriorate quickly so if you are in any doubt it is safer to call an ambulance than to 'wait and see'.
Possible Triggers	Chalk, dust mites, animal fur, chemicals, mould, exercise, viral illness, stress, emotion etc. Aim to reduce as many as these as is reasonably practicable.
How might symptoms be controlled?	• Avoidance of triggers. • Inhalers – preventer/reliever medication, usually a blue inhaler. Preventer treatments at home.
Staff training	All staff including supply teachers need to know how to recognise asthma and what to do in an emergency. The Healthy Child Service/ practitioner 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 children / young people 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 children / young people to carry their reliever inhaler as soon as the parent, health professional and headteacher agree they are mature enough. • Children / young people with severe asthma or who use a nebuliser or who have additional medical conditions will require an Individual Health Care 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 (see below). • 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.

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 children / young people: • for whom written parental consent for use of the emergency inhaler has been given (appendix 10). • 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 child / young person uses the school emergency Salbutamol inhaler parents should be informed of this via letter (appendix 11).
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	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 children / young people who have asthma or who have been prescribed a reliever inhaler, **and** for whom written parental consent has been given.
Further information	www.asthma.org.uk – resources for schools including training videos & materials. Department of Health's 'Guidance on the use of emergency Salbutamol inhalers in school' Sept 2014.

Epilepsy

What is it?	The association, Young Epilepsy, describe epilepsy as "a disorder of the brain in which there is a tendency to have recurring seizures"
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 Health Care 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 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. The Healthy Child Service can provide advice on where to obtain training. In areas where there is a specialist epilepsy nurse, and they are commissioned to do so, specific training will be available to staff who administer medication. Headteachers 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 generic 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 Health Care Plan to be written, which details any areas where extra

	vigilance may be required e.g. when swimming. A risk assessment. (See CYPS health and Safety Policy 2012 for samples). 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 (PEEP) may also be required (appendix 14).
Impact of epilepsy in school	Some children and young people may experience difficulties with concentration, memory loss, tiredness, behaviour and learning. Having many, 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.
Further information	www.epilepsy.org.uk www.youngepilepsy.org.uk

Diabetes

What is it?	Diabetes.org.uk describes diabetes as “a condition where the amount of glucose in your blood is too high because the body cannot use it properly. This is because your pancreas doesn’t produce any insulin, or not enough insulin, to help glucose enter your body’s cells – or the insulin that is produced does not work properly (known as insulin resistance).” It is also known as diabetes mellitus. There are two types: Type 1 – an auto immune condition causing a lifelong dependence on insulin, administered by injection or insulin pump. Type 2 – where the body produces insufficient insulin or cannot regulate it properly. This might be treated by diet and tablets, occasionally insulin. Insulin levels of someone with diabetes may become too high (hyperglycaemia) or too low (hypoglycaemia)
Signs and Symptoms	The signs and symptoms of hyperglycaemia and hypoglycaemia must be detailed in the child / young person’s Individual Health Care Plan Hyperglycaemia and hyperglycaemia can both have serious health implications if left untreated.
Staff Training	All staff including supply teachers need to know what to look out for and what to do in an emergency. The Healthy Child Service can provide advice on where to obtain training. Where there is a local specialist diabetes nurse, and they are commissioned to do so, specific training will be available to staff. Diabetes is a condition that requires a good level of understanding. Training should, where possible, be scheduled for a school training day or after school session to avoid distractions. Headteachers and governors must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences and school trips. Good practice would be for staff to update their training annually.
What do schools need to do?	Detail the child / young person’s needs in an Individual Health Care Plan. The NYCC generic plan may be used (appendix 6) however, hospital diabetes teams often provide schools with a pre written Individual Health Care plan. Headteachers will need to determine if

	this is sufficient for use in school as a child / young person may have additional medical needs e.g. asthma, which also need detailing. • A risk assessment (see CYPS Health and Safety Policy for sample) • Identify a place where blood sugar levels can be tested. This may be within the classroom to reduce the amount of lesson time missed or can be a separate room. This will need to be determined through discussions with the child / young person and parents and will need to take into account the needs of other children / young people in the class. • Put in a procedure for the safe disposal of sharps. Sharps boxes must be kept off the floor and out of the reach of children / young people.
Further information	www.diabetes.org.uk/schools www.jdr.org.uk both have useful information packs for schools

Allergic Reaction

What is it?	An adverse (bad) reaction to a particular substance (allergen).
Signs and Symptoms	Can include: • Sneezing. • Wheezing. • Runny nose. • Coughing. • Nettle rash/hives. • Swelling of face, eyes, lips, tongue. • Itchy eyes, ears, lips, throat and palate. • Shortness of breath. • Sickness, vomiting and diarrhoea. • Anaphylactic shock. • difficulty breathing caused by swelling of the large airways.
Triggers	Can include: • Nuts, milk, egg, fish, shellfish. • Bee and wasp stings. • Pollen. • House dust mites. • Mould. • Animal fur. • Latex. • Aerosols.
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. The Healthy Child Service can provide advice on where to obtain training and may also provide specific training to staff who administer medication via an Epipen (Adrenalin) for anaphylaxis. Good practice would be for training to be updated annually and for generic 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 Health Care Plan and a risk assessment. • Consider food preparation.

	• Consider meal supervision. • Put in place a procedure for the safe disposal of sharps.
Should schools ban identified triggers e.g. nuts?	Before making this decision Headteachers should undertake a risk assessment which considers the nature of their school, the maturity of the child / young person and other children / young people in the school, the severity of the allergy etc. The headteacher should consider advice from parents, health professionals and their health and safety advisor. A balanced decision, by the headteacher, should then be made. National Union of Teachers guidance states… *…prohibitions on specific foods such as 'nut bans' which have been introduced by some schools are not seen as the best way forward: allergic children should be able to develop an awareness of dealing with risks which prepares them for life outside the school environment.*
Want to know more?	www.allergyinschools.co.uk www.anaphylaxis.org.uk

Personal care and continence

What is it?	Procedures of a personal / invasive nature e.g. assisting: • 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. • with oral health procedures e.g. teeth brushing.
Why might needs arise?	Examples: • Young age. • Cognitive and developmental level. • Physical disability or medical condition. • Behavioural issues.
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 personal care needs.
Reasonable Adjustments	Schools should make all 'reasonable adjustments' to manage personal care needs to ensure emotional resilience and develop good health and well-being.
Personal care Plan	It is good practice to have generic written procedures for children / young people who have occasional "accidents" in school. Children / young people with more complex conditions may require an Individual Health Care Plan (appendix 6).
Independence	Children / young people should be encouraged to undertake as much of the task as is reasonably possible and this should be detailed in the Individual Health Care 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, • Behavioural issues. The National Union of Teachers advice (March 2009) states… "there is no legal requirement for 2 adults to be present in such circumstances and such a requirement might in any case be impractical".
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 school 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	Good hand hygiene practice should be followed by staff and the child/young person. For further information on this issue see NYCC Infection Protection and Control – guidance for managers March 2012 or contact CYPS Health and Safety.
Parental Involvement	Schools should be clear on what resources and information they expect parents to provide and detail this in the Individual Health Care Plan. Good liaison is essential. Schools should not expect parents to come in to undertake 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 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. The Healthy child Service can provide training for schools. In addition adults involved need to be aware of safeguarding / child protection and should follow their schools procedures where they have
	concerns.
Further information	• NYCC Health and Safety policy. • NYCC Infection Protection and Control – guidance for managers March 2012. • National Union of Teachers Continence and Toilet Issues in Schools March 2009. • NYCC Continence Policy for the Early Years Foundation Stage May 2011.

Therapy Programmes e.g. Physiotherapy, occupational therapy

What are they?	Exercises / stretches / activities which aim to improve or maintain mobility / movement / ability. This may also include the use of a standing frame. They are an essential aspect for a child / young person's care.
Reasonable adjustments	Schools need to make 'reasonable adjustments' to include therapy programmes 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. • Space for the child / young person and staff. • Space for any equipment e.g. plinth, mat, hoist etc.
Following a programme	School staff would only undertake a programme following guidance from the child / young person's therapist. It is essential that the therapist trains staff, sets and monitors the programme. Where a private therapist 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. • has their own insurance. • has Disclosure Barring Service clearance.
Further information:	www.hcp-uk.org

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 child / young person able to weight bear? Is there a need for a phased return? Arrange a pre visit for the child / young person and parent. Consider: • Access. • Emergency exits. • Alternative routes/areas. • Toileting needs (see below). • Home to school transport needs.
Toileting needs	Identify: • Which toilet is most appropriate to use. • Any assistance needed and which staff will give this. If a child / young person cannot get on / off the toilet independently moving and handling advice must be sought. Contact spm@northyorks.gov.uk
What might schools need?	• A risk assessment. • A moving and handling risk assessment (appendix 13). • A Personal Emergency Evacuation Plan (appendix 14) contact spm@northyorks.gov.uk for advice if required).
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. • after school activities.
Further information	• NYCC Health and Safety Policy. • Moving and handling section of this document.

Moving and Handling

Definition	Some children / young people with physical disabilities require assistance with moving. This is known as 'manual handling' e.g. assistance to move from wheelchair to toilet/chair, get in/out of bed, 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 written procedures agreed by a moving and handling trainer / health care professional. • The views of the child / young person and their parents must be taken into consideration. • It is important to encourage children / young people to be as actively involved as possible. • Staff need to be trained. • All procedures need to be risk assessed.
What schools need	• Moving and Handling Risk Assessment (Appendix 13). • Appropriate equipment. • PEEP (appendix 14). It is the Headteachers responsibility to ensure these are in place with advice and support from a NYCC moving and handling trainer and the child / young person's occupational / physiotherapist.
Staff Training	Staff will require back care training and specific manual handling training. This can be obtained by contacting NYCC
Monitoring and reviewing a moving and handling plan	Amendments to the Moving and Handling Risk Assessment should be made by the school when any significant changes occur. It should be reviewed annually.
Who to contact for support?	NYCC
Further information	NYCC CYPS Health and Safety Policy

15.0 Acknowledgements

Thank you to the following agencies who have assisted with the development of this guidance:

- Parents.
- Diabetes Network – Yorkshire and Humber.
- NYCC Health and Safety Risk management (CYPS).
- NYCC Insurance and risk management.
- Healthy Child Commissioners.
- NYCC Legal department.
- Special school heads.
- Headteachers via JDP.
- Early Years Advisory Teachers.
- Integrated passenger transport.
- Clinical Commissioning Groups.
- Heath service providers –specialist nurses, community nursing teams, paediatricians.
- Behaviour and attendance service.
- NYCC HandS Service.

16.0 References

NYCC Documents

- CYPS Health and Safety Policy and Guidance Handbook 2012.
- CYPS Handbook for Educational Off-Site Visits and All Adventurous Activities 2013.
- NYCC Continence Policy for the Early Years Foundation Stage May 2011.

www.education.gov.uk

Department for Education

- Supporting pupils with medical conditions in school September 2014/December 2015.
- Health and Safety: Advice for Schools, 2014 (This covers on-site, off-site, and school trip advice).
- Ensuring a good Education for Children Who Cannot Attend School Because of Health Needs, 2013.
- Special Educational Needs and Disabilities Code of Practice 0-25, 2014.
- Guidance for the Safe Working Practice of the Protection of Children and Staff in Educational Settings, 2006.
- Statutory Framework for the Early Years Foundation Stage, 2014.

Other Education Guidance

- Council for Disabled Children and DfES: Including Me, Managing Complex Health Needs in Schools and Early Years Settings, 2005.

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 for information about infections
- The Equality Act 2010
- Manual handling operations regulations 1992 (revised 2004)
- The Guide to the Handling of People (6th Ed) Edited by Jacqui Smith 2011
- National Union of Teachers Continence and Toilet Issues in Schools 2009
- NUT Administration of Medicines 2005
- Administration of Medicine: Unison guide for Health and Safety Representatives 2003
- North Yorkshire Health Protection Unit Guidance on Infection Prevention and Communicable diseases in schools and Colleges 2007
- Medicalconditionsatschool.org.uk

Website address	Website details
www.anaphylaxis.org.uk	The Anaphylaxis campaign
www.shinecharity.org.uk	Association for Spina Bifida and Hydrocephalus
www.asthma.org.uk/	Asthma UK
www.cftrust.org.uk	The Cystic Fibrosis Trust
www.diabetes.org.uk/	Information on diabetes
www.eczema.org./	National Eczema Society
www.epilepsy.org.uk	Information on epilepsy

www.eric.org.uk/	Education and resources for improving childhood continence
www.iasupport.org	Information for children and young people who undergo either ileostomy or an internal pouch operation
www.muscular-dystrophy.org/	Information on muscular dystrophy and other neuromuscular conditions
www.patient.co.uk	Information for patients and carers
www.cafamily.co.uk	Information about over 400 medical conditions

17.0 Appendices

The appendices mentioned in this document can be downloaded from

http://cyps.northyorks.gov.uk/medical-education-service