



# St. Giles' School Supporting pupils with medical needs policy

13<sup>th</sup> March 2024

Document control

SGS staff lead on policy : SH		Date of next review: Spring 2025
No.	Updates/Change	Page
1	NA	-



## **Education of pupils with medical needs**

St Giles is a specialist school for pupils with physical disabilities and complex medical needs. Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of our school community. The school works with health professionals to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

**At this school, the Coordinator for pupils with medical needs is the Deputy Head Teacher.**

### **Individual healthcare plans**

The parents or carers of all new pupils meet with the Special School Nurse as part of their transition. The nurse determines whether the child needs a health care plan and how this should be supported. The IHCP provides clarity about what needs to be done, when and by whom.

**At this school the Special School Nurse is responsible for drawing up the IHCPs.**

Plans will be reviewed at least annually by the Special School Nurse or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. The individual healthcare plan will be linked to the child's statement or EHC plan.

When drawing up an IHCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments.
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues.
- specific support for the pupil's educational, social and emotional needs – for example, how absence from school will be managed.
- the level of staff support needed, including in emergencies.
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at the school for medication to be administered by a member of staff. Permission letter to be sent to parents from the Special School Nurse.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments.

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- what to do in an emergency, including whom to contact, and contingency arrangements. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

**In the event of an emergency, the ambulance (or other emergency service) should be directed to St Giles School, Pampisford Road, South Croydon CR2 6DF**

## **Collaborative working arrangements**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

### **The Governing body will:**

- ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be deemed detrimental to the child and others to do so.
- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Governing bodies should ensure that written records are kept of all medicines administered to children.

### **The Head Teacher will:**

- ensure that individual healthcare plans are in place for identified children.
- ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ensure that all staff who need to know are aware of the child's condition.

- ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- contact the special school nursing service in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way (please see annex B for further details).

**St Giles School is insured with Zurich through the Local Authority. The contact person is Margaret DeVille. Email: [margaret.deville@croydon.gov.uk](mailto:margaret.deville@croydon.gov.uk)**

#### **The Deputy Head Teacher will**

- ensure all requests for medical training are followed up with the nurse trainer.
- ensure risk assessments for all pupils with high level medical needs are in place e.g. oxygen administration in the classroom, managing of tracheostomies in the classroom.
- ensure there is sufficient staffing throughout the day to meet the child's needs.
- manage cover if staff are away to ensure the child's needs can be met.
- arrange school induction for 1-1 nurses and Health Care Assistants who support children in the classroom through continuing care packages.
- check risk assessments for educational visits to ensure medical needs are covered.

#### **The Admin team will**

- liaise with the nurse trainer to draw up training schedules
- inform staff of upcoming training.
- ensure correct signage and storage of oxygen is in place.

#### **School staff:**

- may be asked to provide support to pupils with medical conditions, including the administering of medicines.
- will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- should flag up any concerns about a child's health to their class teacher in order for the care plan to be reviewed.
- adhere to each pupil's individual risk assessment.

#### **Parents will:**

- provide the school with sufficient and up-to-date information about their child's medical needs. They will also be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- send prescribed medication into school, clearly marked, via the bus or taxi escort to be handed directly to nursing staff.

- inform the school when their child is ready to return to school after surgery or hospitalisation and review any changes needed to the care plan.

**School nurses or other qualified healthcare professionals will:**

- administer prescribed medication and care as agreed in the IHCP.
- check all medication for pupils is in date and will inform parents when it becomes out of date.
- liaise weekly with the Headteacher, Deputy Headteacher and multi agency professionals regarding children with changing medical needs and safeguarding issues.
- check staffing for educational visits and school journeys to ensure medical needs are met.
- train class staff to administer prescribed care as agreed in the IHCP; regularly check competencies; provide clear care plans to the class and care recording sheets.
- The school nursing service provides training to school staff to administer the following medications:
  - Epipen (for allergies)
  - Buccal Midazolam (for epilepsy)
  - Inhalers (for asthma)
  - Enteral (tube) feeding
  - Emergency medication administration

<p><b>At this school, the allocated special school nurse is Melissa Clarke</b></p>
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**GPs, paediatricians and other healthcare professionals will:**

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- they may provide advice on developing healthcare plans.

**Local authorities will:**

- promote cooperation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and the 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.
- 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.

**Providers of health services will:**

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

**Clinical commissioning groups will:**

- ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

## **Staff training and support**

***Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional.***

- All staff will receive general training in the management of epilepsy, asthma, use of epipen annually.
- Identified staff will be specifically trained to carry out emergency medical procedures for specific children who have an IHCP.
- Training will be provided by a special school nurse trainer and will ensure staff are fully competent prior to carrying out a medical procedure.

## **Managing medicines on school premises**

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child at St Giles should be given prescription or non-prescription medicines without their parent's written consent.
- No child at St Giles will 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 should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. 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 will be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will be stored securely.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted; and if medication is for any reason not given a record must be kept and the parent informed.
- A record of all allergies of the child must be maintained.
- When no longer required, medicines will be returned to the parent by the special school nurse to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

## **Liability and indemnity**

### **The Governing body should:**

- ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (please see annex B for further details).
- ensure that insurance policies provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

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

## **Day trips, residential visits and sporting activities**

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

## **Home to school transport for pupils requiring special arrangements**

- Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from the school and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.
- Schools should make every effort to provide relevant information they hold regarding pupils' transport needs to the Local Authority Passenger Transport Team so that risks to pupils are minimised during home to school transport, particularly if any needs change.
- For these pupils, all drivers and passenger assistants should have basic first aid training. Additionally trained healthcare professionals may be required to support some pupils with complex medical needs.
- Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles and ensuring details of any allergy are made apparent to the Passenger Transport Team before transport begins.
- It should be ensured each vehicle used for home to school transport has some form of communication by which to summon help in an emergency.

## **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their parents.
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch.
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.

- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

## Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure accessible on the school's website

[www.st-gilesschool.co.uk](http://www.st-gilesschool.co.uk)

## Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The class teacher will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child's health condition requires an extended period of absence from school, the school will work with the hospital school and parents to enable the child to continue to access education. If the child is recovering at home the class teacher will send activities home to reduce the impact of school absence. In some cases pupils will have a personalised package of home learning delivered by a senior Teaching Assistant.

When a child is ready to return to school parents are asked to arrange an assessment meeting with the relevant health professionals so that care and therapy plans can be updated.

This policy will be reviewed regularly and will be accessible to parents/carers via the school website

[www.st-gilesschool.co.uk](http://www.st-gilesschool.co.uk)

This Policy has been approved by the Governing Body of St Giles School at the meeting on

Signed: Chair of Governors

Signed: Headteacher

Date for next Review:



## **Annex A: model process for developing individual healthcare plans**

1. Child diagnosed or child due to start at St Giles
2. Special school nurse carries out health needs assessment with parents which will inform the IHCP if required
3. School staff training needs identified and specific staff agreed by Deputy Head Teacher
4. Special school nurse delivers training and staff signed off as competent
5. IHCP implemented and circulated to all relevant staff
6. IHCP reviewed annually or when condition changes. Parent or special school nurse to initiate when condition changes

## **Annex B: Delivery of interventions to meet pupil's medical needs: Insurance and liability**

Teachers and teaching assistants may be involved in the delivery of certain medical interventions, where it has been deemed suitable for delivery by a member of the school team.

Services such as the Special School Nursing Team deliver training and support so teaching staff can deliver medical interventions including:

- Suctioning
- Tracheostomy care
- Oxygen administration
- Cough assist and chest physiotherapy/ postural support
- Seizures
- Medication Administration
- Elimination - Intermittent Catheterisation
- Enteral (tube) Feeding

To ensure schools feel confident in such circumstances, the Council and the CCG have sought advice from the Council's internal insurance team, to gain assurance for all our staff in whatever actions they carry out within their role.

### **Insurance in Croydon LA maintained schools**

Croydon Council maintains employer liability insurance cover for all members of staff, which includes the staff at LA maintained schools. LA schools are billed on an annual basis for their element of cover. All special schools are currently also insured through this process, whereas Academies are not. The council's insurance team have confirmed that employees are covered for actions they undertake on behalf of the council/school, unless they deliberately undertook a negligent act or acted in an unreasonable manner.

The underwriter for the Council and School's insurance has advised that the liability policy would provide cover for members of staff administering medicine to pupils, orally, topically, by injection or by tube, and the application of appliances or dressings, and any other 'non-invasive' medical procedures.

Schools and staff need to be aware of the following:

1. Staff would need to be fully trained (for example by the Special School Nurse Team) before undertaking a medical intervention,
2. Parental consent would need to be gained in writing,
3. Records of staff training and parental consent must be kept on file by the school for insurance purposes.

If any schools would like to contact the Council's Insurance Team directly for any further clarification around insurance, their contact details are [insuranceteam@croydon.gov.uk](mailto:insuranceteam@croydon.gov.uk)