

TUNBRIDGE WELLS GIRLS' GRAMMAR SCHOOL

Approved by Governing Body: June 2017

To be reviewed by: June 2020

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

This policy is written in line with the requirements of:-

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code of Practice, DfE December 2014

This policy should be read in conjunction with the following Tunbridge Wells Girls' Grammar School (TWGGS) policies: SEND Policy / Information Report, Child Protection/ Safeguarding Policy, Educational Visits policy, Complaints Policy, Pastoral Policy. This is based on the Kent model policy and will be reviewed every three years.

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school eg because they are on a course of medication

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND Policy / Information Report and the individual healthcare plan will become part of the EHCP.

TWGGS recognises that there is a range of medical needs which may include complex mental health issues. Examples are eating disorders, self-harming, anxiety and depression.

Rationale

Most schools will at some time have pupils with medical needs on the roll. The Health and Safety at Work Act (1974) places duties on employers for the health and safety of their employees, and it is the responsibility of the employer to make sure that safety measures cover the needs of all pupils at the school. In some cases, pupils with medical needs may be more at risk than others, and additional steps may need to be taken to safeguard the health and safety of such pupils. These potentially vulnerable groups of pupils are identified in the 2014 Ofsted briefing notes as including those with a chronic illness or long-term health condition; for example, musculoskeletal problems, cancer, asthma, epilepsy, diabetes, Crohn's disease, heart problems and pupils with mental health problems such as anxieties, depression and school phobia. Where individual procedures are required, individual health care plans, which include medication arrangements, may be provided for pupils with medical needs. Children with medical needs have the same rights of admission to school as other children and cannot generally be excluded from school for medical reasons. As a general rule, when a child is fit enough to return to school after suffering from a common infectious illness, there is no reason to restrict attendance or activity but the recommendations of the local Health Protection Trust will be followed in advising parents.

The Medicines Act (1968) places restrictions on dealings with medicinal products, including their administration, which should only be by an appropriate practitioner (e.g. a doctor). However, there are exceptions for the administration of certain medicines by injection in emergencies (in order to save life). The Statutory Guidance "Supporting pupils at school with medical conditions" (DfE 2014) supersedes all previous guidance documents for schools on dealing with medicines. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency. This duty also extends to

teachers leading activities taking place off the school site, such as educational visits, school outings or field trips. There is, however, no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it – this is a voluntary role.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and may develop emotional disorders such as anxiety or depression around their medical condition. Long term absences affect children's educational attainment, integration with their peers and general well-being and emotional health. Reintegration back into school and frequent absences for medical appointments should be effectively managed.

The statutory duty of the Governing Body

The Governing Body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Governing Body of TWGGS fulfils this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so, they will, as far as reasonably possible, be able to access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for her medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others not to do so;
- Ensuring that the arrangements put in place are sufficient to meet statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing this policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff ;
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation;
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition;
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions;
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided;
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines;
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records;
- Ensuring that the policy sets out what should happen in an emergency situation;
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate as far as reasonably possible in school trips and visits, or in sporting activities, and not prevent them from doing so;
- Considering, if appropriate, whether to develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport;
- Ensuring that the policy is explicit about what practice is not acceptable;
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk;
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions.

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body has conferred the following functions of the implementation of this policy to the staff below, however, the Governing Body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Deputy Headteacher/ SENCO. S/he will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training. S/he will also be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant members of staff are aware of these plans. Emma Farrow, Pastoral Support KS3 and 4, and Naomi Vallely, Sixth Form Support, will be responsible, within their Key Stages, for preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

The School Nursing Service acts as the school's main health contact who advises on health issues and often provides any necessary support. Nurses attend the school regularly to undertake vaccination programmes, health checks and give advice and support to individual pupils. The school liaises with external agencies to provide the best support available for the pupil and has strong links with the Hospital School. Within school, flexible timetables may be devised and examination loads amended to suit the needs of the individual pupil. This may also include applying for special consideration for examinations, supplying suitable seating, providing rest breaks or making arrangements for sitting examinations in a separate room with a personal invigilator.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to TWGGS for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to TWGGS mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care. Where children use an epipen or an asthma inhaler, they should carry this with them, however parents are encouraged to leave a named spare with Reception for emergency use, should this be required.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate as far as possible in school trips and visits, or in sporting activities, and not prevent them from doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

TWGGS does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with

parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Deputy Headteacher/ SENCO, DOAs and Pastoral Support, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers and be put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that TWGGS effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Deputy Headteacher/ SENCO is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, the special educational needs should be mentioned in the individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional eg school, specialist, or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which TWGGS should take to help manage their condition and overcome as far as reasonably possible any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

TWGGS will ensure that individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template 1 (Appendix B) provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer and the Deputy Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

- 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 eg, risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan at school

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at TWGGS. In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, providing or commissioning specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions. Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and compliance with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to 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. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school. **Clinical Commissioning Groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Medical Room

The medical room is available for those pupils who become ill during the school day. If this occurs, girls are expected to go to the reception area, **with a friend to support them**, with a signed, dated note from their teacher explaining the problem. The Receptionist assesses the girl, and then either allows the girl to go to the medical room, accompanied by her friend, while s/he telephones a parent/guardian, or calls for a first-aider from the list of trained staff that are available. The Receptionist ensures that girls resting in the medical room are checked at least half hourly. In the case of an accident or incident involving injury, an accident/incident report form has to be completed on every occasion. Report forms are available from Reception.

Staff training and support

There is a list of qualified first aiders which can be found in the staff shared area. Staff members holding the First Aider at Work qualification, and who have re-qualified in the past three years, are trained in the use of CPR and the defibrillator as part of their First Aid training. Template E will be used to record staff training for administration of medicines and /or medical procedures. All members of staff who are required to provide support to pupils for medical conditions will be trained by a healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Deputy Headteacher/ SENCO, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

Children's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage her/ his own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan. Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in Reception to ensure that the safeguarding of other children is not compromised. TWGGS does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If children refuse to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At TWGGS the following procedures are to be followed:

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

- No children under 16 should be given prescription or non-prescription medicines without their parents' written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve parents while respecting the right to confidentiality;
- Out of school with parental written consent we will administer non-prescription medicines, except never aspirin or containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents will be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- TWGGS will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to school inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely at Reception. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility: Mrs Holloway, Receptionist.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be held by the pupil, as appropriate; parents are encouraged to provide spares which should always be readily available at Reception and not locked away; they should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices & medicines required.
- Children who have been prescribed a controlled drug may legally have it in their possession if competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. TWGGS will keep a record (see template C and D) 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. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

The Deputy Headteacher and/or Assistant Headteacher (EVC) will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. 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. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate as far as reasonably possible in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible. We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Emergency Procedures

Any member of staff may ask the Receptionist to call for an ambulance in the event of need, giving information about the exact location of the casualty. A pupil taken to hospital by ambulance must be accompanied by a member of staff, who will remain until the pupil's parent or guardian arrives. Generally, staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. In this case the member of staff should have their car insured for business use and be accompanied by another adult.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant members of staff are aware of emergency symptoms and procedures. Other pupils should know what to do in general terms, such as informing a teacher immediately if they feel help is needed.

TWGGGS has a defibrillator, a machine used to give an electric shock to restart a patient's heart when in cardiac arrest, and staff trained in its use. (See the list in the shared area). The defibrillator is located in the staff work room. Staff members holding the First Aider at Work qualification, and who have re-qualified in the past three years, are trained in the use of CPR and the defibrillator as part of their First Aid training.

Other issues for consideration

- Where a pupil uses home-to-school transport arranged by the LA and s/he also has a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

Unacceptable practice

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

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send her/ him to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, 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; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

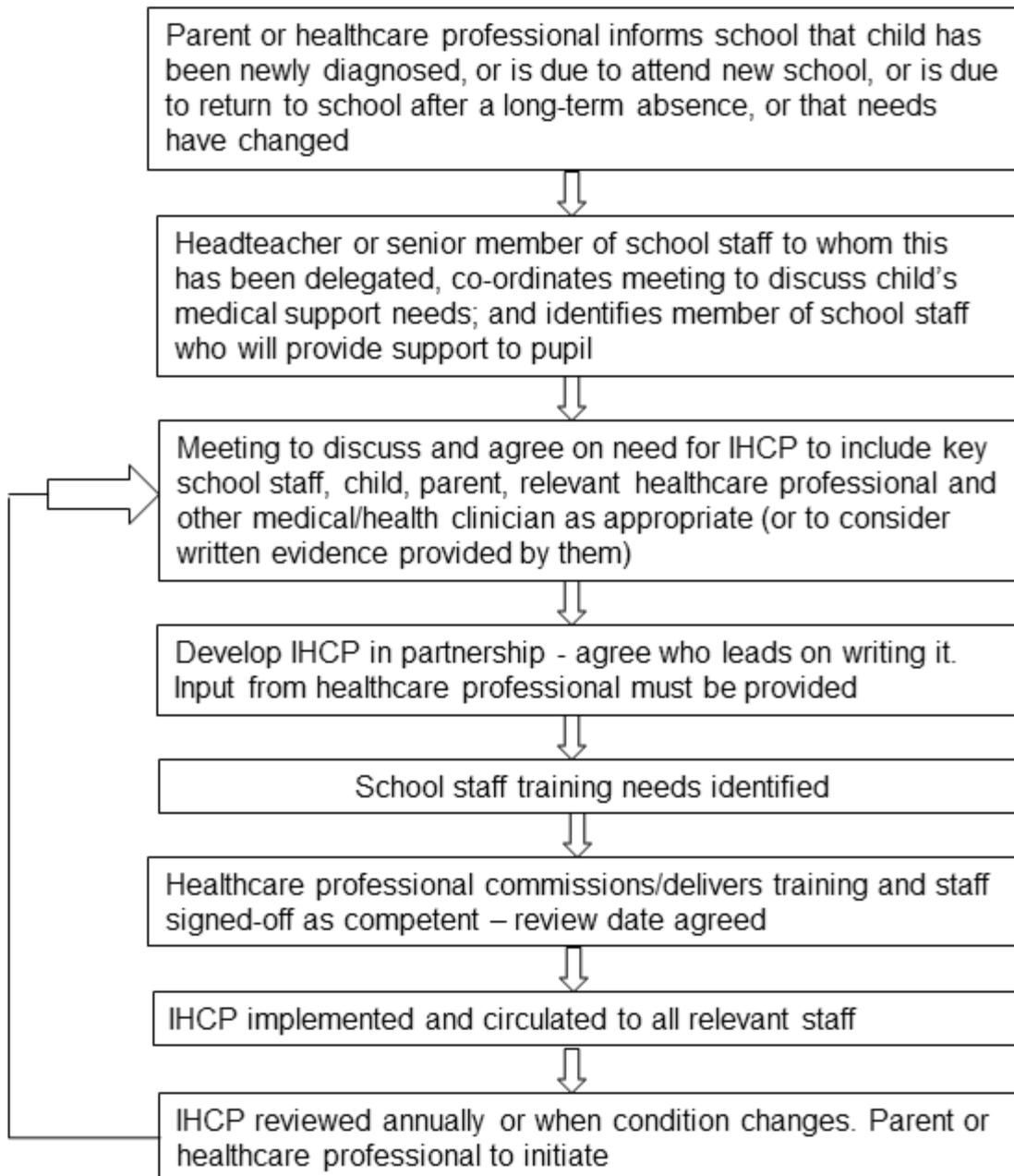
Liability and indemnity

The school's main insurance provider via KCC arrangements is Zurich Municipal Insurance under policy number QLA-17AD01-0013. See Appendix C

Complaints

Should parents/carers be unhappy with any aspect of their child's care at TWGGGS they must discuss their concerns with the school. This will be with the child's form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the DOA or a member of the leadership team, who will, where necessary, bring concerns to the attention of the Deputy Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the school's Complaints Procedure.

Appendix A: Model process for developing individual healthcare plans



Appendix B: Template A: individual healthcare plan

Name of school	Tunbridge Wells Girls' Grammar School
Child's name	
Form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix B: Template B: parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	Tunbridge Wells Girls' Grammar School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Appendix B: Template C: record of medicine administered to an individual child

Name of school	Tunbridge Wells Girls' Grammar School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

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

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

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

Appendix B: Template E: staff training record – administration of medicines and/or medical procedures

Name of school	Tunbridge Wells Girls' Grammar School
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Insurance Provision for Medical Treatment & Procedures

The provision of Local Authority services increasingly requires non-medical staff i.e unregistered and non-health qualified staff, to undertake a range of health care procedures which previously might have been considered the remit of medical/healthcare professionals. This can raise concern over the extent of insurance cover in place to protect KCC against claims for compensation.

The Authority's liability policy will extend to cover activities of staff carried out in the ordinary course of the business of the Council. This will include the medical/healthcare procedures which form part of the duties of teaching and other staff with a caring and support role to play.

Although any claim for negligence would be assessed on its own merits a non-medical member of staff who, in providing medical support as part of their duties, follows pre-set guidelines and acts in line with training they have received from a competent/qualified person, should be considered by insurers to have acted reasonably and be protected by the policy.

Table 1 below provides a guide to the range of medical treatments which non-medical KCC staff might be asked to undertake and for which insurance has been arranged.

Staff members without relevant professional qualifications are not insured to make medical decisions. Equally they would not be insured to carry out invasive procedures i.e. involving incision/cutting surgical procedures as well as treatments such as ear syringing and internal swabbing. Making the decision to and inserting a feeding tube or similar is a task for a medical practitioner however when such a tube requires periodic re-insertion this is a task it would be permissible for KCC staff to perform only once fully trained and following set procedures.

KCC is increasingly employing qualified registered nurses. In order to meet their registration criteria KCC has extended its insurance cover and now provides an indemnity in respect of specified activities.

Table 2 below illustrates activities and procedures a qualified nurse employed by KCC might perform.

If you are aware of treatment being provided by KCC staff which falls outside this guidance please contact KCC Insurance immediately for advice.

Table 1 - Medical Procedure KCC staff might perform

All unregistered and non-health qualified staff training for clinical procedures must be child/adult specific and task specific. Each member of staff must be individually assessed and registered nurses who undertake training for some aspects have a professional responsibility to ensure each staff member is fully competent

Apnoea monitoring	- via a machine
Bathing	
Blood Samples	- taken by Glucometer or finger prick only
Buccal midazolam	- administered by mouth and following training and assessment

	of competence
Cadd pump	- when permissible within terms of staff duties
Catheters	- changing of bags and cleaning of tubes and re-insertion of tubes for minors (with consent)
Colostomy/Stoma care	- cleaning and changing of bags
ACE stoma	- access via catheter for administration of medication
Chest drainage exercise	
Dressings	- application and replacement as prescribed
Defibrillators (AED)	- use as a First Aid procedure
Denture cleansing	- using proprietary cleaner only
Dressing Care (external)	- application and replacement
Ear/Eye/Nose drops	
Eye care	
Finger and toe nail cutting	- following training and competence
First Aid	- when qualified and applicable during the course of the business for the benefit of staff and others
Gastronomy tube feeding	- feeding via PEG or button and cleaning of the tube. Reinsertion (with consent)
Gastronomy buttons	- insertion or reinsertion of low profile gastronomy buttons and testing including care of button, changing of water in button
Hearing aids	- assistance in fitting and replacement
Inhalers and nebulisers	- administration of medication via an inhaler or nebuliser including hand held devices e.g. spacers
Injections	- administering doses via pre-assembled pens or syringes as pre-prescribed by a medical practitioner e.g. growth hormone
Insulin pump/injection	- administering prescribed doses via pre-assembled pen or following pre-prescribed procedure
Medipens	- with a pre-assembled adrenaline pen e.g. Jext pen or epipen
Mouth care	
Naso-gastric tube feeding	- placement testing, aspirating, feeding and cleaning of the tube. Reinsertion (with consent)
Occupational therapy	- when permissible within terms of staff duties
Oral medication	- when pre-prescribed by a medical practitioner. For children, wherever possible parents/guardians should provide the medication prior to the child leaving home. A written consent form is required from the parent/guardian and this should be in accordance with LEA procedures on medicines in schools etc. Similar consideration when asked to administer 'over the counter' medicines
Pessaries	- when permissible within terms of staff duties
Reiki	
Physiotherapy	- when permissible within terms of staff duties
Pressure bandages	- when permissible within terms of staff duties and as prescribed and when assessed as competent
Rectal diazepam/midazolam	- pre-packaged doses and with two staff members present
Rectal paraldehyde	- pre-mixed, when permissible within terms of staff duties and following training and assessment of competence
Splints, braces, corsets	
Suction	- application of oral or nasal suction following training and assessment of competence
(Oxygen – administration of)	- assisting a user in applying a mask and cannula's and

Suppositories	administering prescribed dose following competency based training and assessment - as required for pain and emergency interventions e.g. rectal diazepam
(Enema suppositories)	
Swabs	- external cleansing of skin, also inside mouth/nose
Tracheostomy care	- clean and suction a tube or change it if blocked
Ventilators	- following training and assessment of competence

Staff members may also perform non-medical procedures which determine dosage levels i.e. weighing fruit to calculate carbohydrates dosage for pupils with diabetes. Where such activities follow an approved pre-planned process for which training has been provided then insurance cover will operate.

Table 2 - Medical Procedure KCC employed Qualified Nurse might also perform

Anal Plugs for incontinent adults/children	
Bladder and Bowel wash out	
Catheters	- insertion of tubes
Ear syringe	
Naso-gastric tube feeding	- insertion of tubes
Syringe drivers	- programming
Swabs	- internal
Tracheostomy	- insertion of tubes

KCC's insurance policy has been endorsed to provide cover for nurses in relation to the following activities:

- diagnosis of injury
- prescription of treatment or drugs
- care or treatment of a patient

KCC does not provide insurance cover to any other medical professional who is required to hold a policy of insurance as part of their professional registration.

Please contact KCC Insurance on 03000 416539 if you require further information.