

# Supporting Pupils with Medical Conditions in Hounslow Schools

This document will be reviewed in 6 months

We appreciate comments and case studies (good examples and problematic cases) to support the review of the policy

Please email: [PublicHealth@hounslow.gov.uk](mailto:PublicHealth@hounslow.gov.uk) using the subject heading 'Supporting pupils with medical conditions'

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## 1. Introduction

*“Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.”*

The need for support to meet healthcare needs is a frequent barrier to accessing education for children with complex health needs. This lack of support has the potential to have a significant impact on a child’s educational attainment and fails to meet the outcomes of Every Child Matters.

There are over 44,000 pupils in school in Hounslow (Census 2019) and over 1,500 have an Education Healthcare Plan but many more will have health care needs that don’t require an EHCP, but schools need to ensure they are meeting their needs.

Government legislation places an obligation on statutory agencies to ensure joined up services and multi-agency working to improve outcomes for all children (see Appendix 9 Roles and Responsibilities). There is a need to develop and implement standardised policies and procedures which meet the individual needs of all children, ensuring an organised and coordinated approach which will enable children to access education. However, the successful implementation of such a policy is dependent on the level of collaboration and agreements about shared care arrangements.

This document draws on national policy and legislation to develop a local approach to multi-agency working. Providing guidance on processes schools and partners should follow, key roles and responsibilities, and training and other resources available to support schools in meeting the individual needs of pupils with medical conditions in Hounslow.

Department of Education statutory guidance<sup>1</sup> states:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- 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 properly understood and effectively supported

In this document ‘medical condition’ refers to any physical or mental health condition that requires ongoing health professional input.

This policy should be read alongside other local guidance including

- SEND Strategy
- C&YP Strategy
- Early Help Strategy

This policy will be reviewed in 6 months or earlier if there is any change in the regulations.

<sup>1</sup>Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (2015)

## 2. Pupils with a medical condition

### Keeping a record of children with a medical condition

The school keeps a register of pupils with medical conditions to identify and safeguard these students. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan (where they have one).

### Developing a health care plan

Health care plans are a school document providing schools with directions or specific guidelines to support pupils with medical conditions. They should not be a burden on schools but enable them to support the pupil effectively with key information and any actions that may be required while at school.

Not all children will need a healthcare plan, it will depend on the pupil's condition, but generally a healthcare plan will be needed when a pupil requires routine/daily health procedures, has a medical status which requires an emergency response to a life-threatening crisis or requires infrequent emergency needs/procedures.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. **Schools do not have to wait for a formal diagnosis** before providing support to pupils in consultation with parents and health care professionals.

Where the child has a special educational need identified in an Education Health Care Plan (EHCP), the individual healthcare plan should be referenced in the EHCP and school staff should then use the health care plan as guidance to manage the medical condition on day to day basis (note, healthcare plans are often updated more regularly than EHCP's and therefore are more likely to have up to date medical information) see appendix 3 Co-ordination between children with medical needs and undergoing EHC Needs Assessment.

If the child has SEN but does not have an EHCP their special educational needs should be mentioned in their healthcare plan.

Schools should follow the procedure detailed **in diagram 1** below, when developing an individual's healthcare plan. Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.

### 3. Process of developing health care plans for pupils

Schools should follow the procedure detailed *in diagram 1* below, when developing an individual healthcare plan. Any exception to the requirement to have an individual healthcare plan (HCP) in place before the child starts school will be at the discretion of the school.

**Diagram 1**

1. Parent or healthcare professional informs the school that a child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that healthcare needs have changed



2. Headteacher or senior member of school staff to whom those has been delegated, co-ordinates a meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.



3. Meeting to discuss and agree on need for HCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



4. Develop HCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.



5. School staff training needs identified



6. Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



7. HCP implemented and circulated to all relevant staff



8. HCP reviewed annually or when condition changes. Headteacher or senior member of school staff to whom those has been delegated to plan & co-ordinate annual reviews. Annual review can also be initiated by parent



## Process Steps

1. School informed by parent or healthcare professional of child/young person's medical needs. Schools should make efforts to be aware of all children with a medical condition. Schools should make use of their own enrolment process and in year admissions processes to ask for medical information, even if they have received information through the admissions process. The school needs to recognise that any measures to identify pupils with medical conditions for their safety should be proportionate and consider confidentiality and emotional wellbeing and not be used to discriminate against the child or young person.
2. All pupils with a medical condition will require a meeting to discuss the pupils individual medical support needs. This may be as part of the induction or admissions process.
3. Where an HCP is required this should be done in partnership with school, parents and relevant health care professional. If a school is unsure who the relevant healthcare professional is the School Nursing service will be able to help them identify the appropriate health service, see section 5 (page 11) 'Training and support for local schools' for the duty line contact details. This will support the school in developing a plan that meets the needs of the pupil and the school. This should ideally take place before the start of the academic year or school term if mid-year entry.

***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.***

4. The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This can range from a school asthma card provided by the child's GP to a more detailed individual healthcare plan, appendix 1b has some example HCP templates. The HCP should contain key information and actions that support the child, so detail will depend on the complexity of the child's condition. Regardless of complexity all HCPs should include:
  - the medication and care requirements at school,
  - what to do in an emergency, and
  - details of the child's GP
  - arrangements for school trips or other activities to ensure child can participate
  - level of support needed and who will provide the support, their training needs, expectations of role and confirmation of proficiency, cover arrangements for when that member of staff is unavailable.

For more severe and/or complex medical conditions, the individual healthcare plan should also include:

- an individual risk assessment (appendix 1a)
- an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption.
- Where the child is eligible for transport, a plan for the child to be escorted by a qualified or non-qualified competent member of staff (health support worker or nurse) and risk assessment for transport, see appendix 5 Transport.

A copy of the individual healthcare plan is maintained and updated by the school and needs to be easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

5. All staff should know which member of staff should be called on in the event of a medical emergency and are familiar with procedures for calling emergency services. The school ensure they have sufficient number of first aiders and staff trained to support pupils with specific medical conditions, taking into account staff absences and turnover. To enable pupils with more complex conditions to participate in school life more specific training for named members of staff will be required. There are a very small number of children whose needs cannot be met by existing service provision and require bespoke packages of support to meet their needs in school and with regards to their transport to and from school, see guidance in Appendix 4 (Joint Commissioning Arrangements for Children with Complex Needs)
- The family of a child should be key in providing relevant information to school about how their child's needs can be met, and parents/ carers should be asked for their views. They should provide specific advice but cannot provide training.
  - Clarification of levels of care and requisite training should be discussed and agreed with the child's health care professional.
  - The school ensures that this training is provided by appropriate professionals.
  - Training should be sufficient to ensure that members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in the HCP.
6. There is a range of online and face to face training delivered by healthcare providers that can be accessed by schools, see section 5 Training and support for local schools. For pupils with more severe/complex medical conditions there might be a need to delegate certain health care procedures to a member of school staff, as part of making reasonable adjustments (under the Equality Act 2010) to support pupils in school settings. The health professional will help identify the procedures that can be delegated in partnership with the school/employer. There are a number of clinical procedures which have been deemed appropriate for delegation by the Royal College of Nursing (2018), see the section 4 'Medication and medical procedures in education settings' (pages 9 & 10), this covers different levels of tasks and which ones can be delegated or require a health professional. Delegation is subject to necessary training, assessment of competence and supervision of practice. When delegating the school should consider:
- Is the procedure specified in the staff members role and job description?
  - Does the employer have appropriate policies and procedures in place?
  - Has consent been gained from parent/carer and or the young person?
  - Is the delegation on a named pupil basis?
  - Is the delegation specified in the pupils HCP?
  - Is the environment appropriate for the procedure to be carried out?
8. It is good practice to meet with parents annually to review the individual healthcare plans. Schools can also consider using parents' evenings to check whether there are any changes that may trigger an earlier review meeting. Transition points in the child or young person's life should be given special consideration and planned for well in advance to ensure services and schools/colleges are able to support the child or young person, see appendix 2 (Transition planning for C&YP with medical needs in educational settings).

## 4. Medication and medical procedures in education settings

Some pupils will have long-term and complex medical conditions requiring ongoing support, medicines or care while at school. Others may require monitoring and interventions only in emergency circumstances.

### Medication

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

If medication is required at school, this will only be given as detailed in the pupil's health care plan, and when parents/carers fill out a medication consent form. *If there is a short-term need parents/carer should contact the school to discuss and the medication consent form must be completed by parents/carers (appendix 1c).*

The school must keep an accurate record of all the medication administered, including the dose, time, date and supervising staff (appendix 1d). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

The school ensures that there are sufficient members of staff trained to administer routine and emergency medication. All staff are aware of the specific members of staff trained to administer medication.

### Storing medication and equipment at school

The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where medication is stored and who holds the key to the storage facility.

The school allows pupils to carry their own medication/equipment if this is appropriate for their age and their healthcare plan and has been risk assessed with input from the parent/carer. Parents/carers should check that this medication is in date.

The school ensures that medication stored by school is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

The school keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessible, with only named staff having access.

Parents/carers must collect all medication/equipment annually and provide new and in-date medication at the start of the academic year.

The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

### Emergency inhalers and adrenaline pens

The school allows pupils to keep their own inhalers and adrenaline pens if appropriate or stored securely but accessible if not.

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

<http://www.legislation.gov.uk/ukxi/2014/1878/contents/made>

<sup>2</sup> <https://www.healthy-london.org/resource/london-asthma-toolkit/schools/resources/>

The school's emergency asthma inhalers and adrenaline pens are available for pupils whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away.

#### Medical procedures: levels of tasks for healthcare plans

The school ensures that there are sufficient members of staff trained to undertake medical procedures either routine or in an emergency situation. Staff who may be regularly expected to administer tasks or medical procedures should have this responsibility recognised in their job description.

Training for specific tasks ranges from basic general training to more complex tasks, where a registered nurse or healthcare professional has trained a non-health care worker and signed off their competency in delivering the required skills. There are some skills which are not able to be delegated from a (health care professional) nurse to a non-health care professional.

The level of care that a child requires can be categorised into four levels. Each child's healthcare plan should specify the level of support required and detail who is responsible for each task.

Competencies for a named child are not transferrable. A copy of the record should be kept by the employer, the care worker and the trainer and within the child's care plan.

The different levels of tasks are outlined below

#### **Level 1 tasks**

A care worker can receive general basic training from their employer and/or health care professional. These skills include:

- Disposal of clinical waste
- Infection control
- Intimate/ personal care
- Assisting a child with eating/drinking
- Continence Care

#### **Level 2 tasks**

These are required to meet a health need and the care worker will receive either individual or groups training from a health care professional for a specified child/group of children. These tasks include:

- Emergency care, including anaphylaxis
- Care of child who has epilepsy
- Asthma care

#### **Level 3 tasks**

These tasks are assessed as complex and require a specific care worker to receive specific training for a named child from a Registered Nurse. Assessment of competency to undertake the task must be completed and confirmed by the trainer. Tasks include:

- Administration of medication
- Care of supra-pubic catheter

- Gastronomy feeds
- Naso-gastric feeds
- Administration of suppositories
- Caring for a child on oxygen
- Oral suction
- Tracheostomy care
- Intermittent catheterisation
- Stoma care
- Non-invasive ventilation

#### **Level 4 tasks**

These tasks are categorised as complex skills and ***can only be carried out by a health care professional***. This is in line with RCN guidance. However, parents can choose to undertake these tasks, with the appropriate training and support. These tasks include:

- Nursing assessment
- Administration of injections (other than epi-pen or pre-loaded assembled syringe)
- Intravenous drugs
- Cytotoxic drugs
- Insertion of naso-gastric tube
- Replacement of gastronomy tubes
- Venepuncture
- Replacement of tracheostomy (except in an emergency)

## 5. Training and support for local schools

Training support for schools ranges from basic general training to more complex tasks, where a registered nurse of healthcare professional has trained a non-health care worker and signed off their competency in delivering the required skills.

There are national organisations that can also provide online training and resources to support schools as well as local agencies that can provide face to face training.

The following agencies offer guidance and/or templates across a range of topics:

Department of Education <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Healthy London Partnership, a partnership across NHS, Greater London Authority, Mayor of London, Public Health England and London Councils <https://www.healthy london.org/our-work/children-young-people/>

The Health Conditions Alliance, made up of over 30 organisations, including charities, healthcare professionals and trade unions <http://medicalconditionsatschool.org.uk/>

### Asthma and anaphylaxis training

**Hounslow School Nursing Service and Children's Asthma and Wheeze Community Service:** Contact the school nursing service for information on training sessions for school staff with a variety of dates and locations

Telephone: 020 3691 1012

Email: [hrc.hounslow.school.nurses@nhs.net](mailto:hrc.hounslow.school.nurses@nhs.net)

**Healthy London Partnership:** Asthma toolkits for schools  
<https://www.healthy london.org/resource/london-asthma-toolkit/schools/resources/>

**Adrenaline auto-injectors:** Guidance on the use of adrenaline auto-injectors in schools  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

**BASCI Allergy Action Plans,** British Allergy Society provide four 4 different plans that can be used as health care plan and facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment apart from access to an adrenaline autoinjector <https://www.bsaci.org/about/download-paediatric-allergy-action-plans>

### Diabetes

#### **West Middlesex University Hospital Children Diabetes Services**

The service can offer training for school teachers and nursery staff on diabetes management (diet, injections, glucose readings).

Telephone: 020 8321 6862 Diabetic Nurse Specialist

**Healthy London Partnership:** London guide for teachers and parents of children and young people with diabetes <https://www.healthy london.org/resource/london-guide-teachers-parents-children-young-people-diabetes/>

**Diabetes UK:** provide a resource pack for schools with guidance on the training for staff, a sample medical conditions policy and answers to important questions staff might have  
[https://forms.diabetes.org.uk/get-your-schools-pack?\\_ga=2.190568875.1495046935.1569328562-380689574.1549277601](https://forms.diabetes.org.uk/get-your-schools-pack?_ga=2.190568875.1495046935.1569328562-380689574.1549277601)

## Epilepsy

**Paediatric Community Nursing Service:** deliver training to special schools. For main stream schools training can be provided for bespoke cases e.g. epilepsy administering of Buccal Midazolam medication, this will be on a referral basis by the school to the PCN team, however they will need to be under a Hounslow GP. For children outside of Hounslow please contact (GP/School Nurse)

**Healthy London Partnership:** London Epilepsy Guide for Schools

<https://www.healthylondon.org/wp-content/uploads/2017/11/London-epilepsy-guide-for-schools.pdf>

**Young Epilepsy:** provide training to school staff and pupils

[www.youngepilepsy.org.uk/training](http://www.youngepilepsy.org.uk/training)

**Epilepsy Action:** provide online learning for schools and people with epilepsy and their families <http://learn.epilepsy.org.uk/courselist/>

## Mental Health

Hounslow CAMHS provides support for children and young people who have emotional, behavioural, or mental health difficulties.

CAMHS has varied levels of interventions and support depending on the level of need of the child in question.

If you are concerned about a child, please contact Hounslow's Single Point of Access to refer them into CAMHS, who will be able to signpost the child into the relevant service.

Telephone: 020 8483 2050

Email: [hounslow.camhs@nhs.net](mailto:hounslow.camhs@nhs.net)

Website: <https://www.westlondon.nhs.uk/service/camhs/>

**Healthy London Partnership:** School Mental Health Toolkit <https://www.healthylondon.org/resource/schools-mental-health-toolkit/>

**Well at School:** Information, advice and resources for schools, parents and carers with an aim of helping children with medical and mental health conditions get the best out of school <https://www.wellatschool.org/resources/advice-for-schools>

## Spina bifida and hydrocephalus

**Shine:** A charity that provide guidance and practical advice to help schools and educational professionals realise the full potential of children with the condition

<https://www.shinecharity.org.uk/schools/schools>

## Paediatric Community Nursing (PCN)

PCN take a coordinated approach with other health professionals to provide advice and/or contribute to health and care needs assessments and review. The PCN service can provide advice and assurances of the quality and aptness of advice appearing in EHCPs, and in such instances will retain responsibility for ensuring advice is appropriate.

To support parent/carers, their families and schools in caring for their children via training and giving advice when attending special schools.

Providing training to school staff to enable them to manage day to day care during school time. This includes management of epilepsy and administering Buccal Midazolam in mainstream schools for pupils who have a Hounslow GP. This should be done in line with Royal College of Nursing guidance on accountability and delegation<sup>3</sup>

Service offered include:

- Asthma and Wheeze
- Paediatric Bladder and Bowel Service
- Special Schools Nursing service
- Children's community Nursing and Continuing Care

Telephone: 020 3903 3660

Email: [HRCH.HounslowPaediatricCommunityNursing@nhs.net](mailto:HRCH.HounslowPaediatricCommunityNursing@nhs.net)

#### Hounslow School Nursing Service

School Nursing would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training or which health service the school need input from<sup>4</sup>.

Telephone: 020 3691 1012

Email: [hrc.hounslow.school.nurses@nhs.net](mailto:hrc.hounslow.school.nurses@nhs.net)

#### SEN Team

**The SEN team** coordinates the Education, Health and Care needs assessment process on behalf of the Local Authority. The team also administer all EHC plans maintained by the LA. An education, health and care plan (EHC plan) may be needed for children who have very complex needs that can't be supported by mainstream education with SEN support.

Telephone: 020 8583 2672

Email: [sen@hounslow.gov.uk](mailto:sen@hounslow.gov.uk)

**Physical Disability Team**, are a team of Advisory Teachers and a Specialist Practitioner who offer advice and support for the inclusion of children (from nursery to Year 13) with a physical disability or a complex medical condition including: cerebral palsy, epilepsy, heart conditions, tumours, leg length discrepancy, talipes, small stature, sickle cell anaemia and cystic fibrosis.

Telephone: 020 8583 2874

Email: [senss@hounslow.gov.uk](mailto:senss@hounslow.gov.uk)

#### Education health and care plans (EHC plans)

An education health and care plan (EHC plan) is for young people up to 25 years old with complex needs who can't get the support they need in mainstream education.

<sup>3</sup> RCN (2017) Accountability and Delegation: A guide for the nursing team

<sup>4</sup> Department of Education (2014) Supporting Pupils at School with Medical Conditions

You'll only need an EHC assessment if the young person:

- has complex needs which can't be met by a mainstream school with support from the council
- their needs affect daily functioning

There is more information about the EHC assessment process and criteria for an assessment on the Hounslow Local Offer:

[https://fsd.hounslow.gov.uk/kb5/hounslow/fsd/localoffer.page?localofferchannel=2341\\_2](https://fsd.hounslow.gov.uk/kb5/hounslow/fsd/localoffer.page?localofferchannel=2341_2)

## 6. Appendix 1: Templates

### 1a. Risk assessment template

Example table below is taken from Dignity & Inclusion: Making it work for children with complex health care needs (2014)

<b>Hazards and possible impacts?</b>	EXAMPLE ONLY: Severe asthma attack	<b>Who or what is at risk?</b>	Child	<b>Existing controls in place?</b>	Initial training Competency training Availability of medication	<b>Risk rating</b>		<b>What additional controls need to be put in place?</b>	Emergency procedures plan updated	<b>Any action points including training needs?</b>	Annual asthma updates for staff to be arranged Annual update of risk assessment	<b>Action point lead person?</b>	SENCO to contact the school nurse to arrange
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The questions asked would be like any other risk assessment undertaken by the school

**What are the hazards?**

**Who might be harmed and how?**

**What are you already doing?**

**What further action is necessary?**

**Action by who?**

**Action by when?**

**Done?** Note when action has been taken and any relevant review date

## **1b. Health care plan templates**

Department of Education 'Supporting pupils with medical conditions templates' includes a generic healthcare plan template, but plans can look very different depending on the needs of the child

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349437/Supporting\\_pupils\\_with\\_medical\\_conditions\\_-\\_templates.docx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions_-_templates.docx)

The Health Conditions in School Alliance work collaboratively to make sure children with health conditions get the care they need in school. Their site has links to several organisations with healthcare templates for 11 different medical conditions

<http://medicalconditionsatschool.org.uk/>

### [Anaphylaxis](#)

[Arthritis](#)

[Asthma](#)

[Bowel and Bladder Conditions](#)

[Coeliac](#)

[Diabetes](#)

[Epilepsy](#)

[Single ventricle heart condition](#)

[Lupus](#) (see page 24)

[Migraine](#)

[Myalgic Encephalomyelitis \(M.E.\)](#)

### 1c. Record of medicines

#### Medication consent form for short term use

Dear Head teacher/setting lead or manager

I request and authorise that my child \*be given/gives himself/herself the following medication: (\*delete as appropriate)

<b>Name of child</b>		<b>Date of Birth</b>	
<b>Address</b>			
<b>Daytime Tel no(s)</b>			
<b>School/setting</b>			
<b>Class (where applicable)</b>			
<b>Name of Medicine:</b>			
<b>Special precautions e.g. take after eating</b>			
<b>Are there any side effects that the school/setting needs to know about?</b>			
<b>Time of Dose</b>		<b>Dose</b>	
<b>Start Date</b>		<b>Finish Date</b>	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

<b>Name of medical professional:</b>	
<b>Contact telephone number:</b>	

I confirm that:

It is necessary to give this medication during the school/setting day

I agree to collect it at the end of the day/week/half term (delete as appropriate)

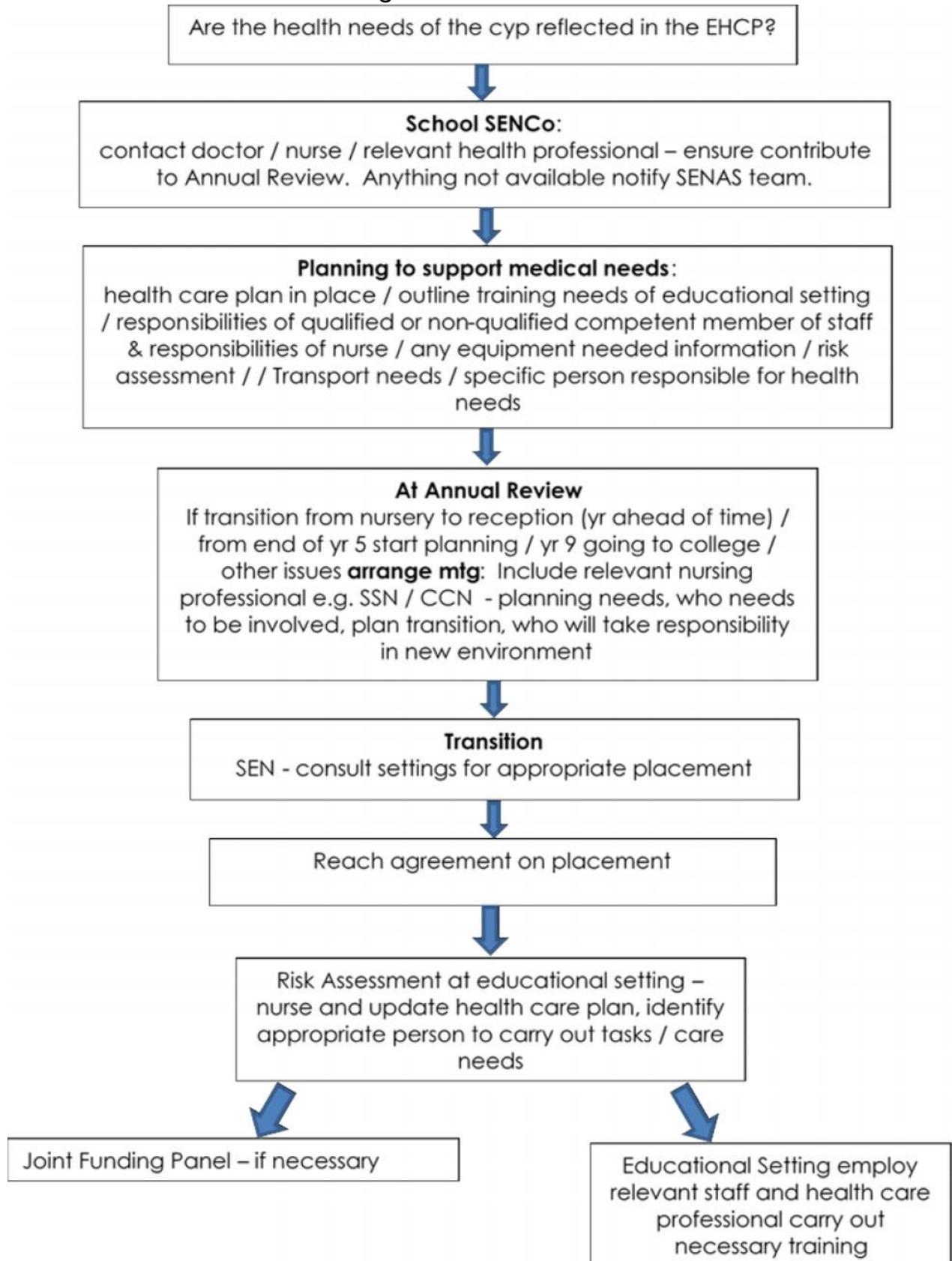
This medicine has been given without adverse effect in the past.

The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

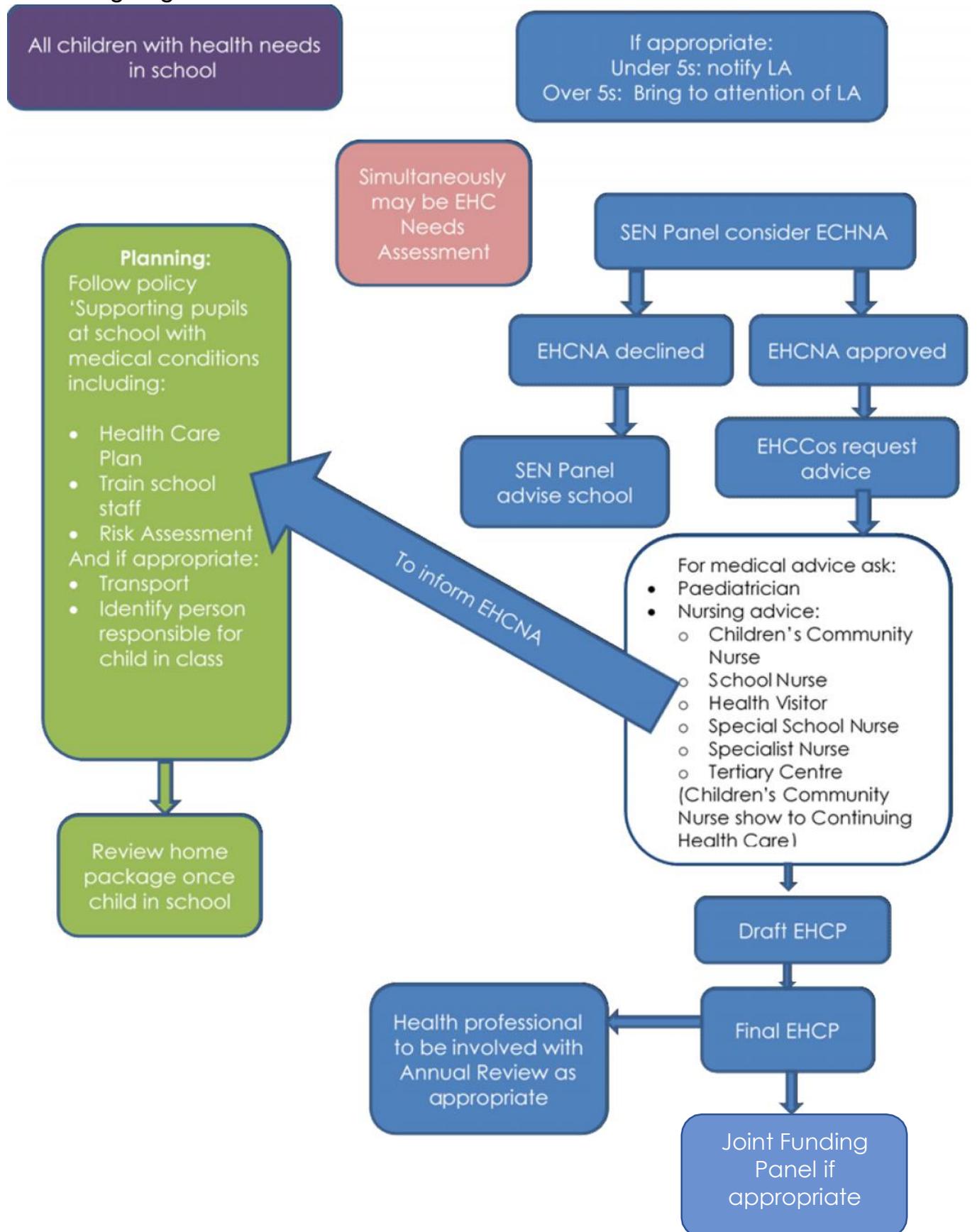
<b>Signed (parent/carer):</b>	
<b>Date:</b>	



## 7. Appendix 2: Transition planning for C&YP with medical needs and an EHCP in educational setting



## 8. Appendix 3: Co-ordination between Children with medical needs and undergoing EHC Needs Assessment



## 9. Appendix 4: Protocol: Joint Commissioning Arrangements for Children with Complex Needs

### Introduction

When a child has complex medical needs requiring additional support in school and/or on transport, then the responsible CCG may be responsible for funding this additional support. This is governed by guidance from the Department for Education (*Supporting pupils at school with medical conditions*, 2014) and NHS England (*Who pays?*, 2013).

### Criteria for CCG funding

The existence of a health condition does not in itself indicate a CCG contribution to a placement or a support package in school. CCG funding will only be considered for the specific health provision which is required, over and above the existing services, to meet the child's health needs.

The responsible CCG will contribute funding for additional clinical support for a child in school, where the assessment by a health professional clearly indicates that the child's health needs cannot be met by school staff with the appropriate training, or by existing school nursing services. The CCG will contribute funding to cover the hours of direct clinical support only, so if support is to be provided by an additional member of school staff rather than a healthcare professional, a detailed breakdown of the support provided will be required to ascertain the hours of clinical support. Direct clinical support may include gastrostomy and tracheostomy care or postural support for example, but will not include support to access the curriculum.

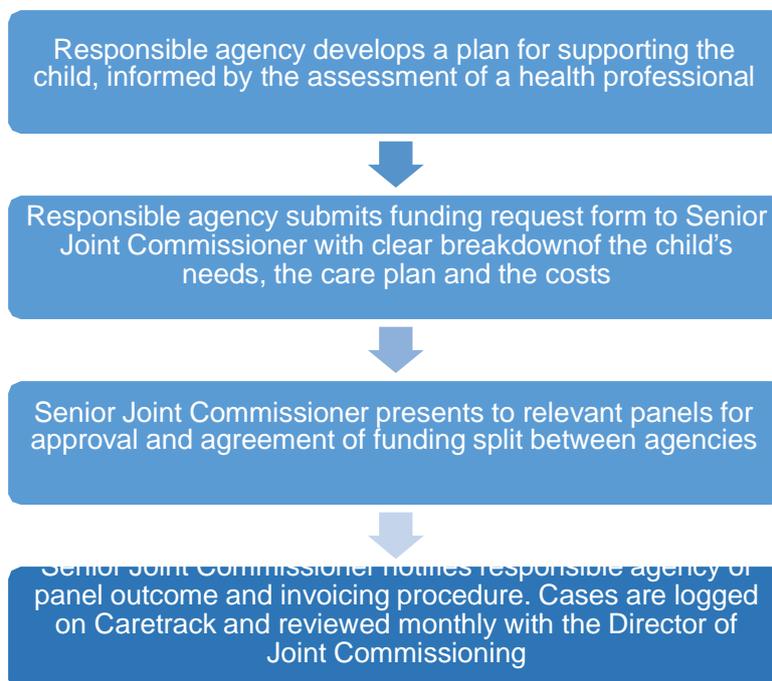
### Principles

The following key principles should be followed when establishing provision for children with complex health needs in school or on transport:

- 1) Meet the child's needs first** - The priority when arranging provision for a child with complex needs should always be putting the right provision in place as soon as possible. This may involve a multi-agency meeting but ultimately the responsible agency must lead on setting up and monitoring the provision i.e. the CCG/health providers for health services, schools/SEN for school support or placements, and social care for residential care placements. It is crucial that joint funding decisions do not delay the delivery of care.
- 2) Assessment by a health professional** - Where there is an identified health need, it is important that the assessment of the child's needs and the type of support required to meet that need are determined by a health professional. Most children with complex needs will already be known to services such as continuing care, school nursing, community nursing, CAMHS or paediatrics, and the health professional involved will be able to advise whether the need can be met by existing health services, or by training up school or care staff, or whether a bespoke package is required.
- 3) Clear description of need and provision** - If the responsible agency considers that joint funding is indicated, the appropriate panel paperwork should be completed to clearly summarise the child's needs (education, health and social care), how the provision meets those needs, and the breakdown in costs, as well as the medium and long-term plan for meeting the child's needs and reviewing the package of support.
- 4) Efficient decision-making** - In order to function effectively and efficiently, all requests for joint funding should come via one integrated panel, with one set of papers, and the panel should include decision-makers from all partner agencies including the CCG. Cases that exceed the individual's approval limit or which require further discussion as

they don't fit within existing criteria may be taken outside, but the majority of decisions should be made at the integrated panel.

### Process of CCG funding for complex health needs in school/ transport



**Key contact:** Complex Case Tracking Officer [Reena.Ranavaya1@hounslow.gov.uk](mailto:Reena.Ranavaya1@hounslow.gov.uk)

#### Exceptions

- If the funding request exceeds £20k it will need to be agreed with the Director of Joint Commissioning. If the request exceeds £50k it will need to be agreed with the CCG MD.
- If a funding request is submitted which falls outside the criteria agreed within this protocol, it will need to be agreed with the Director of Joint Commissioning.

#### Dispute resolution

Where a case is presented at panel that does not fit within the agreed criteria, or where there is disagreement about whether or not the criteria are met, the issue should be resolved wherever possible through joint discussion between the CCG decision maker and Local Authority decision maker (usually the joint children's commissioner and the Head of Service for Placements or SEN). If agreement cannot be reached the matter should be escalated to the Director of Joint Commissioning to resolve at Executive Director level, following a parallel process to the existing Adult's Continuing Healthcare Dispute Resolution Policy and Procedure.

#### Review

This protocol including funding criteria should be regularly reviewed to take into account national guidance, new case examples, and good practice from other areas.

**Funding request form – see Appendix 5b**



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**Reasonable Adjustments:**

*The Equality Act 2010 indicates that disabled CYP must not be discriminated against and must have in place reasonable adjustments to ensure that they are not disadvantaged in any way (legislation.gov, 2010). The duty to make reasonable adjustments is anticipatory requiring thought to be given to all situations to avoid any disadvantage that might otherwise occur.*

Please outline what reasonable adjustments the educational setting has made and how many TAs are available to support in the school. Please demonstrate that consideration has been given as to how to make reasonable adjustments and make best use of resources.

**Number of TAs in the educational setting:**

**What reasonable adjustments have been made?**

**Options to support the child's health needs**

Provider	Cost per week	Total per year
Name and address of provider		
Date expected to commence		
<b>AUTHORISATION</b>	<b>NAME</b>	<b>SIGNED</b> <span style="float: right;"><b>DATE</b></span>
HOUNSLOW CCG COMMISSIONER		



## 11. Appendix 5: Transport

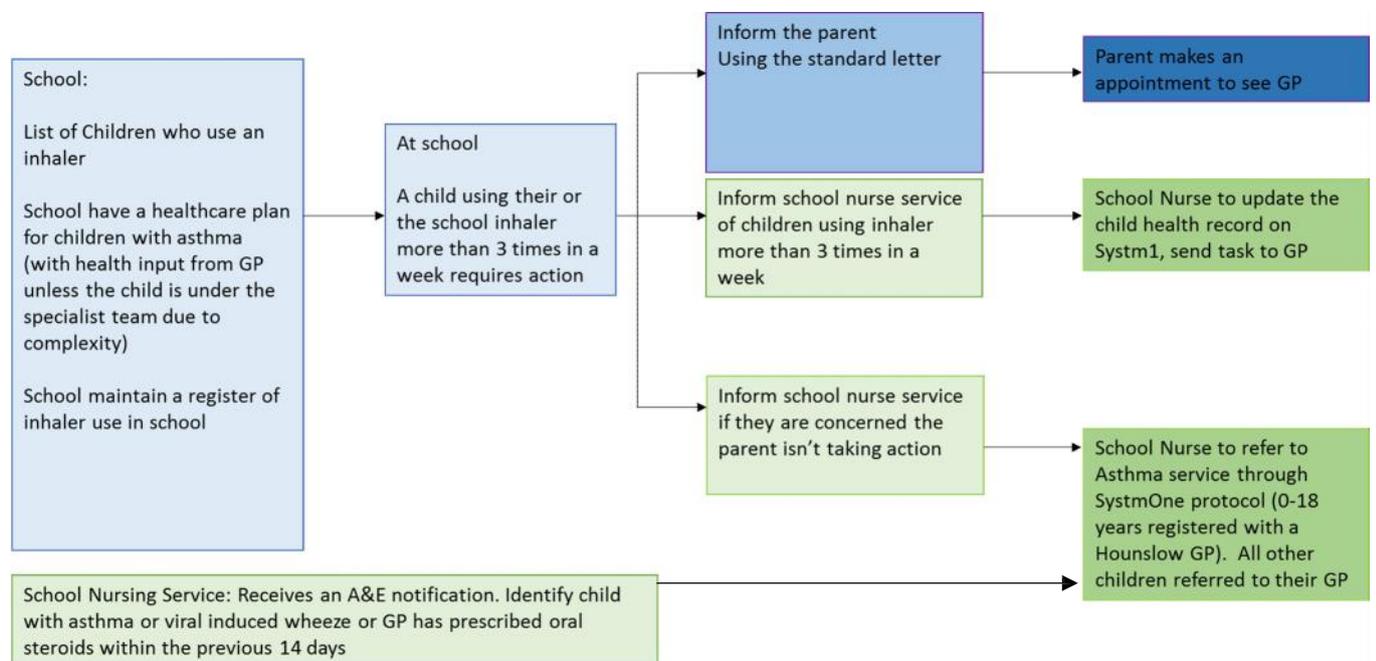
Where transport is required for a child with medical needs to attend school, then parents or carers can apply for travel assistance through the Schools Travel Assistance Team ([schooltravelassistance@hounslow.gov.uk](mailto:schooltravelassistance@hounslow.gov.uk)). They will assess the parental application and liaise with transport and any medical professionals required as stated on the travel assistance request.

Where a child may require additional support on transport for complex health needs, medical advice from the Paediatric Community Nursing team or the child's lead medical professional will be sought about how best to support the young person, be that with a specialist attendant, a healthcare support worker, or a nurse on transport with the child. Parents/ schools may be asked to supply the child's healthcare plan to ensure that their needs are met appropriately on transport as well as in school.

If you have any queries about a transport package, please contact Ellie Tobin, Children's Joint Commissioner [ellie.tobin@hounslow.gov.uk](mailto:ellie.tobin@hounslow.gov.uk)

## 12. Appendix 6: Hounslow Asthma Pathway

- This pathway clarifies actions for schools, school nursing service and parents in relation to supporting better management of asthma in children
- This pathway should be read in conjunction with local guidance 'Supporting Pupils with Medical Conditions in Hounslow Schools' (in development)
- This pathway has been developed with input from Children's Asthma and Wheeze Community Service, School Nursing Service, Hounslow CCG and Local Authority.
- If schools require further support and training on managing asthma in schools please contact school nursing service on [harch.hounslow.schoolnurses@nhs.net](mailto:harch.hounslow.schoolnurses@nhs.net) or telephone 020 3691 1012
- Additional resources are available for schools through Healthy London Partnership



## Appendix 6b Content for standard letter to parents

School Address

Date:

Dear..... (Parent/Guardian)

.....has required their **blue** inhaler (**Salbutamol**) on the following occasions this week.

Date: Monday am/pm (number of puffs: )

Date: Tuesday am/pm (number of puffs: )

Date: Wednesday am/pm (number of puffs: )

Date: Thursday am/pm (number of puffs: )

Date: Friday am/pm (number of puffs: )

**Please note:** If the child has used his/her **blue** inhaler (**Salbutamol**) more than **3** times a week, then his/her asthma **may be** poorly controlled.

**Please advise:** You should make an appointment at the GP's practice to review your child.

## 13. Appendix 7: Key roles and responsibilities – legislation

### Parent/ carers

Parents/carers are responsible for informing their child's school of any new diagnosis, or changes to their child's medical condition, as soon as possible.

Once a child is offered a place at a school the earlier the parent can inform the school the easier for the school to prepare to meet the needs of the pupil in their learning environment.

***It is the school's responsibility to act on this information.***

### Schools, Academies and PRUs

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 PRUs to make arrangements for supporting pupils at their school with medical conditions. The Equalities Act 2010 requires governing bodies to ensure children with disabilities are not be discriminated against, harassed or victimised.

When supporting individual children and young people schools need to consider advice from Healthcare professionals and value views of parents/carers and the child/young person.

***All schools should have their own policy on managing medicines and supporting children with medical needs***, in line with government guidance and legislation. School Policies should cover:

- Managing medicines in school
- Reference to specific arrangements for day trips, residential visits and sporting activities
- Relevant health and safety issues
- Use of risk assessments
- Emergency arrangements
- Training arrangements to ensure staff are appropriately trained to support pupils
- Job descriptions
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available and briefing notes for supply cover

For children with medical conditions, the school need to identify children, keep a register and ensure there are health care plans in place where appropriate.

It is important that roles and responsibilities of those caring for children with medical needs in education settings are clearly defined, staff know what is expected of them and are competent to carry out their duties. The school needs to keep an accurate record of staff training (see section 4 and 5 with more information on key tasks and training support), to enable school staff to provide support to children with medical conditions.

### Healthcare Providers

Health has statutory obligations to support Local Authorities in meeting the needs of children with health needs, which include:

- Helping parents/cares/teachers etc to understand the child's health needs/disability
- Provide access to any specialist advice services required
- Advise on any matters such as access, provision of equipment and training in medical procedures

Health services will support schools by supporting with healthcare plans when requested to by education settings (in line with GDPR) and support the school to undertake a risk assessment and identify level of daily care required and who can provide that care.

### **Local Authority**

Hounslow local authority 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

### **CCG**

Hounslow CCG should 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. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).