Dorset County Council

Supporting children and young people with medical conditions

Local authority guidance for schools, academies and other educational providers

December 2017

Contents

Summary

This non-statutory local authority guidance aims to help schools in meeting their legal duty to support children with medical conditions, in line with the Children and Families Act 2014 (Section 100). It is intended to complement rather than replace, reading of the Department for Education (DfE) guidance Supporting pupils at school with medical conditions. Schools, for the purpose of this guidance, also includes academies and learning centres.

Whilst the legal duty does not apply to early years settings and FE Colleges, they are advised to follow the DfE guidance to ensure a consistent approach from 0 – 25 years. As such, this guidance is useful for these settings too. Early years settings should also continue to apply the Statutory Framework for the Early Years Foundation Stage.

This guidance has been produced by the Physical and Medical Needs Service, part of Prevention and Partnerships (Children's Services) at Dorset County Council. Any queries about this guidance can be directed to:

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Medical conditions: Overview

The duty to support medical conditions includes both physical and mental health needs. Schools and other settings may need to support a wide range of conditions from asthma, diabetes or epilepsy to anxiety and depression. They may need to support children and young people with toileting difficulties, or those with a gastrostomy or tracheostomy.

It would be impossible to list every medical condition. Some will be long term whilst others will be relatively short term. Regardless of the individual medical need, schools and settings should ensure that:

- appropriate support is in place (including back-up arrangements)
- children and young people have full access to 'school' life, including trips and PE
- they actively seek and adhere to guidance from medical professionals, and that they do not make 'medical' decisions themselves
- the child/young person and their parents are fully involved in planning and reviewing support.

Schools must not expect, or rely on parents to provide the medical support that their child requires during the school day; schools must organise this. Similarly, early years settings and FE Colleges should have similar arrangements.

No member of staff can be forced to provide medical support to a child or young person and they may well decline to do so when asked. However, the duty (on schools) remains and as such, governing bodies may need to employ specific members of staff to undertake these duties if no existing staff volunteer. In most cases though, it is worth exploring why staff are refusing to undertake such duties as often their concerns and fears can be allayed.

Policy

All schools must have a written policy, explaining how they will support pupils with medical conditions. All early years providers must have a policy for administering medicines. Similarly, colleges are encouraged to produce a policy for their students with medical conditions.

It is a good idea to consult with children and young people, and their parents, when drafting the policy as they will know what works well and what does not. Additionally, schools and settings are encouraged to involve local health professionals, such as health visitors and school nurses, when drafting their policy.

A model policy, designed by the Local Authority, is available for schools to use. However, this a basic guide only; schools must take ownership of their policy and to tailor it to their individual requirements. It should reflect and detail a school's own practice in supporting pupils with medical conditions.

The policy should be easily accessible and available on the school or setting website. It should also be available as a hard copy upon application.

As children and young people with medical conditions have the same right of admission to a school, with appropriate support being put in place for them, it is important that all staff are aware of the policy and where to find this.

Individual Healthcare Plans

The school or setting's policy must state who is responsible for developing and monitoring individual healthcare plans (IHPs). IHPs provide clarity about:

- the child/young person's medical condition
- what needs to be done to help them in school (including any emergency protocols)
- when this needs to happen
- who should provide the support needed.

IHPs help ensure that children and young people are as well as possible and that they are in a fit state to learn and take part in 'school' life. Supporting pupils at school with medical conditions provides guidance on who should receive an IHP. Generally, they are provided for children and young people whose medical condition requires regular support or monitoring in the school or setting, or where they require intervention in an emergency situation arising from an existing medical condition. They are not usually required for short term illnesses.

IHPs are not recommended for diagnoses such as ASD or ADHD. If children or young people with these conditions require help in the school or setting, this is usually in the form of special educational provision and as such, there are more suitable support mechanisms available, e.g. an SEN Support Plan (or equivalent document).

IHPs are different from healthcare plans; written by health practitioners. These usually advise what medication is to be given and when, including in emergencies. Whilst useful for patients and their families, they do not meet the full requirements of an IHP although they may help to inform these.

Schools and settings should write their IHPs in liaison with:

- a relevant healthcare practitioner
- parents
- the child or young person (wherever possible).

In most cases, it is a Specialist Nurse, Children's Community Nurse or CAMHS practitioner who can provide the information required for an IHP. Parents often have contact details for these people.

School Nurses can sometimes provide advice on how to manage individual needs (such as epilepsy and anaphylaxis) where their training and experience enables this but they can also help by liaising with specialist healthcare practitioners if needed. Schools are encouraged to work closely with their School Nurses to ensure good healthcare provision for all their pupils, including those with long term medical conditions.

IHPs should be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. IHPs can be appended to, or incorporated into an EHC Plan.

The DfE have provided a template IHP. Schools and settings can design their own version if they wish, taking care to ensure that it meets the requirements set out in Supporting pupils at school with medical conditions.

Intimate care (and toileting issues)

Schools must make arrangements to support pupils who experience toileting difficulties and must not expect parents to attend the school to manage these. Other settings should make similar arrangements. ERIC - The Children's Bowel and Bladder Charity provides useful resources for schools and settings about toileting issues.

Children and young people should be encouraged to do as much as they can for themselves but in some cases, staff may have to undertake intimate care, e.g. any care which involves washing, touching or carrying out a procedure to private parts of the body. In doing so, they must ensure that children and young people are treated with dignity and respect. All schools and settings should have a policy setting out their arrangements for intimate care. A model policy is available for schools.

Children and young people who require regular intimate care should have an intimate care plan, or have these needs included within their individual healthcare plan. Ideally, an intimate care plan will be drawn up at a meeting involving the child or young person, their parents, the school or setting and a relevant healthcare professional, so that support procedures can be agreed and consented to. The intimate care plan should then be reviewed at least annually.

The Guidance for safer working practice for those working with children and young people in education settings (Safer Recruitment Consortium) should be followed when managing intimate care needs. In line with this, intimate care should usually be undertaken by **one** member of staff, unless the intimate care plan specifies otherwise. Ideally, another appropriate adult, who is aware of the task being undertaken, should be in the vicinity. Brief records should always be kept of any intimate care undertaken at the school or setting.

Infection control should be appropriately managed. Disposable gloves and aprons should be used where needed and discarded into a nappy or clinical waste bin after use. Any shower or bathroom areas should be thoroughly cleaned after use. Soiled clothing should be double bagged and returned to parents or washed in a separate washing machine on site.

Prescription medicines

Ultimately, parents are responsible for managing their child's health and as such, most prescription medicines will be administered at home. For instance, medicines to be taken 3 times per day should usually be given before and after school, and before bed. However, where it would be detrimental to the child or young person's health or attendance not to do so, prescription medicines should be administered at the school or setting.

Schools and settings should only ever administer prescription medicines:

- where parental written consent is provided in advance
- where they are in date, labelled and provided in the original container as dispensed by the pharmacist
- in line with the prescriber's instructions (staff should never make clinical decisions about medication or make changes to dosages at parental request).

Medicines must not be interfered with prior to administration (e.g. crushing a tablet) unless there are instructions from the pharmacist or prescribing doctor to state this. Schools and settings should keep a record of this information.

Medicines should be handed over by parents (not children) to a designated member of staff. They must be stored on site in a dedicated, locked storage cupboard (ideally a medicines cabinet). Some medicines such as asthma inhalers, diabetic devices and adrenaline pens must be readily available to children (e.g. in the classroom). These must not be locked away but must still be stored safely. Some medicines (insulin and liquid antibiotics) need to be kept in a fridge. They must be kept separate from foods, ideally on a shelf or in a container marked 'medicines'. Further advice about medicine storage is available from the Health & Safety Team.

Schools and settings should ensure that dignity and privacy can be maintained when medicines are administered. Suitable facilities should be provided, with space for the child or young person to rest and recover, if required.

Prior to administering any medication, staff should wash their hands and check the:

- parental agreement form

- expiry date of the medicine
- child or young person's name tallies with the name on the medicine container
- prescribed dose and the manner in which it is to be taken
- prescribed frequency of dose and confirm that this has not been exceeded.

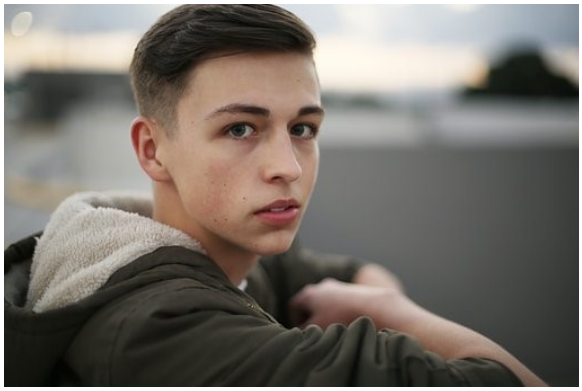
The medicine can then be administered in accordance with the prescriber's instructions. If staff are uncertain or in doubt, they should not administer medication; they should contact the child or young person's parents before proceeding.

It is vital that clear records are maintained at all times by staff supporting children and young people with medical conditions. Failure to do so may invalidate medical malpractice insurance. A record must be kept of all medicines administered stating what, how and how much medicine was administered, when and by whom. Any side effects should be noted. This must be completed immediately after administration. If a child or young person refuses medicine, the record must state this and the parents must be informed at the earliest possible opportunity.

Schools and settings can use template parental consent and recording forms provided by the DfE or can choose to develop their own versions, as long as these meet the requirements of the DfE guidance.

Medicines that have expired or that are no longer required should be returned to parents to dispose of correctly (by returning them to the pharmacy). Otherwise, medicines should be routinely returned to parents at the end of each term and received back into the school or setting at the start of each of term.

Schools and settings must ensure that safe arrangements are made for any medicines that need to be administered on school trips, particularly residential trips, where parents would normally administer medication at home. Further details can be found in the risk assessment section of this document.



Controlled drugs

Controlled drugs are governed by the Misuse of Drugs Act 1971 and subsequent amendments. There are 5 schedules of controlled drugs, based on their benefit when used in medical treatment and their harm if misused; Schedule 1 has the highest level of control whilst Schedule 5 has a much lower level. The Misuse of Drugs Regulations 2001 has a full list of controlled medicines.

Schools and other settings may be asked to administer a controlled drug. Like other prescription medicines, these should only be administered where it would be detrimental to the child or young person's health or attendance not to do so.

Schools and settings most frequently encounter Methylphenidate (Schedule 2) which is prescribed for conditions such as ADHD. They may also be asked to administer controlled drugs in an emergency for conditions such as epilepsy, e.g. Midazolam (Schedule 3) and Diazepam (Schedule 4).

Schedule 2 controlled drugs must be securely stored in a non-portable, locked container. However, it is recommended that all controlled drugs, regardless of schedule are stored as such. Only designated members of staff should have access to the container but schools and settings must ensure controlled drugs are easily accessible in an emergency.

As with all medicines administered at a school or setting, a record must be kept. With controlled drugs, it is also good practice to count and check these at least weekly and keep a record of this, including a witness signature. Records must be written in ink and kept for at least 2 years from the point at which the medicine was last administered.

Oxygen

Some children and young people with very complex medical needs are prescribed oxygen and will require this whilst at the school or setting, sometimes in an emergency. As oxygen can present a fire hazard, schools and settings should ensure that health and safety considerations are balanced against the needs of the child or young person. Oxygen should be stored safely and in small quantities. As such schools and settings should always:

- seek medical advice about the 'safe' amount of oxygen required - this should be sufficient to maintain the child or young person's health but not so much that it presents a risk
- store any required oxygen cylinders securely so that they can't fall over; they should be chained to a wall, or kept in a cylinder cage. A sign to reflect that oxygen is being stored must be clearly displayed
- store oxygen cylinders either outside or in a well ventilated area away from any sources of ignition
- review the fire risk assessment to ensure the storage of oxygen is added; the storage area should be marked on the fire plan and the school or setting should inform the fire service that they are storing oxygen on site.

Additionally, schools and settings will need to ensure that the child or young person has a comprehensive individual healthcare plan (IHP) which identifies any hazardous lessons or activities that might take place on site (e.g. Science experiments, machinery in Design and Technology or cooking activities). Risk assessments should be carried out for each hazardous lesson or activity. Schools and settings will need to consider:

- whether any substances used could present a risk to the child/young person’s breathing and need for oxygen
- whether oxygen be stored elsewhere whilst such lessons or activities take place, if the child or young person usually has a cylinder with them
- the back-up arrangements to support the child/young person in the event of an emergency when taking part in such an activity
- other ways of ensuring the child or young person can access learning activities if it is not safe for them to take part in such activities.

Further information about oxygen use in the workplace is available from the Health and Safety Executive (HSE).

Non-prescription (over the counter) medicines

Schools and other settings can administer non-prescription medicines. As with prescription medicines, they should only be given where it would be detrimental to the child or young person's health or attendance not to do so. Therefore, this should be the exception rather than the norm.

The types of non-prescription medicines that schools and other settings may be asked to administer include pain relief, e.g. Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton and travel sickness medication. It should be noted that such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over the counter medicines, especially to suit the requirements of a school or setting.

Schools and settings should **not** accept non-prescription medicines from parents to administer on an 'as and when required' basis (with the exception of antihistamines for allergic reactions) unless otherwise advised by a GP.

Generally, non-prescription medicines are to be administered for a short period, e.g. where a child or young person has returned to education following an illness or injury. However, as previously noted, parents are ultimately responsible for their child's health and it is not expected that schools or settings administer non-prescription medicines to 'keep' a child or young person in the school or setting if they are simply too unwell to attend.

Schools and settings should ensure their policy covers the administration of non-prescription medicines and that parents are aware of this.

When agreeing to administer non-prescription medicines, schools and settings should always:

- ensure they obtain written parental consent prior to administering medication
- check the medicine is suitable for the age of the child or young person
- check the medicine has been administered without adverse effect in the past
- label the medicine with the child or young person's name and store this safely (as per prescription medicines)
- ensure any medication administered is recorded appropriately and parents are informed on the day.

In the instance of administering any medication for pain relief, schools and settings should always check with parents when the last dose was taken, to ensure the maximum dosage is not exceeded.

Schools and settings must never administer Aspirin to children under 16 years of age unless prescribed by a doctor.

Purchasing non-prescription medicines

In most circumstances, parents should supply non-prescription medicines for their child's use in the school or setting. Schools and other settings must not routinely hold their own stock of non-prescription medicines.

However, in certain situations it may be appropriate for the school or setting to purchase non-prescription items, particularly if there could be a risk from not doing so. These situations typically include long, all-day trips and residential trips. Carrying one or two boxes of pain relief medication, for example, is much safer than carrying numerous packets supplied by parents.

Again, the school or setting should only ever administer such medicines where they have written parental consent in advance, for each trip. Additionally, parents should be contacted in advance of the medication being administered to check when the previous dose was given, unless 24 hours have elapsed.

As with all medicines, records should be kept and parents informed as soon as possible, preferably prior to medication being administered. The consent form should cover the arrangements to be followed if the school or setting is unable to contact the parent prior to administering non-prescription medicines.

If schools do choose to purchase over the counter medicines, they should dispose of them safely after the trip (by returning them to a pharmacy for disposal). They should not store them for periods of time, with the exception being where another trip is due to take place shortly (e.g. within a couple of weeks).

It is for the school or setting to make the final decision on whether to purchase non-prescription medicines for the situations outlined above. However, if they chose to do so, they should ensure their policy covers this.

Creams and sun-creams

As with other medicines, if a child or young person requires the application of either a prescribed or over the counter cream during the school day, the school or setting should make arrangements for this to happen.

Children and young people should be encouraged to apply creams themselves wherever possible, taking account of their age, ability and the instructions for use. In some cases, the child or young person may require a level of supervision.

Where it is not possible for a child or young person to self-apply their cream, staff should do so. They should wash their hands before and after application and ensure they wear non sterile gloves to prevent both cross infection and the cream (and drug contained within) from being absorbed by the member of staff.

If a child regularly requires creams to be applied during the school day, an individual healthcare plan should be implemented, incorporating intimate care arrangements if necessary.

The Health and Safety Executive (HSE) advise schools and other settings to take a common sense approach to the application of sun-cream and not use 'health and safety' as a reason not to do this. Again, children and young people should be encouraged to apply their own sun-cream, wherever possible.

Charities such as Sun Safe Schools (SKcin) have developed guidance for schools and settings around sun safety. All schools and settings are encouraged to develop a sun safety policy and ensure this is shared with parents.

Self-management of medical conditions

As many children get older, they will increasingly be able to manage their medical condition themselves. Schools and settings should support and encourage this move towards independence, which could include administering their own medicines or undertaking medical procedures themselves.

Schools and settings, working with the child or young person, their parents and a relevant healthcare practitioner should agree which aspects of their medical care, a child or young person can self-manage. This should be recorded in the individual healthcare plan.

Even where children and young people are able to administer their own prescription medicines, schools should continue to supervise this, so that appropriate records can be completed for safeguarding purposes. There must not be an expectation that children or young people take complete responsibility for this. This is particularly important in secondary settings. Older pupils may not want to appear different from their peers and may not ask for help; it is therefore vital that the school is monitoring their ability to manage their health needs.

FE colleges are less likely to need to supervise self-administering of medicines, due to the age of their students but they should make arrangements for this where needed.

Schools and settings should allow children and young people to carry their own prescription medicines (e.g. inhalers, diabetes devices, adrenaline pens) when appropriate. This should be recorded on the parental consent form and the individual healthcare plan.

Children and young people can carry their own controlled drug, if they are competent to do so. Passing a controlled drug to someone else for use is an offence so the school or setting, along with parents should carefully consider the risks.

Schools and settings should ensure that they have a policy in place for dealing with drug misuse. This should cover the protocols for children and young people carrying non-prescription (over the counter) medicines, e.g. pain relief – particularly for female pupils experiencing period pain. It is best practice to allow children and young people to carry a supply sufficient for one 'school' day. This can be extended for residential trips.

Emotional wellbeing and mental health

The legal duty on schools to support pupils with medical conditions includes mental health needs. Similarly, other settings should make arrangements to support emotional wellbeing and good mental health.

Schools and settings report that they are facing increasing emotional wellbeing and mental health needs which they can find difficult to manage. Additionally, there can be a misconception that such needs should only be dealt with by mental health professionals.

However, research has shown that supporting emotional health and wellbeing at an early stage, within an educational setting and using a graduated response, helps contribute to academic success and enables children and young people to manage many other aspects of their lives. To this end, a number of resources have been created for schools and others settings to use in developing their support for emotional wellbeing and mental health.

The DfE have issued Mental health and behaviour in schools which contains advice and practical tools to help promote positive mental health at an early stage. It also helps schools to identify and support children and young people with more severe needs who might require support from specialist agencies, such as Child and Adolescent Mental Health Services (CAMHS). The DfE have also issued advice around Counselling in schools explaining how counselling fits within a whole school approach to mental health and wellbeing. In addition, Public Health England (PHE) published Promoting children and young people's emotional health and wellbeing: a whole school and college approach.

There are numerous approaches and websites about emotional wellbeing and mental health and not all of them have a good evidence base. One model does not fit all. Evidence recommends the first step to effective practice is a whole school or setting audit. To this end the National Children's Bureau (NCB) published What works for schools in promoting social and emotional well-being and responding to mental health problems in schools? They have since developed a toolkit for emotional wellbeing and mental health.

Other recommended websites and training resources include MindEd, a free online training tool that provides information and advice for staff on children and young people's mental health. MindEd can also help to signpost to targeted resources when mental health problems have been identified. Young Minds is also a good source of information for professionals, young people and parents or carers.

In Dorset, the Core Child and Adolescent Mental Health Services (C-CAMHS) provides specialist comprehensive assessments and therapeutic interventions for children, young people and their families, up to the age of 18 years where their mental health needs require this or where they have not responded to support from other available resources. Children and young people with eating disorders, learning disabilities or psychosis fall outside of the C-CAMHS remit but there are specialist services for each of these groups. Information and advice, including referral support and guidance is available via the Where's Your Head At? website.

Staff training

Staff must not administer medicines or undertake health care procedures without appropriate training. Relevant healthcare professionals (e.g. the School Nurse, Specialist Nurse or Children's Community Nurse) can provide appropriate training. School Nurses are typically able to provide awareness training for epilepsy, anaphylaxis and asthma. Specialist and Children's Community Nurses can usually confirm staff competency in a medical procedure, where required. Parents can often provide details for the relevant healthcare professional but where this is not forthcoming, the School Nurse is usually able to help find out who this is.

A copy of the training certificate for relevant training should be retained by the school or setting. This should evidence who carried out the training, their title, who received training and on what date. Schools and settings should ensure that they are given a date by which training must be refreshed or updated, and ensure that this happens.

Schools and settings should ensure that training is given to sufficient numbers of staff to ensure that back-up arrangements can be put in place should a designated member of staff be absent.

Additionally, schools and settings should ensure wider awareness of children and young people with medical conditions, and how to support them. Awareness training should be provided to all staff coming into contact with the child or young person, e.g. class teachers, subject teachers, lunchtime staff, library staff and receptionists. Additionally, staff with children or young people with medical needs in their class should have a copy of the individual healthcare plan.

Off-site trips and risk assessments

Having a medical condition, including a mental health condition, should not prevent children and young people from accessing the same trips as their peers, unless medical advice explicitly states this. This includes 'opt in' trips as well as those that are part of the curriculum.

Schools and settings need to be aware that many children and young people with a medical condition will also be considered to be disabled. Legally, a person has a disability if they have 'a **physical** or **mental impairment** that has a **substantial** and **long-term** adverse effect on their ability to carry out **normal day-to-day activities**'. Under the Equality Act 2010, it is an offence to discriminate against a child or young person with a disability and this applies to off-site trips.

In most cases, planning trips early can help to alleviate and avoid any issues. Risk assessing any planned activities is a key element of this process. Risk assessments are designed to reduce the level of risk to an acceptable level; they are not to be used as a means of excluding certain children or young people from activities.

Schools and settings should therefore meet with the parent, child or young person and a relevant healthcare professional (where required) prior to any trips, especially residential trips, to undertake a risk assessment and plan any extra support, such as additional staffing, that may be needed to support the child or young person's medical condition.

In some cases, schools and settings may have to provide adapted activities or consider alternative arrangements (particularly with residential trips) for children and young people with more complex medical conditions, to ensure that they remain safe.

Schools and settings are responsible for providing any extra support required and cannot demand that parents provide this. This is known as a reasonable adjustment and failure to provide this could constitute disability discrimination. Nor can schools or settings charge parents for the adjustments required on the trip. Any additional support agreed for a trip should be added to the individual healthcare plan, which should be taken on the trip.

If medication is required during a trip it should be carried by the child or young person if this is normal practice, e.g. asthma inhalers. If not, it should be carried by an authorised member of staff. Recording of any medicines administered will still apply.

If residential trips are planned outside of the UK, specific advice may be required depending on the country being visited, the mode of transport and the medicine involved. Parents should check what rules apply to taking their child's medicine out of the UK, and into the country or countries being visited. Different countries have different regulations about medicines and quantities. Schools should consult with their travel insurer to check if any additional declarations are required. It is also helpful to have a copy of the parental consent form and the individual healthcare plan in the language of the country visited.

Emergencies

All schools and settings must have detailed arrangements in place for dealing with emergency situations. All staff should know what action to take in an emergency and receive updates at least yearly.

For children and young people with medical conditions which might result in an emergency situation, an emergency protocol should have been agreed and included in the individual healthcare plan. Staff should have received training in the procedure to be followed and any medication to be administered. It is good practice for staff to regularly familiarise themselves with this protocol.

Headteachers and principals should ensure that relevant staff have information about the child or young person, know where this is kept and be able to give this information to the emergency services, should an ambulance need to be called. This is often known as a 'grab pack' and will contain details about the child or young person's medical condition, including their IHP. In an emergency situation, parents must also be contacted.

Where necessary, an ambulance should always be called; staff should not take children or young people to hospital in their own vehicle. If a parent cannot be contacted to accompany their child to hospital, a member of staff should go with them and remain there until a parent arrives.

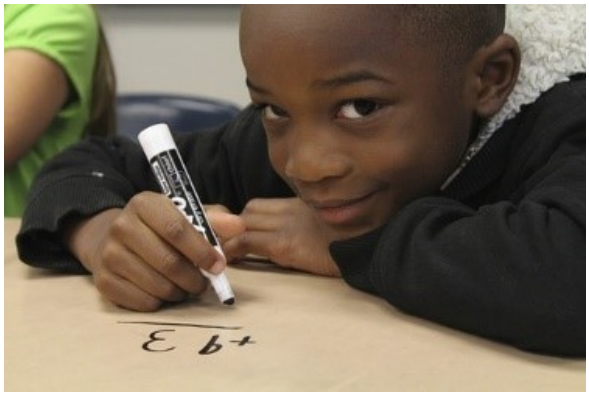
Members of staff accompanying children or young people to hospital cannot give consent for any medical treatment, as they will not have parental responsibility. Hospitals have their own policies about what should be done in medical emergencies where parents cannot be contacted and will assume responsibility for subsequent actions as set out in their code of practice. School and setting staff should however, be aware of any religious or cultural wishes of the family (e.g. about blood transfusions) which they should communicate to hospital staff.

Emergency salbutamol

Salbutamol inhalers for asthma can only be administered to the child for whom it has been prescribed. However, schools are now able to buy salbutamol inhalers for use in emergencies, such as an inhaler being lost, broken or empty, where they have written parental consent to do so. This prevents unnecessary trips to hospital and potentially, saves lives.

Full details on this process can be found in Guidance on the use of emergency salbutamol inhalers in schools from the Department of Health.

If schools chose to hold emergency salbutamol inhalers (it is discretionary) they should establish a policy or protocol for their use. They may incorporate this into their 'Supporting pupils at school with medical conditions' policy.



Emergency adrenaline auto-injectors

Since 1 October 2017, schools in England have been allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

Emergency AAI devices can only be administered to pupils at risk of anaphylaxis, where both medical authorisation and written parental consent has been provided. Schools must continue to call 999 without delay if a pupil appears to be experiencing a severe allergic reaction (anaphylaxis) even if they have already used their own AAI device, or the emergency AAI.

Full details on this process can be found in Guidance on the use of adrenaline auto-injectors in schools from the Department of Health.

If schools chose to hold emergency adrenaline auto-injectors (it is discretionary) they should establish a policy or protocol for their use. They may incorporate this into their 'Supporting pupils at school with medical conditions' policy.

Automated external defibrillators (AEDs)

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. AEDs should be used as part of a 4 stage chain of survival which can drastically increase the likelihood of a person surviving a cardiac arrest. The stages are:

1. Early recognition and calling 999
2. Early CPR
3. Early defibrillation
4. Early post-resuscitation care

Schools are advised to consider purchasing an AED as part of their first-aid equipment. Automated external defibrillators (AEDs): A guide for schools (DfE) provides further information about this.

Health and Safety: First Aid and hygiene and infection control

All schools and settings must have a Health and Safety policy which should include arrangements for First Aid. The Department for Education (DfE) have issued practical guidance regarding First Aid in schools.

Additionally, there should be suitable and clear preparations made within the arrangements for First Aid, for hygiene and infection control. This will deal with matters relating to spillage of bodily fluids, disposal of sharps and waste materials and basic hygiene procedures.

In the event of sickness and/or diarrhoea, children, young people and employees must remain away from the school or setting for 48 hours after symptoms subside.

There is extensive, practical guidance for schools and other settings about managing cases of infectious diseases from Public Health England (PHE), Health protection in schools and other childcare facilities. All schools and settings should familiarise themselves with this guidance.

Dorset County Council can support the effective management of all aspects of health and safety in schools and settings, including first aid and hygiene and infection control. This is a charged service. Details can be found on the Health and Safety Team service page on Nexus.

Insurance (including medical malpractice)

All schools and settings must have appropriate insurance that reflects the correct level of risk associated with supporting children and young people with medical conditions. This is to ensure that legal and financial protection is available in the event of a claim against staff.

Insurance policies tend to provide liability cover relating to the administration of medicines, simple non-invasive medical procedures and first aid or emergency treatment. However, medical malpractice insurance will usually be required for any complex or invasive health care procedures. Medical malpractice insurance provides cover in instances where an employee (and/or the Local Authority or setting) are deemed to be negligent when carrying out health care procedures.

Dorset County Council organises insurance for LA maintained schools. Academies and other settings must arrange their own insurance, including medical malpractice cover. Academies can choose to become a member of the DfE's Risk Protection Arrangement (RPA) if they wish.

All schools and settings should ensure that any requirements of the insurance are made clear to staff and complied with. Usually, the employer's and employee's liabilities are covered where:

- the medical support to be provided has been detailed in an individual healthcare plan and this has been agreed with input from a relevant healthcare practitioner, and
- written parental consent has been obtained for any medical procedures being undertaken or any medicines administered, and
- employees undertaking such tasks have completed their training and achieved the competency standard specified in the individual healthcare plan (with records kept of all training).

The school or setting's policy for supporting children and young people with medical conditions should set out the details of the insurance arrangements which cover staff providing support.

Medication and support on school transport

Some children and young people with medical conditions will be provided with transport to and from their school or setting. Transport is provided by the Local Authority based on set criteria, e.g. distance and/or special educational needs or disability. Further details are available on Dorset For You.

Decisions about transport entitlement are made by either School Admissions or the SEN Team. Following an assessment of travel needs, an appropriate method of transport is commissioned, e.g. public bus service, contract bus, minibus or taxi, etc.

All drivers employed by Dorset Travel are trained in First Aid and will be able to deal with emergency situations in line with recommendations, but it is important that any medical conditions are disclosed to Dorset Travel as soon as possible.

The Local Authority will not normally administer medication to children or young people using transport to and from a school or setting. In most cases, if a medical emergency were to take place on transport, the driver would stop the vehicle and call 999. However, in circumstances where there is an identified and significant risk to a child or young person's health, Passenger Assistants (PAs) will be employed and trained to manage emergency situations and where necessary, administer emergency medication.

It is important therefore that Dorset Travel and in turn, Passenger Assistants are kept fully informed of a child or young person's medical condition and how to manage this, even where the PA will not be expected to administer emergency medication. In particular, where emergency medication has been

administered within the previous 12 hours, schools and settings should inform the Passenger Assistant of this.

As such, schools and settings are encouraged to share the individual healthcare plan (IHP) with Dorset Travel, who in turn, can share this with the Passenger Assistant. Where possible, the school or setting should involve the PA in the development and review of the IHP. Dorset Travel may then choose to adopt the IHP or develop it into a transport healthcare plan.

Similarly, when schools or settings discuss the training needs of staff, they should give thought to the training a Passenger Assistant may require. Schools and settings should not use data protection concerns as a reason not to share relevant information with Dorset Travel. Instead, as advised in the relevant section of this guidance, they should obtain consent from parents to share the IHP with Dorset Travel, and their Passenger Assistants.

Ultimately, it is the parent or carer's responsibility to ensure that any medication required during the school day, is provided to the school. However, where transport is provided, particularly to special schools which are often some distance from the home, parents may ask a Passenger Assistant to deliver the medication. Dorset Travel will aim to support parents in this but each case will need to be risk assessed.

Where it is agreed that medication will be transported by the Passenger Assistant, this will need to be added to the route schedule and the parent will be asked to sign a consent form. Passenger Assistants will transport medication in a clear, portable and preferably, locked container that will be delivered directly to the school or setting office. A signature will need to be provided by the school or setting to confirm delivery of the medication. Similarly, schools and settings should provide a 'return' form, to be signed by the Passenger Assistant when medication that is no longer required is given to them to return to the parent. Again, the Passenger Assistant will ask the parent to sign that they have received this.

Like schools and settings, Passenger Assistants will be expected to keep accurate records of any medicines administered or self-administered on transport and share this information with the school or setting, or the parent. Usually, where emergency medicines are administered, this will be in conjunction with an emergency protocol which will involve stopping the vehicle and calling the emergency services.

Children and young people who are able to able to carry their own medicine safely on transport should be encouraged to do so, to increase their independence. Again, this information will need to be added to the route schedule, so schools and settings must encourage parents to inform Dorset Travel that this is the case. This applies to all medicines, including asthma inhalers, epi-pens and insulin.

All schools and settings are encouraged to consider transport implications within their *Supporting pupils at school with medical conditions* policy. Further, if medication is being delivered by a Passenger Assistant, the school or setting may have to consider adapting their parental consent forms.

Further guidance on the processes outlined above can be obtained from Dorset Travel.

Confidentiality and data protection

In line with Supporting pupils at school with medical conditions, schools and settings should ensure that individual healthcare plans (IHPs) are easily accessible to all staff who need to refer to them whilst also preserving confidentiality.

When developing an IHP, schools and settings should obtain consent from parents or carers to share this with relevant staff, for instance, those who regularly come into contact with the child or young person and who may have to act in an emergency. This could include teaching staff, library and office staff and lunchtime assistants. It could also include Dorset Travel and their Passenger Assistants, or paramedics. Sharing of information is often done through a privacy notice and the DfE has provided guidance about these.

Medical information about a child or young person, including their IHP and emergency protocol, must not be 'on view' within a school or setting. Such personal information must be held securely and confidentially. This is a legal requirement of the Data Protection Act 1998. As such, schools and settings must keep paper copies of IHPs and 'grab packs' in locked cabinets or filing systems whilst ensuring they are easy to access in emergency situations. Electronic IHPs must also be kept securely. Schools and settings should establish systems that prevent misuse, accidental loss or wrongful disclosure of such personal information. Particular care should be taken if IHPs have to be taken out of the school or setting, for example, on residential trips.

In May 2018, the General Data Protection Regulation (GDPR) will replace the Data Protection Act 1998. Schools and settings can find information about changes to their data protection requirements as a result of this, via the Information Commissioner's Office (ICO) website.

Further resources and online training

Schools and settings can find a wealth of information about specific medical conditions via the Health Conditions in Schools Alliance website.

Diabetes UK have developed resources specifically for schools and other settings which are available on their website.

Epilepsy Action have a range of online training programmes for staff in schools and other settings.

Asthma UK have developed information for parents about how their child's condition should be managed within a school or setting. This information is equally useful for schools and settings.

Healthier Together is an NHS website specifically about improving the health of children and young people in Dorset and the surrounding areas. Schools and settings may find it helpful to be aware of the content and share this with parents when needed.