



# Pashley Down Infant School

*Learning at Pashley is an amazing adventure*

## Complex Medical Needs Policy

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School policies and procedures are defined as the set of established expectations for specific behaviour and norms within a school. School policies are put in place to guide the day-to-day functioning of the school as well as to make it safe and an effective place for learning to occur.

School policies and procedures are designed to provide governors, parents, staff, Ofsted inspectors and Local Education Authority officers with an instant picture of the principles of the school.

## **1. Roles and Responsibilities**

### **1.1 Governors and Headteacher**

- Develop a local policy on supporting children with complex health needs
- Support individual children/young people's complex health needs
- Nominate sufficient staff within the school to support children with complex health needs as part of their duties
- Ensure that staff are appropriately trained to support children with complex health needs
- Ensure that all staff are informed about the action to be taken in the event of a medical emergency
- Ensure that all staff are aware of any children with complex health needs within their class including arrangements for informing supply/cover staff
- Implement a management system for effective information sharing within the school and relevant external bodies, such as the Healthcare Trusts
- Agree with main parents/carers the support that can be provided on an individual basis.

### **1.2 Staff**

- Follow the instructions and training in the safe use of particular items of equipment e.g. *diabetic equipment, Epipens*
- Follow the procedures outlined within this document and their local policy on managing complex health needs
- Inform their line manager of any work situation which is a serious and immediate danger to health and safety e.g. *broken equipment*

## **2. Sharing of information**

### **2.1 School Admission Form**

- During the admissions process the school will collect information from main parents/carers, professionals, previous settings attended, and this information will assist in the identification and planning for any support that will be required on an individual basis.
- Appropriate consents to be required according to need to ensure that the child's specific needs are met and that these arrangements are in place prior to the child's attendance. Where there are external safeguarding agencies involved consents will be obtained by agencies working with the school as needed.
- When a child starts school, where appropriate, input will be provided from the Early Years Teaching Support Service, previous schools and other relevant professionals to help ensure a successful transition. This will include handover between health professionals.

### **2.2 Health Care Plan**

It is important for the school to have sufficient background information about the medical condition of a child with complex health needs and therefore a health care plan or protocol involving parents/carers and relevant health professionals should be developed.

The health care plan should be developed prior to a child starting school and all individuals who hold key information on the child should contribute to the development of this document. The plan should be agreed by the various agencies that have contributed and signed by the parents/carers.

The plan should be regularly reviewed e.g. annually or following a change in the child's health need.

A health care plan should include the following:

- Procedures that should be carried out, including the skills needed to undertake these activities and the level of training to be expected
- Protocols for exchanging information between all relevant agencies (including responsibilities, where needed)
- Procedures/protocols to be followed when undertaking invasive procedures
- Any additional risk assessments that will be required and who will undertake these assessments
- Any health care needs that may affect the child's use of services such as transport (e.g. for school trips)
- Preferences of the child's main parent / carer
- Any other information on the manner in which the child prefers any task to be carried out, in order to ensure consistency across all services
- Any changes in the child's healthcare needs that require response
- The procedure to be followed in the event of equipment failure including contact details for maintenance, etc.
- Arrangements for reviewing the plan
- Details of any specific support arrangements *e.g. one to one support*.
- A copy of the training records for those staff authorised to undertake clinical procedures should be attached to the individual health care plan.
- The health care plan should be kept in a place that is accessible to staff but is also mindful of the need for confidentiality – pupil file and Inclusion Leader's main file.

### **2.3 Personal Education Plan (PEP)**

- A PEP (Personal Education Plan) should be drawn up in liaison with the family and Teaching and Learning Provision (TLP) for a child with chronic or long-term conditions, to set out clearly how education will continue if the child is unable to attend school for periods of time less than 15 days.
- Any arrangements for associated services during any long-term absence, including a referral to Teaching and Learning Provision (TLP) if the child is likely to be away from school for more than 15 consecutive school days or is being admitted to hospital

## **3. Consent**

Infant-aged children are not legally competent (do not 'have capacity') to give consent for themselves, so consent must be sought from someone who has parental responsibility for them, unless it is an emergency and it would be unreasonable to wait.

Written agreements from parent/carers such as the School Admission Form and Health Care Plan would be considered appropriate consent in the absence of a responsible parent/carers.

Although children at Infant school are too young to give consent, it is good practice to ask them questions when giving care (*e.g. when giving assistance with dressing asking 'shall I help you'.*)

## **4. In-House Arrangements**

### **4.1 Equipment**

- Many children with complex health needs will require specialist equipment to support them whilst attending a service or setting. Staff should check the equipment, in line with any training given and report concerns to the relevant person.
- The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure should be detailed within the health care plan.
- Staff must be made aware of the use, storage and maintenance of any equipment
- Lifesaving equipment is kept in the medical room

#### ***4.2 Self-management***

- Even though infant-aged children are not able to give valid consent for themselves, it is important to involve them in decisions about their own health. A process for agreeing how a child will self-manage their condition will be required that involves those with parental responsibility. Advice from professionals with the specialist knowledge of the condition may be sought if agreement on self-management cannot be reached.
- It is good practice to develop children's independence where possible. The progress towards such independence must be agreed in consultation with the parents, the child, the relevant healthcare professional and school staff.

#### ***4.3 Home to School Transport***

- Where home to school transport is being provided for children with complex health needs, the County Council will ensure that these children are safe during the journey by undertaking a specific risk assessment.
- Safe fitment of bespoke items required by the County Council remains the responsibility of the vehicle operator.
- The County Council intends to introduce standards for the training of drivers and escorts. When this is introduced drivers and escorts will be trained to the Council's standards at the vehicle operator's expense. Drivers and escorts employed on vehicles used for the carriage of passengers in wheelchairs must have received suitable and sufficient information and training in the correct operation of tail-lifts, the safe loading and securing of wheelchairs and their occupants in vehicles, including the safe handling of powered and manual wheelchairs, at the Operator's expense. Records of all training must be maintained by the Operator.
- Staff will need to provide verbal instructions to driver/escort in the event of any changes in a day to day travelling and record in school/setting communication book.
- The school should report any concerns and/or changes in a child's health needs regarding transport to the Specialist Transport Officer or the Client Transport Services Team in the Communities, Economy and Transport Department.

#### ***4.4 Hygiene and infection control***

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures and guidance on hand washing.
- The handling of sharps must be managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **5. Confidentiality**

All medical information is treated as confidential by staff. The Headteacher will agree with the parent/carer who else should have access to the information.

If information is withheld from staff they will not be held responsible if they act incorrectly in giving medical assistance in good faith.

## 6. Training

- Whole school first aid training is incorporated into the school training schedule and is delivered by appropriately accredited trainers
- Staff are trained in the administration of medicine.
- When required, staff are trained around the specific needs of an individual child's complex needs i.e. diabetes or epilepsy.
- Where training is required for more complex medical issues, a healthcare professional will deliver the training, and will carry out a competency assessment of the member of staff (*this will be documented with a signed declaration by the healthcare professional and member of staff*).
- A Health Care Plan is completed which documents any training needs regarding the specific complex need or in the use of any specialist equipment,
- The school has a team of First Aiders (including paediatric First Aid). This training is updated regularly, according to recommended guidelines
- Records are kept of all training

## 7. Risk Management

Where there are specific health and safety risks to staff and/or children due to complex health needs, these should be treated on a case-by-case basis.

The parents/carers should be involved as early as possible in the risk assessment process. Health and safety law puts no legal duty on families to co-operate in their process. However, risk assessments that are developed in consultation with the parents/carers and healthcare professionals can be more accurate and effective.

All risk assessments managing complex health needs will be carried out by the SENCO.

Risk assessments should be undertaken:

- Before a child commences a service or setting
- When planning an off-site activity
- When planning and purchasing new facilities and when work practices are to be introduced or changed
- When deciding on a placement
- When a child already receiving a service or attends a setting develops a health need or where a significant change in their existing needs occur
- The risk assessment must be reviewed at least annually or when circumstances change.

Links will need to be made to other risk assessments such as:

- Moving and handling assessments
- Infection control
- Control of Substances Hazardous to Health (COSHH) assessments.

## **8. Indemnity/Insurance Arrangements**

Staff who supports children with complex health needs in accordance with the procedures detailed within this policy and guidance, and who are acting within the scope of their employment, will be indemnified by the County Council's existing arrangements. This indemnity requires that these procedures are followed as described here. However, the indemnity will not be given in cases of fraud, dishonesty, or criminal offence. In the unlikely event of any civil action for damages being taken against an individual member of staff, the County Council will administer the claim as if it had been made against the council, provided the terms of the indemnity are met.

## **9. Emergency Situations**

- If the parent/carer is not able to be present to accompany a child in an ambulance, then a member of staff should accompany a child to hospital in the ambulance, and should stay until the parent/carer arrives. A copy of the health care plan should also accompany the child to hospital. Healthcare professionals are responsible for any decision on medical treatment when parents/carers are not available.
- Staff should not take children to hospital in their own car; It is recommended that in the event of an emergency, a pupil is taken to hospital by ambulance. However, if one is not readily available, e.g., there is an extensive wait that could be detrimental to the health and safety of the child, a staff member with business insurance is permitted to drive the pupil to hospital when accompanied by another adult, alternatively call a county approved taxi.
- The individual health care plan should include instructions as to how to support the child in an emergency; it should also identify who to contact, and who has the responsibility in an emergency.

## **10. Off-Site Arrangements (school trips, activities)**

- The group leader, in liaison with the headteacher, should consider the reasonable adjustments to be made to enable children with complex health needs to participate fully and safely on the activity.
- It may be decided that further control measures are necessary e.g. additional adult to accompany an individual child.
- All staff supervising off-site activities or educational visits should be aware of any medical/health needs and the relevant emergency procedures.
- A copy of the individual health care plan should be taken on visits in the event of the information being needed.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children, they should consult with the main parents/carer, relevant health professionals and the relevant external agencies including iSEND and ESBAS.