

## Schools Health Policy

<b>Document Title</b>	Schools Health Policy
<b>Reference Number</b>	SO-0163
<b>Version Number</b>	V3.0
<b>Date of Issue</b>	06 August 2003
<b>Latest Revision</b>	3 January 2018
<b>Distribution</b>	All employees
<b>Owner</b>	Chief Executive
<b>Policy Lead(s)</b>	Heads of Care
<b>Consultation</b>	
<b>Department</b>	Children's Services

### Purpose

To support the development of each child's / young person's individual health care plan (IHCP); to provide information, advice and support about health issues such as diet and nutrition, physical activity, emotional wellbeing, puberty, smoking and sexual health and who to go to for further help and advice; support learning about healthy choices and managing risk; recognise that each individual child / young person becomes fully engaged in improving their own health, taking an active role in doing so and to ensure lifestyle choices are formed early in order that promotion / influences of healthy behaviours are ingrained in learning processes.

This policy combines the following two former policies: Health – Schools (SO-0162) and Illness in Schools (SO-0165).

### Scope

Applies at all NAS schools.

### Concise Statement

Children's services and schools will work in partnership with parents/carers to ensure that all healthcare needs are monitored, assessed, recognised and that procedures are in place to address them.

The health care needs of pupils and young people can only be adequately met if they are recognised. The policy promotes collaborative working and sharing of information between the children and young people's parents and the school. This information will then form the basis of the Individual Health Care Plan (IHCP).

## Equal Opportunities

Staff will promote the needs of children / young people from different racial and cultural backgrounds. Specialist advice and appropriate health care will be sought where necessary recognising the child's/young person's age, needs and wishes in relation to health and social issues.

## School Health - Procedure

1. Parents / carers are required to provide full information regarding their child's health on admission to the school / service and update the school / service of any change to their child's health care needs.
2. Parents/carers are responsible for the health care needs of children/young people with day, weekly and termly placements.
3. All day, weekly and termly children/young people will remain registered with their own GP. However, where appropriate 52 week placements will be registered with the local GP, dentist and opticians.
4. Individual Health Care Plans (IHCP's) should be completed in liaison with parents / carer prior to admission for new pupils to the school / service.
5. Individual Health Care Plans will be used to help identify which healthcare checks may need to be planned, e.g. dental, chiropody, physiotherapy in line with recommended annual health checks. It will also identify healthcare obstructions such as fear of needles and in liaison with appropriate professionals identify actions to remediate such difficulties.(see appendix one)
6. Individual health care plans to be completed for all young people who have a health need identified on their Education, Health and Care plan (EHCP) or prior to EHCP implementation information provided by parents.
7. All individual health care plans need to detail the child's / young person's communication / understanding so that the child / young person is supported to make informed choices with regard to treatments / procedures relevant to their health.
8. An identified staff member to be responsible for monitoring and ensuring actions identified on their individual health care plan are completed.
9. The individual health care plan will detail how to facilitate the child's participation in school trips and visits, or in sporting activities in accordance with their medical need.
10. Individual health care plans to be reviewed at least annually or whenever there has been a change to the child or young person's health condition.

11. Written permission will be obtained from a person or body with parental responsibility for that child/young person, for the administration of non-prescription medication and to seek medical, optical or dental treatment when required.
12. In the event of a child/young person appearing unwell the illness in schools procedure is followed.
13. Support will be given to encourage children/young people to make decisions about their own healthcare/medical needs.
14. Wherever appropriate or possible and subject to the child's/young person's understanding, the individual shall be accompanied when being seen by a doctor, nurse or dentist. Staff will assist health professionals in communicating with pupils/young people to explain procedures/treatment in a format they understand.
15. Written records will be kept of all significant illness accidents or injuries, health needs and development, operations, immunisations, allergies, specialist diets, medication administered, visits to GPs and Specialists during the pupil's/young person's placement.
16. The continuing needs of the individual must be met by registration at his/her local GP, dentist, optician and other relevant professionals.
17. All medication stored and administered will be in line with the NAS Safe Management of Medication policy and Department of Health guidance.
18. Schools / services to ensure they have sufficient staff (as defined on a risk assessment) trained to provide effective management systems that support individuals with medical needs.
19. Schools / services should have a local protocol on asthma in place which detailing the recognition and response to asthma attacks and when to call an ambulance.
20. Schools should detail in their asthma protocol whether an emergency salbutamol inhaler will be available at the school, the circumstances for its use, and its location.
21. Designated staff members will be trained in the use of First Aid, minimum numbers will be defined in accordance with a Medical Conditions and First Aid Risk Assessment
21. The school should complete a risk assessment to determine whether it would be beneficial for the service to have access to and staff trained in the use of a defibrillator.
22. First Aid boxes will be provided in line with Health and Safety requirements.
23. Health promotion, guidance, education, general issues and advice will be provided in line with the PSHE curriculum and policy.

24. Staff are to promote healthy lifestyle choices through PSHE / SRE programmes, in order to further promote independence, thereby addressing health inequalities to those experiencing the greatest health threats and poorer access to services due to their disability or other additional circumstances.

## **Illness in Schools - Procedure**

1. A senior member of staff should be informed if it is suspected any child/young person is unwell. If the children or young person is a day pupil parents should be contacted and arrangements made to send them home. Where a pupil is a weekly or termly boarder a member of the senior leadership team should discuss whether the young person should be sent home or cared for on site.
2. If appropriate an appointment with the GP should be made. If the illness is suspected as being infectious, every effort should be made to isolate the pupil/young person from others.
3. Children/young people's up to date details should be taken on any visit to a GP.
4. Any child/young person diagnosed with an infectious disease will be cared for in line with GP or other medical professional guidance and The Health Protection Agency Guidance in Schools may be used for reference.
5. If a child/young person is isolated or in bed due to sickness, they will be regularly checked and an appropriate method of summoning assistance will be arranged.
6. Any prescription should be collected and dispensed in accordance with the medication procedure.
7. Subject to medical confidentiality and any other legal restriction, the school will inform parents about any health problems and treatment. This contact should be recorded in writing on the child/young person's file.
8. Arrangements should be made to maintain regular contact with parents/carers to update on progress such as support whilst in hospital, recovery etc.
9. Care provided for illness in exceptional circumstances will need to be negotiated with all parties to ensure adequate resources are in place.

## **Measure**

Ofsted Inspections  
Education Scotland and the Care Inspectorate Inspections  
Purchasers' Contracts  
The Management and Control of Infectious Diseases (Health Protection Agency)

## References

Department of Health: Supporting pupils at school with medical conditions (2015)  
Department for Education: Statutory Guidance: Supporting pupils with medical conditions: links to other useful resources (August) 2017  
Department of Health: Guidance on the use of emergency salbutamol inhalers at schools (2015)  
Public Health England: Guidance on infection control in schools and other childcare settings (2016)  
Supporting Children and Young People with Healthcare Needs in Schools – Scotland (2017)  
Care Quality Commission (CQC)  
Ofsted  
Care Inspectorate - Scotland  
The Keys to Life – Improving quality of life for people with learning disabilities  
Children Act 1989, 2004  
Children in Scotland Act 1995  
Purchasers' Contracts  
The Management and Control of Infectious Diseases (Health Protection Agency)  
NHS Choices

## ***Other relevant policies and guidance***

Ageing, Illness, Death and Bereavement Policy SO-0157  
Infection Control Policy HS-0411  
Record Retention Policy SC-0002  
Data Protection Policy SC-0001  
Health and Safety Manual  
Immunisation – People We Support Policy SO-0167  
Safe Management of Medication – Schools Policy SO-0347  
Supplementary Treatments and Approaches Policy SO-0175  
Department of Health - Consent  
Managing Medicines in Schools and Early Years Setting (DoH March 2005)  
Every Child Matters: Change for Children (DoH 2004)  
Higher Standards, Better Schools for all: More Choice for Parents and Pupils (DfE 2005)  
Children and Families Act 2014

## Appendix One

### Individual healthcare plans (IHPS)

- There must be an identified person who is responsible for the development of individual healthcare plans (IHPs).
- IHPs should be drawn up in partnership between the school, parents, healthcare professionals and whenever appropriate, the child.
- IHPs should capture the key information and actions that are required to support the child effectively.
- IHPs must be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

In producing IHPs, the following must be considered:

- any medical condition, its triggers, signs, symptoms and treatments
- the child's resulting needs including medical, education, social and emotional needs
- the level of support needed, including in emergencies, who will provide the support, their training needs, confirmation of their proficiency from a healthcare professional, and cover arrangements
- arrangements for written permission from parents and the school for medication to be administered by a member of staff, of self-administered by the pupil during school hours
- separate arrangements required for school trips or other school activities outside of the normal school timetable, e.g. risk assessments
- Where a child has a special educational need (SEN) but does not have a statement or education, health and care (EHC) plan, their special educational needs should be mentioned in their individual healthcare plan.
- Where a child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.