

**JOINT PROTOCOL FOR
SUPPORTING PUPILS
AT SCHOOL
WITH MEDICAL NEEDS**

1.0 Aims

- 1.1 The aim of this protocol is to ensure that wherever reasonably practicable pupils with medical needs can have those needs met within a school setting, with the support of relevant agencies.
- 1.2 This protocol has also been developed to clarify the roles and responsibilities of local agencies in ensuring that the requirements of the DfE Statutory Guidance Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governig Bodies of Maintained Schools and Proprietors of Academies in England (April 2014) can be met.

2.0 Scope

- 2.1 This protocol represents a voluntary agreement between:
 - St Helens Clinical Commissioning Group
 - St Helens Council
 - St Helens Schools – Subject to approval by individual Governing Bodies
- 2.2 The protocol will be subject to regular review to ensure it is effective in meeting the key aims set out above.

3.0 Background

- 3.1 There are an increasing number of children and young people with complex medical conditions now accessing their education in a mainstream setting. This is a positive and welcome development reflecting advances in medical technology and the inclusion agenda that agencies have adopted over recent years. However, meeting needs of children in a mainstream school setting can present considerable challenges which will require agencies to work sensitively together to ensure the best outcome for the child can be achieved.
- 3.2 The Department for Education recently revised its Statutory Guidance on Supporting Pupils with Medical Needs which came into force in September 2014. The guidance requires governing bodies to make arrangements to support pupils with medical needs acknowledging that this will require the input of a range of agencies and practitioners to ensure that safe and sustainable procedures are put in place, within a child centred approach.
- 3.3 In order to ensure that local schools were supported to meet the requirements of the revised guidance and in seeking to respond in a co-ordinated manner to pupils with more complex conditions than had been met in the past, a Task and Finish Group was recently convened comprising Local Authority, Health and schools representatives.
- 3.4 This protocol has been drawn up by the Task and Finish Group and aims to provide a

framework for informed decision making by governing bodies when seeking to respond to requests to support pupils with medical needs as these arise.

4.0 Legal Context

- 4.1 Section 11 of the Children and Families Act 2014 places a duty on Governing Bodies of maintained schools proprietors of academies and management committees of pupil referral units to make arrangements for supporting pupils at their schools with medical conditions. In meeting those duties they must have regard to the Statutory Guidance Supporting Pupils at School with Medical Conditions (April 2014).
- 4.2 St Helens Clinical Commissioning Group is the accountable body and commissioner for the specialist paediatric nursing services that will provide the training, procedures and risk assessments for medical conditions under this protocol. The Clinical Commissioning Group also has a duty under Section 3 NHS Act 2006 to arrange for the provision of certain specified health services to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility. This duty does not apply in relation to a service or facility if the Board has a duty to arrange for its provision.
- 4.3 Local authorities have a duty under Section 10 of the Children Act 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 including their physical and mental health.
- 4.4 Headteachers shall ensure that there are effective procedures in place for supporting pupils with medical conditions and that there are sufficient trained numbers of staff to ensure safe delivery against individual pupil healthcare plans, including contingency and emergency arrangements.
- 4.5 School staff may be asked to provide support to pupils with medical conditions, including the administering of medicines although they cannot be required to do so. Staff shall receive suitable and sufficient training in order to achieve the necessary level of competency before taking on responsibility to support pupils with medical conditions.
- 4.6 Specialist paediatric nurse practitioners shall work with schools and the children's joint commissioning team in support of arrangements to meet the needs of pupils in a school setting.
- 4.7 Parents shall provide the school with sufficient and up to date information about their children's needs. In some cases they may be the first to notify the school that their child has a medical condition. Parents should be involved in the development and review of their child's individual health care plan and may also be involved in its drafting.
- 4.8 Children should so far as they are able contribute to the development of the arrangements to meet their medical needs within a school setting. A longer term aim will be to develop their capacity to self administer medicines or treatment whenever practicable.

5.0 Clinical Accountability

- 5.1 Health professionals are legally accountable for any task they delegate even if they are not present when it is undertaken (Nursing and Midwifery Council, 2008).

- 5.2 Schools will be provided with contact details of the Paediatric Clinical Nurse Specialist, who will offer advice and visit the school to solve any problems throughout the school year.
- 5.3 Under Section 100 of the Children and Families Act 2014, Governing Bodies have a duty to make arrangements for supporting pupils at their schools with medical conditions.

6.0 Implementation

- 6.1 A standard operational procedure and risk assessment will be completed for all complex medical conditions to be undertaken in a school setting by appropriately trained staff. This process will be initiated by the relevant specialist paediatric nursing service for subsequent approval on a multi-agency basis by the Integrated Children's Commissioning Team.
- 6.2 The integrated children's commissioning team, comprising of local authority and CCG officers will review any new or emerging conditions and refer these to a joint panel of senior CYPSCCG and schools representatives in order to agree whether these can be supported under this protocol. Documentation will also be shared with the Council's insurers for their approval.
- 6.3 Once agreed through this route the procedure and risk assessment will form the basis of the support arrangements for pupils with those medical conditions. Agreed procedures have been developed for:
- Clean Intermittent Catheterisation
 - Insulin Pumps
 - Insulin Injections
- 6.4 The headteacher will be the point of contact for parents or specialist nurse practitioners in considering whether a pupil with a medical condition can be supported in a school setting. For any new conditions, the request will be referred to the integrated children's commissioning team located in Atlas House for their specialist advice and to co-ordinate the development of an operational procedure and risk assessment if these have not yet been agreed.
- 6.5 For any requests for existing conditions (with agreed procedures and risk assessments in place) the headteacher will work with staff to identify whether there are any willing to be trained. Whilst the headteacher may, upon the request of staff, seek additional information from specialist nurse practitioners it is the headteacher's role to liaise with their staff.
- 6.6 Specialist nurse practitioners will provide school staff with relevant training in accordance with the agreed operational procedures and risk assessments.
- 6.7 Human Resources will advise headteachers on the employment implications of taking on these additional duties including the evaluation of any revised job descriptions. In some cases this might involve an enhanced payment which will **not** be met by the school.
- 6.8 Staff will only commence supporting a pupil with a medical condition when they have completed their training and are deemed to be competent by the specialist nurse practitioner. The written consent of parents will also be required and they should be involved as staff are identified and trained to support their child.

6.9 On occasion it might not be possible to identify appropriate staff which will require the integrated children’s commissioning team, specialist nurse practitioners, the school and parents to work together to find an appropriate child centred solution. This could involve parents, carers or specialist nurse practitioners.

7.0 Monitoring and Review

7.1 This protocol shall be kept under regular review to ensure that it delivers its key aims, in particular ensuring that whenever reasonably practicable children and young people with medical conditions can have their needs met in a school setting.

7.2 The integrated children’s commissioning team will have a key role in monitoring the numbers of children and young people with medical conditions who are supported in a school setting.

8.0 Authorisation

8.1 This protocol has been authorised by each of the participating agencies as set out below.

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Signed on behalf of St Helens Council

Date.....

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Signed on behalf of St Helens Commissioning Clinical Group

Date.....

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Signed on behalf of