



# SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

<b>GB Committee Responsible:</b>	Local Governing Body
<b>Reviewed by:</b>	Naseema Akbar/ Clare Angel/ Sarah Newman
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## 1. Key Points

Students at school with medical conditions will be fully and effectively supported to enable them to have full access to education, including school trips and physical education.

- The Bentley Wood High School governing body will ensure that arrangements are in place in school to support students at school with medical conditions.
- The Bentley Wood High School governing body will ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.

## 2. Individual Healthcare Plans

Individual healthcare plans are important to ensure that schools effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. 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 will take a final view. A flow chart for identifying and agreeing on the support a child needs and developing an individual healthcare plan is provided in Appendix A.

Individual healthcare plans will be easily accessible to all who need to refer to them while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where the child has a special educational need identified in a statement of Special Educational Needs or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. Where a child has SEND but does not have an EHC plan, their special educational needs should be included in their individual healthcare plan if relevant.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of the school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Students should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree on who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The Governing Body will ensure that plans are reviewed at least annually or earlier if the evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being, and minimises disruption.

Where a child is returning to school following a period of hospital education or alternative provision, including home tuition, and has a medical condition, Bentley Wood will work with the hospital, local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the following should be considered:

- The medical condition, its triggers, signs, symptoms and treatments;

- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. use of stairs;
- Specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions or any other relevant referrals such as mental and other specialist health services;
- The level of support needed; some children will be able to take responsibility for their own health needs, including in emergencies. If a child is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours;
- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their individual healthcare plan;

### **3. Roles and responsibilities**

- The Governing Body is responsible for the implementation of the policy for supporting students with medical conditions at Bentley Wood. They will ensure that students with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.
- The link Governor for this policy will be invited to carry out monitoring visits and report back to the Governing Body.

- The Headteacher will ensure that Bentley Wood's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.
- Assistant Headteacher Inclusion/SEND and Senior Welfare Officer will ensure that all staff are aware of students' medical conditions. Assistant Headteacher Inclusion/SEND has overall responsibility for the development of individual healthcare plans. This includes ensuring the information about staff training is logged and reviewed. Assistant Headteacher Inclusion/SEND will liaise with parents about driving on site. If permission is given, parents will be given an access card for the school site.
- The Senior Welfare Officer is responsible for the day-to-day development, implementation and review of individual healthcare plans. The Senior Welfare Officer will work closely with the Assistant Headteacher Inclusion/SEND and ensure that the Arbor records are up to date, and details added to students SEND profile where appropriate, which will ensure all teachers and support staff are aware of any medical conditions. The Senior Welfare Officer is responsible for the liaison with outside agencies for students with medical needs and for the training of staff as identified in the individual healthcare plans. The Bentley Wood Senior Welfare Officer should contact or make a referral to the Harrow school nursing service in the case of any child who has a medical condition that may require support at school.
- The Senior Welfare Officer should ensure that written records are kept of all medicines administered to children. All prescription or non-prescription medicines will be administered under the supervision of the Senior Welfare Officer or other trained staff in the medical room. The Senior Welfare Officer will organise and keep records of medical training for staff, and ensure that there is a centrally accessible folder of essential information for after-hours emergencies where access to medicines may be needed.
- SLG will make sure they are aware of where essential emergency information and medication are kept for use during after-school hours.
- Heads of Year will be responsible for sharing relevant policy information with the students in their year group, either through assemblies or through their tutor team. Heads of Year will be fully aware of all Individual Health Care Plans for students in their year group. Heads of Year and AHT attached to each year group will monitor the absences of students with medical conditions which affect their attendance at school. These students may be added to the daily 'vulnerable student attendance list check' if directed by the DSL.
- School staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of students with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- Students who need to undertake regular physiotherapy will be supervised by a trained member of staff.
- Students who need special arrangements for toileting will be assisted by a member of staff and will use one of the school's specially adapted toilets where required. If this support is

needed, this will be discussed with parents. Students are encouraged to be as independent as possible.

- Parents will provide the school with sufficient and up-to-date information about their child's medical needs. This includes giving written consent for the administration of prescription or non-prescription medicines. Forms are available from the school office. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation. They will be expected to provide and replace medicines and equipment and ensure they or another nominated adult are contactable at all times. They will also be expected to alert the school to trigger support for their child to continue their education if they have a long-term absence. Parents will also be expected to inform school trip leaders of the medical needs of their daughter through the return slip for any educational visit they wish their daughter to take part in.
- Students with medical conditions will often be best placed to provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions. Students will be expected to know where their medication is kept.
- NHS school nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts the school. They may support staff in implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Other healthcare professionals, including GPs and paediatricians will notify the Senior Welfare Officer when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they 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 should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of (whether consecutive or cumulative across the school year). Bentley Wood High School will access these services through a CAF referral or direct contact with the designated person.
- Providers of health services will co-operate with the school including appropriate communication, liaison with school nurses and other healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed

outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

- Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They 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 (as described above for local authorities). Clinical commissioning groups, CCG, should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

#### **4. Managing medicines on school premises**

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, efforts will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Permission forms are available from the school office.
- A student under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed if medication is administered. Bentley Wood does not provide non-prescription medicines such as pain relief tablets. We have paracetamol only to give to students whose parents have given consent for us to give for pain relief.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Bentley Wood High School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medication will be securely stored in the medical cabinet in the Welfare Office until such time as is needed. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available. This is particularly important to consider when outside of school premises, e.g. on school trips. The dates on medicines will be checked every term and should always be checked before administration.
- Staff administering any medicines will do so in accordance with the prescriber's instructions. The Senior Welfare Officer will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted as well.

- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents and Heads of Year will be informed so that alternative options can be considered.
- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the Senior Welfare Officer or the Headteacher to decide, having taken into consideration the training requirements as specified in students' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- A student who has been prescribed a **controlled drug** may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Any such arrangements will be closely monitored by the Senior Welfare Officer, the Head of Year and senior leaders attached to the year group. Any controlled drugs are securely stored securely **in the main school office** only named staff at Bentley Wood will have access. The controlled drugs should be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. (Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. ) The Senior Welfare Officer or other trained staff may administer a controlled drug to the child for whom it has been prescribed.

## 5. Managing medicines on school trips

Parents will also be expected to inform Trip Leaders of the medical needs of their daughter through the return slip for any educational visit they wish their daughter to take part in. Procedures for school trips will be set out in the health care plan.

## 6. Emergency procedures

There is a list of qualified first-aiders in all classrooms and offices. In case of an emergency, the Senior Welfare Officer will be called to the scene without delay. If the Senior Welfare Office is not available, a first-aider will be called to the scene without delay. If the first-aider cannot assist, an ambulance must be called and a member of the Senior Leadership Group Plus advised immediately. A designated and appropriate member of staff will call the students' legal guardian to let them know.

On school trips, the trip leader will follow emergency procedures as set out in the risk assessment.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will learn what to do in general terms, such as informing a teacher immediately if they think help is needed, through assemblies and tutor time.

We have paracetamol in medical only to give to students whose parents have given written consent for us to give for headache / period pains etc.

If a student needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **Asthma Policy**

**This policy is audited by the Harrow School Nurse team. Training and reminders on procedures are delivered by the Harrow School Nurses annually.**

To enable every individual regardless of ability to achieve their full potential, to prepare for future life and to become lifelong learners, developing a thirst for learning and to become good citizens equipped for the challenges of the 21st century.

Our motto is: Learning today: Leading tomorrow

The values that underpin this vision can be set out under the following headings.

### **To develop an understanding of self**

Each student should be guided to

- Develop an appreciation and awareness of self
- Become independent learners and thinkers
- Achieve their fullest potential regardless of their ability and gender
- Have high personal expectations of work and behaviour
- Have a positive attitude towards their own learning
- Show a healthy attitude to living an active life through sport and other recreational activities

### **To develop an understanding of relationships**

Each student should

- Care for others and oneself
- Show mutual respect and tolerance for spiritual and cultural diversity
- Understand the importance of learning together, and working together as a team

### **To develop an understanding of society**

Each child should endeavour to become

- Good citizens
- Effective and constructive members of the community
- Able to appreciate and celebrate their own and others' success
- Valuable members of the school community

### **To develop an understanding of the environment**

Each student should

- Take an active role in caring for the learning environment of the school
- Be safe and cared for in a stimulating learning environment
- Appreciate and respect the environment of the school

Through exposure to a wide range of teaching and learning experiences, pupils will achieve their full potential as independent, THINKING learners. Relevant, enjoyable and enriching activities will develop their thirst for life-long learning.

As a school, our belief is that every student deserves to succeed regardless of his or her ability.

### **The Principles of our school Asthma Policy**

- The school recognises that asthma is an important condition affecting many students and welcomes all welcome with asthma



- Ensures that students with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of students with asthma and the medication they take
- Ensures the school environment is favourable to students with asthma
- Ensures that other students understand asthma
- Ensures all staff who come into contact with students with asthma know what to do in the event of an asthma attack, through annual all-staff training.
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and students to ensure the policy is implemented and maintained successfully

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils

- This school recognises that asthma is an important condition affecting many students and positively welcomes all students with asthma.
- This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with students with asthma are provided with training on asthma regularly, from the school nursing team.

## Medication

Immediate access to a reliever is vital. Students are encouraged to carry their reliever inhaler and spacer with them at all times. The reliever inhalers and spacers for children are kept in the Medical room. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler and spacer.

The medical room will keep this separately in case the child's own inhaler runs out or is lost or forgotten. All inhalers **must** be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. **All school staff will let students take their own medication when they need to.**

## Record Keeping

At the beginning of each school year, or when a student joins the school, parents are asked to complete an asthma healthcare plan if their child has asthma. From this information the school keeps its asthma register which is available for all school staff. If medication changes in between times, parents are asked to inform the school immediately, written documentation will be needed for this.

Bentley Wood School does now hold an emergency inhalers and spacers as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' September 2014.

Parents of students with Asthma are sent a letter asking permission for the emergency inhaler and spacer to be used in the event that their own inhaler is not available. See Appendix 1 Attached.

The school holds inhalers for each student and they are regularly checked for expiry dates by the Welfare Officer.

## **PE**

Taking part in sports is an essential part of school life. Teachers are aware of which students have asthma from the asthma register. Students with asthma are encouraged to participate fully in PE. Teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Students are encouraged to have their inhalers with them for each lesson. If a student needs to use their inhaler during the lesson, they will be encouraged to do so.

## **The school environment**

Bentley Wood High School does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Students are encouraged to leave the room, go, and sit in the medical office if particular fumes trigger their asthma.

## **Making the school asthma friendly**

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2, in science, design and technology, geography, history and PE of the national curriculum. Students with asthma and their friends are encouraged to learn about asthma; information for students can be accessed from the following website [www.asthma.org.uk](http://www.asthma.org.uk).

## **Offsite sport and educational trips**

All inhalers must accompany students when they are off the school grounds e.g. on a school trip or visiting another school etc. Students are also required to have their own inhalers with them, in addition to being prepared for a spot check. Teachers in charge of groups will hold the school inhalers and be clear about which students in their group have asthma. This is returned to the medical room once back on school grounds.

## **Asthma attacks**

In the event of an asthma attack, school staff follow the Asthma UK advice, which can be found at the bottom of this page.

## **ALWAYS SEEK THE ADVICE AND OR ATTENTION OF THE SCHOOL WELFARE OFFICER / QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK**

We have many students at Bentley Wood High School with asthma. These students should have their own inhaler at school to treat symptoms and for the use in the event of an asthma attack. All pumps are labelled and kept in the medical room. However, there will also be emergency asthma inhalers and spacers provided by the school for use, in the case that a student requires this. All parents are requested to fill out the relevant document to ensure consent for their daughter when using the emergency asthma inhaler and spacer. The emergency asthma kits are located in the medical room, reception, Woodys, gym and sports hall. The asthma register is located in the medical room and is maintained by the Senior Welfare Officer.

## **Common “day-to-day” symptoms of asthma are:**

- Cough and wheeze (a whistle heard on breathing out) when exercising
- Shortness of Breath when exercising
- Intermittent cough

These symptoms are usually responsive to the use of their own reliever inhaler and rest (e.g. stopping exercise). They should not usually require the student to be sent home from school or need urgent medical care.

#### **The signs of an asthma attack are:**

- A persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the student could be breathing fast and with effort using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- Tightness of the chest
- Anxiety/panic
- Stomach-ache
- Shortness of breath
- Increased use of the blue inhaler (more than once every four hours)

All trained staff who encounter students with asthma know what to do in the event of an asthma attack.

#### **Action**

- Keep calm and reassure the student. A member of school staff should remain with the student at all times.
- Call for the Senior Welfare Officer or ambulance immediately if necessary
- If the student does not have an inhaler on her person send, someone to the medical room to get their inhaler and spacer.
- Encourage the student to sit up and slightly forward- do not hug or lie them down
- Loosen clothing around their neck and follow the steps below:
  1. Ask the student to sit up straight - try to keep them calm.
  2. Instruct the student to shake the reliever inhaler well and take one puff (usually blue) every 30-60 seconds up to 10 puffs.
  3. If the student feels worse at any point OR doesn't feel better after 10 puffs call 999 for an ambulance and inform the parents/carers.
  4. If the ambulance has not arrived after 10 minutes and symptoms are not improving, repeat step 2, or follow guidance given by the emergency services.
  5. If symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

#### **Additional guidance on calling an ambulance:**

- **The student's symptoms do not improve within 5-10 minutes, or they feel worse at any point, (follow guidance above)**
- **The student is too breathless or exhausted to talk**
- **The student's lips are blue**
- **You are in doubt at all about the student's condition**

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate

**After the attack**

Minor attacks should not interrupt a student's involvement in school. When they feel better, they can return to school activities.

The student's parents will be informed about the attack immediately

**If the student feels better then ask parents to book an urgent same day appointment with her GP or asthma nurse to get advice.**



## SIGNS OF:

WHEEZING

COUGHING

SHORTNESS OF BREATH

## TREATMENT:

GIVE RELIEVER (**BLUE**) INHALER – **2** PUFFS

(USE A SPACER IF IT IS THIS TYPE OF INHALER)



## IF NO OR MINIMAL EFFECT

GIVE UP TO **10** PUFFS OF RELIEVER (**BLUE**) INHALER

If better (symptoms resolved)

Inform parents & advise

GP appointment

If little or no improvement:

**DIAL 999**

Continue to give **BLUE** (reliever)

inhaler **10 PUFFS** every **15**  
minutes

Until medical help arrives or

**Parent letter for up-to-date information pertaining to asthma inhaler/spacer (in case of an emergency)**

Dear Parent/Carer,

We are currently updating our asthma register. Please update the information regarding your daughter so we can ensure our school records are accurate.

We currently hold a number of emergency salbutamol reliever inhalers on site. This is a precautionary measure. You still need to provide your daughter with their own inhaler and spacer as prescribed. If you **do not** wish for us to use the school inhaler in an emergency, please fill in the details below and return to school as soon as possible.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs. If your daughter does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible.

Please complete the information below and return to school.

Kind regards.

Mrs Angel

Senior Welfare Officer

Please complete the information below:

1. I confirm that my child has been diagnosed with asthma

☐

2. I confirm that my child has been prescribed an inhaler

☐

3. My child has a working, in date inhaler and spacer clearly labelled with their name, which they will have with them at school every day.

☐

4. Please tick if you **do not** wish the school to use the school's Inhaler and spacer in an emergency.

☐

Signed: -----

Date: -----

Print parent/ carer's name: -----

Child's name: -----

Form class: -----

## **Allergy Policy**

**Training and reminders on procedures are delivered by the Harrow School Nurses annually.**

An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mites. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a threat and produces an inappropriate response. This can be a minor response such as localised itching or a severe response known as anaphylaxis.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening, the age group most at risk of a life-threatening reaction are 15-25 year olds. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings). The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Bentley Wood High School is committed to a whole-school approach to the health care and management of those members of the school community suffering from specific allergies. The school's position is not to guarantee a completely allergen-free environment, but rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies. The intent of this protocol is to minimise the risk of any student suffering allergy-induced anaphylaxis whilst at school or attending any school-related activity, and to ensure staff are properly prepared to manage such emergencies should they arise.

The school is committed to proactive risk allergy management through:

- Provision of, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- The encouragement of self-responsibility and learned avoidance strategies among students suffering from allergies.
- Engaging with parents/guardians of each student at risk of anaphylaxis in the establishment and documentation of an individual's allergy care plan, assessing risks and developing risk minimisation strategies for the student.
- Ensuring that all staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

This management approach is congruent with current specialist medical advice and the school believes educating children to self-manage their condition is a skill attuned to their 'real world' situation.

### **Parent/Carer Responsibilities:**

- On entry to Bentley Wood High School, parents/carers should inform the Senior Welfare Officer via the Medical Information and Consent form of any history of allergy, highlighting previous severe allergic reactions and any history of anaphylaxis.
- If an episode of anaphylaxis occurs outside school, the Senior Welfare Officer should be informed. Furthermore, should a child develop a condition during a year, or have a change in condition, the parents/carers must advise the school of the fact, and details to be clarified accordingly in the individual allergy care- plan.
- Parents/Carers should ensure their children are trained to administer and carry their own auto-injector whilst in school and that it is in date.



- Parents/Carers must supply the medical room with their child's emergency medication (for use if the student has forgotten to carry their own or if a second dose of Adrenaline is required during an anaphylactic reaction).
- Parents/Carers are responsible for ensuring medication (adrenaline auto-injectors and any specific antihistamine, +/- inhaler, +/- steroid) is supplied to the medical room, in date and clearly labelled, to note the expiry dates of the medication, replace the medication when expired and to dispose of the medication when expired. The school asks parents to provide two adrenaline auto-injectors to be kept in the medical room, and requires the child to carry two with them at all times.
- Parents/ carers should ensure their children fully understand and can recognise what they are allergic to and take responsibility for avoiding, wherever possible, contact with known allergic substances.
- A telephone call or face to face meeting takes place between the Senior Welfare Officer and the parents to get a better understanding of the allergy and medication required. Where severe food allergy is a major concern, we recommend that students bring lunch from home. Where parents/carers wish their child to be provided with school meals, the Senior Welfare Officer notifies the catering team of the allergy and they update their systems accordingly. At the meeting with the Senior Welfare Officer, the parents/carers will be made fully aware of the catering provider's food allergies/allergens protocols and procedures. They can use this information to make an informed choice about whether or not they wish their child to receive meals. If the decision is made to provide meals, then the care plan must clearly set out what arrangements are agreed upon by parents/carers.

### **Staff responsibilities:**

- Once aware of an allergy the School Welfare Officer should ensure the parent/care completes an allergy care plan, and that sufficient emergency supplies are kept on site.
- A discussion should take place between the Senior Welfare Officer, parent/carer and student, preferably prior to entry to the school, so they can discuss the plan and the individual student needs in school.
- All staff who teach/have contact with at-risk students should be aware of the condition. A list of suitably trained persons to deal with any anaphylactic reaction should be available.
- A student's medication must be clearly labelled with their name, medication name and expiry date. All medication is kept in the medical room organised by year group in a clear box or medical cabinet. Any diabetic medication is stored in the fridge along with any other medication that needs to be refrigerated e.g. antibiotics.
- Emergency medication boxes should be labelled in the same way as all other medication but also include copy of the student's healthcare plan.
- Students who have any medical condition will have their condition listed within the Medical Conditions section on Arbor-

### **Training of Staff**

- All trained First Aiders, teaching staff, classroom and support staff, and site supervisors will be trained in anaphylactic emergency care and the use of adrenaline auto-injectors.
- All staff receive annual training in allergen avoidance, early recognition of symptoms and crisis management. Specific staff members are trained to administer emergency medication. All staff are informed of where the emergency medication is kept
- The Senior Welfare Officer is informed if a student with allergy problems is to attend a school trip so that she can ensure a member of staff trained to administer the relevant emergency medication accompanies the students on this trip and arrangements made for the student's emergency supplies.
- In the event that the School Welfare Officer/welfare assistant has been called away from medical, all staff are aware of the location of medication in the Medical room.

- Supply/temporary staff are made aware of how to get the appropriate help should there be a medical emergency.
- Staff should be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
  - The student with known anaphylactic responses to insects should wear shoes at all times.
  - Keep outdoor bins covered.
  - The school will ensure diligent management of wasps, beehives, and ant nests on school grounds and in proximity. This must include an effective system for staff to report and a system of timely response to eradicating nests.

## **School trips**

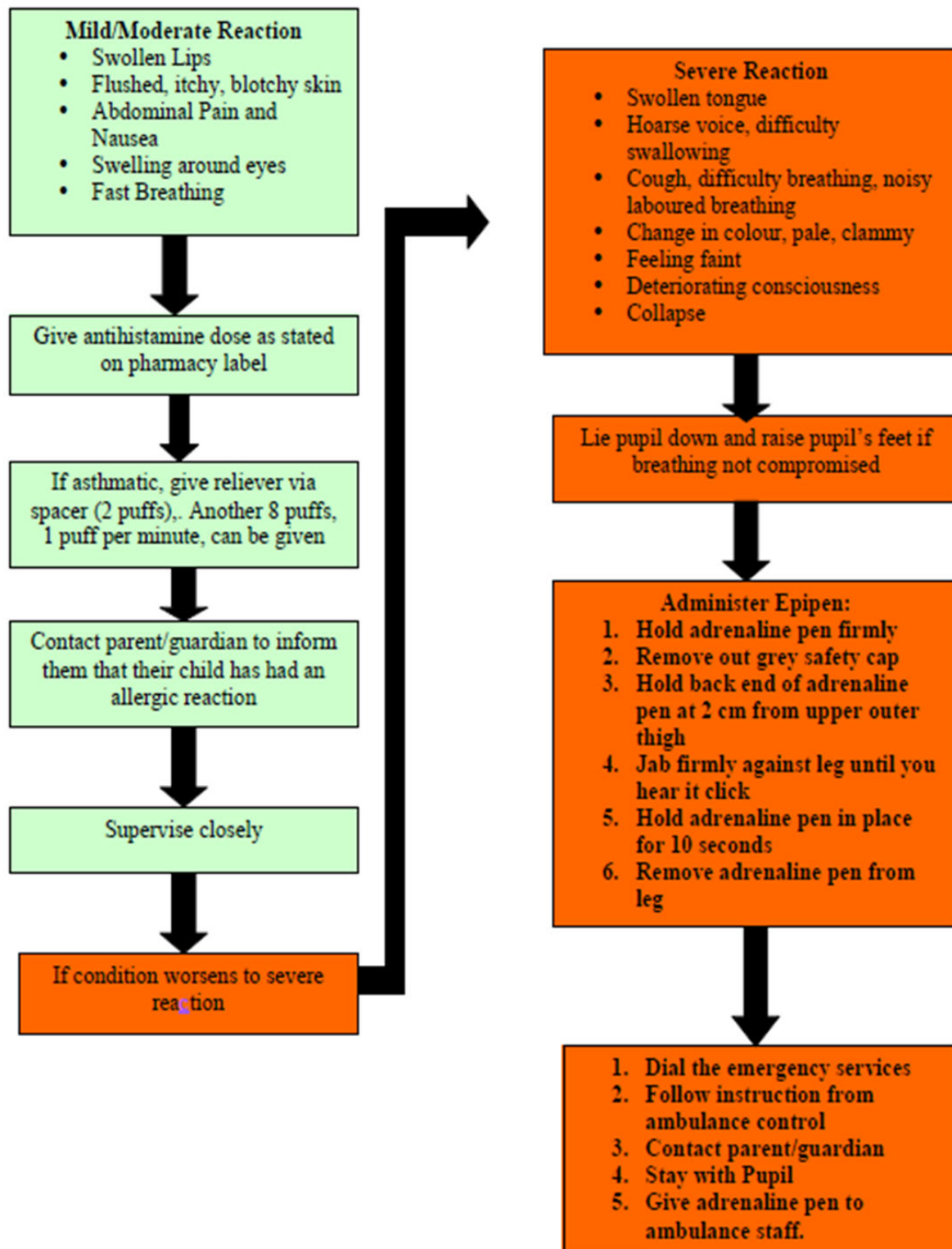
- The Group Leader will ensure they have a print outlisting all the medical conditions of the students attending the school trip and be aware of those with allergies, including details of their care plans and medication.
- The Group Leader will ensure that a trained first aider is present on the school trip where there is a specific medical need or the trip risk assessment identifies a need.
- Parents should ensure that the student brings their own adrenaline autoinjector or medication with them on a school trip.
- The Senior Welfare Officer ensures that the Group Leader has any required spare medication, including auto-injectors or inhalers when provided by parents. The Group Leader will ensure the student has any required medication as indicated in the medical list provided by the Senior Welfare Officer on the visit. The student is responsible for its security. The Group Leader will ensure all spare medication is returned to the medical room at the end of the trip.
- If in doubt over the risk of a student with an allergy taking part in an educational visit, the Group Leader should seek advice from the parent.

### **ALWAYS SEEK THE ADVICE AND OR ATTENTION OF THE SENIOR WELFARE OFFICER / QUALIFIED FIRST AIDER IN THE EVENT OF A SEVERE ALLERGIC REACTION**

- We have students at Bentley Wood High School with severe allergies. These students should have their own EpiPens at school on them at all times in the event of a severe allergic reaction. A second student's adrenaline autoinjector is labelled and kept in the medical room in an unlocked cupboard when provided by the parent. The emergency allergy kits are located in the medical room. The allergy register is located in the medical room and is maintained by the School Welfare Officers.

## Recognising Symptoms and treatment

### TREATMENT FLOW CHART





Urticarial rashes can be extremely varied. From tiny little spots to great big areas. These rashes are usually intensely itchy.

Angioedema can cause severe swelling (seen here on the lips) when this affects the airway. It can be very dangerous.

## Adrenaline (Epinephrine) Auto- injectors

### Devices

EpiPen® auto injector:



- Adult dose 0.3mgs
- Child dose 0.15mgs
- 18 month shelf life.

### Devices

Emerade® auto injector:

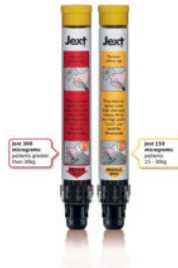


- Adult dose 0.5 mgs & 0.3mgs
- Child dose 0.15mgs
- 30 month shelf life.

### Devices

Jext® auto injector:

- Adult dose 0.3mgs
- Child dose 0.15mgs
- 24 month shelf life.



## Administering adrenaline auto-injector

### Important to Remember

**Lay the student down with legs raised and head to one side (in case they vomit). Do not allow them to sit/stand up until assessed by the ambulance crew.**



## Glossary

**Allergy-** A condition in which the body has an exaggerated response to a substance

**Allergen-** a substance, protein or non-protein, capable of inducing allergy or specific hypersensitivity.

**Adrenaline-** Known as Epinephrine in Europe and USA, Adrenaline is a hormone produced by the adrenal glands during high-stress or exciting situations. This powerful hormone is part of the human body's acute stress response system, also called the "fight or flight" response. It works by stimulating the heart rate, contracting blood vessels, and dilating air passages, all of which work to increase blood flow to the muscles and oxygen to the lungs. Additionally, it is used as a medical treatment for some potentially life-threatening conditions including anaphylactic shock.

**EpiPen-** a brand of adrenaline auto-injector

**Emerade** – a brand of adrenaline auto-injector

**Jext-** a brand of adrenaline auto-injector

**Information Sources**

AllergyWise for healthcare professionals, Anaphylaxis Campaign, Allergy UK, Emerade®, EpiPen®, Jext®, MHRA Drug safety update re. adrenaline auto-injectors June 2014, MHRA review of adrenaline auto-injectors (Recent advice on the route of administration of adrenaline from the Medicines & Healthcare Products Regulatory Agency (MHRA) June 2014), Nice Guidance CG134, Resuscitation Council (UK)

# **Diabetes Policy**

Type 1 diabetes is the most common form of diabetes in children and young people. In England and Wales, 17,000 children in 100,000 develop diabetes each year.

## **Causes of diabetes**

Diabetes is a condition where there is an imbalance between insulin and glucose in the human body. Insulin, a hormone produced in the pancreas, enables cells to absorb glucose (sugar) in order to turn it into energy. Diabetes is a condition in which the body either does not produce enough or does not properly respond, to insulin. This causes glucose to accumulate in the blood leading to various potential complications.

## **Types of Diabetes**

### **Type 1 – Insulin dependent**

Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears in children and young people. It is the least common of the two types and accounts for between 5 and 15 per cent of all people with diabetes. You cannot prevent Type 1 diabetes

### **Type 2 – Non-insulin dependent**

Type 2 diabetes develops when the body can still make insulin, but not enough, or when the insulin that is produced does not work properly. This type of diabetes usually appears in people over the age of 40 and is linked with being overweight.

## **Preparedness**

### **Parent/Carer Responsibilities:**

- On entry to Bentley Wood High School, parents should inform the Senior Welfare Officer via the medical information and consent form of details relating to the diabetes of their child, together with clear guidance on the usage of medication.
- The school expects that parents will ensure their child is confident in taking responsibility for the management of their diabetes including injecting insulin and for providing the relevant medication and emergency rations.
- Parents are responsible for ensuring medication if required, is supplied, in date and replaced as necessary.

### **The medical staff's responsibilities:**

- Once a student has been diagnosed with diabetes, the medical staff should ensure the parent completes a care plan with clear guidance on the usage of medication and emergency supplies.
- A discussion should take place between the medical staff, parents and students, preferably prior to entry to the school, so they can discuss the healthcare plan and the individual student's needs in school.
- Parents should be asked to provide details of their child's Diabetes Nurse Specialist (DNS) and permission obtained for the Senior Welfare Officer to liaise with the DNS
- The medical staff will keep an up-to-date list of students with diabetes within the student's medical conditions section on Arbor for all teachers to check before going on school trips.
- In collaboration with the school, the medical staff will make sure students with diabetes, if necessary, be allowed access to carbohydrates in lessons in order to prevent



hypoglycaemic attacks; and will make central access available for emergency rations and medication.

- Medication must be kept safe within the medical room office. Spare, clearly labelled, in-date insulin may be kept in the medical room fridge which is also within the medical room office. A file, clearly marked with the student's name should contain a copy of their individual healthcare plan and any other medication that might be used.
- It is essential that medical staff follow the Health and Safety Policy for the storage and disposal of needles and that the school has a sharps box for the purpose.
- Teaching staff and first aiders should be informed of all students who are diabetic and be aware of the signs to prevent hypoglycaemic attacks.
- The welfare staff will dispose of any medication not collected by the parent/carer at the end of the summer term.

### **Training of Staff**

- All key first aiders staff will be trained in diabetic management and emergency care associated with preventing hypoglycaemic attacks
- All leaders of school trips which include students with diabetes must meet with the Senior Welfare Officer prior to the trip departure and to discuss the student's plan of care and arrangements made for the student's emergency supplies.

### **Action to be taken in an emergency**

## **Hypoglycaemia (Low Blood Sugar-below 4mmol/l)**

Usual symptoms of hypoglycaemia as indicated:

#### **Symptoms experienced**

Nausea

Headache

Hunger

Feeling Funny

Legs feel wobbly

Feel shaky

Feel tired

Palpitations in chest

Stomach-ache

Other\_\_\_\_\_

#### **Symptoms Observed**

Pallor

Fine Tremor

Glazed eye

Sweating

Irritable

Behaviour change

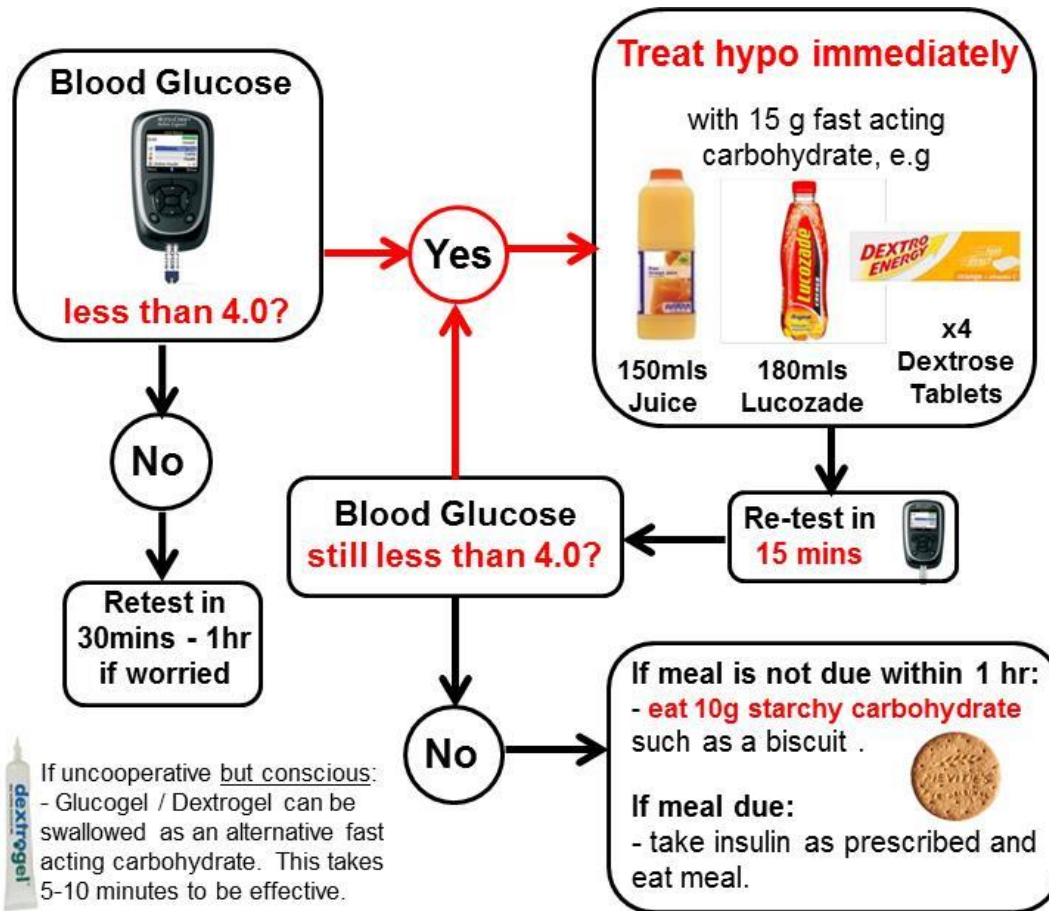
Vomiting

Other\_\_\_\_\_

If blood glucose check confirms hypoglycaemia (low blood glucose) or the child reports feeling hypo, please call welfare assistant to attend to the child or assist child to the medical room. It is important not to leave to child unattended.

## Treatment of Hypoglycaemia:

Chosen fast acting carbohydrate and quantity is: \_\_\_\_\_



**If unconscious or having a seizure, call 999 for an ambulance and then contact parents.**

Pictures may not be representative of actual products chosen to be used by child.

Eventually, if untreated and the blood sugar remains very low, the person will become unconscious. **If you suspect a diabetic student is unwell always send the child to the Senior Welfare Officer with an escort**

**Confusion is the main problem, which means the person may not recognise they need treatment, so may refuse to co-operate.** The student should take responsibility for the management of their diabetes supported by the staff which includes eating regularly, measuring their blood sugar levels and administering insulin as prescribed.

**Please see the individual care plans for each student. This is kept in the medical room**

The student's parent must always be notified if the student has experienced and been treated for a hypoglycaemic episode whilst at school.

### **Treatment of hypoglycaemia if the student is unconscious or having a seizure**

#### **DO NOT....**

- Try and give them anything to drink
- Administer Glucogel/Dextragel
- Put anything in their mouth

#### **DO....**

- Call 999 for an ambulance
- Place them in the recovery position
- Stay with them and observe closely, checking that they are breathing until help arrives
- Contact Parents

### **Symptoms of a Hyperglycaemic (high blood sugar) attack**

If a student's blood glucose is high and stays high symptoms can include:

- Thirst
- Frequent urination
- Tiredness
- Lack of concentration
- Irritability
- Dry skin
- Nausea blurred vision

### **Treatment of hyperglycaemia:**

#### **Assess**

- Was insulin given and carbohydrate eaten in the form of food or drink within the last 90 minutes?
- If so, encourage sugar free fluids and retest blood glucose again in 1 hour.
- If blood glucose is lower than the previous values, no further action is required.

#### **Bolus**

- If no insulin or carbohydrates eaten, give correction dose of insulin, (manual calculation or using the expert meter) this is calculated by using the insulin sensitivity factor aiming to correct the blood glucose level back to 6mmol/l.
- This dose can be added to the meal insulin if a meal is due or given in between meals as long as there is 2 hours between doses of insulin.

- Check blood glucose levels again in 1 hour.

### **Check**

- If blood glucose level after 1 hour is equal to or higher than the previous value or if blood ketones are present, contact parent.
- If student is unwell contact the parent/guardian.

### **DO...**

- Monitor that the student has carried out the correction as outlined in their health care plan
- Alert parents of the student's blood sugar readings and inform them of the correction the student has made
- Encourage the student to drink plenty of water

If the following symptoms are present call 999:

- Deep and rapid breathing (over breathing)
- Vomiting

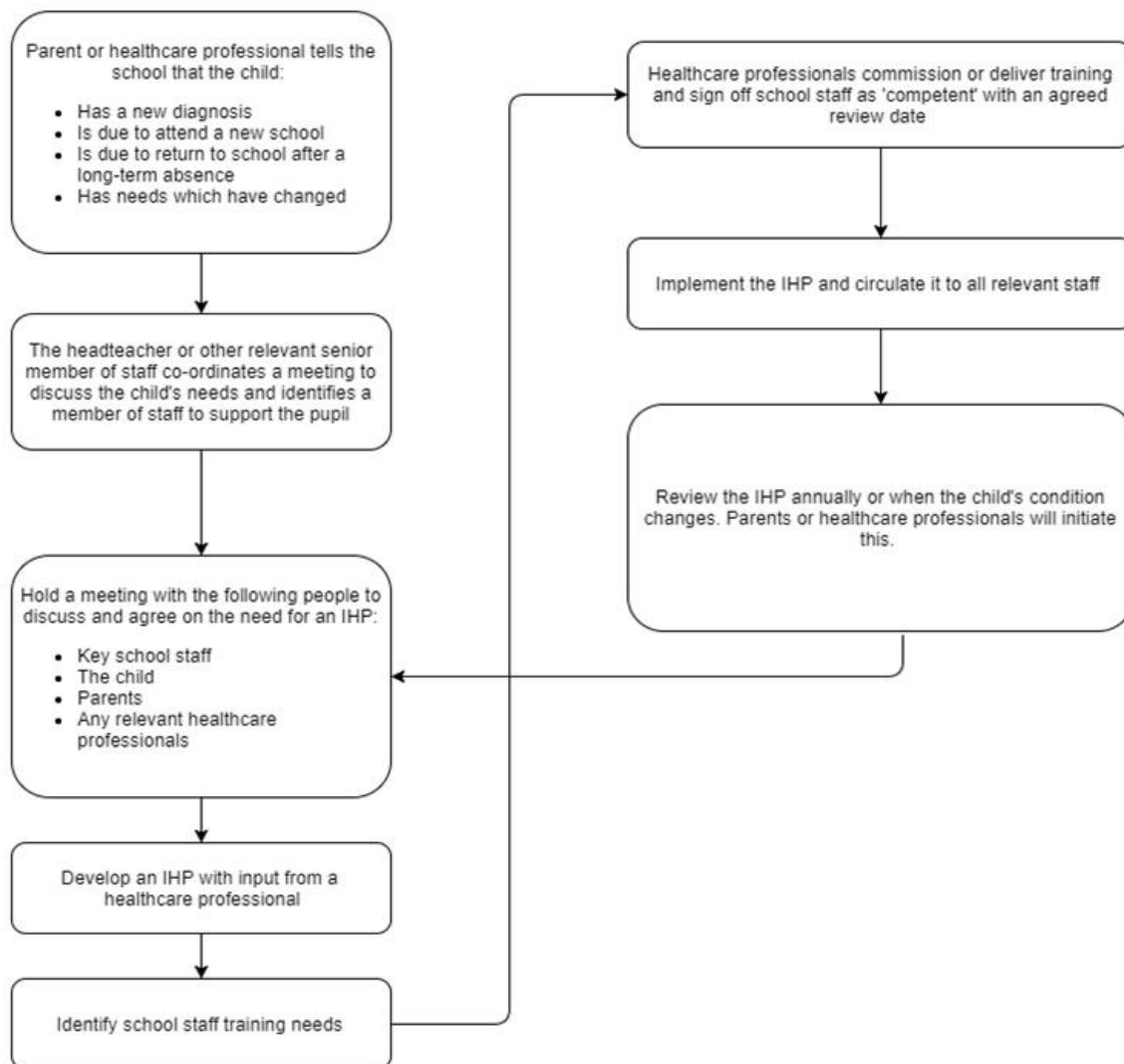
### **Students who use an insulin pump:**

- Pumps need to be disconnected if taking part in contact sports.
- Individual students may need to reduce the rate of insulin delivered for up to two hours post-sport (treatment should be detailed within their individual care plan)
- Pumps should not be discontinued for lengthy periods of time usually no longer than an hour
- Spare equipment should be provided to medical by the parents.
- The Senior Welfare Officer should be informed by the parent if their child is given a new type of pump so that it can be arranged for the Senior Welfare Officer to be trained in how to use the pump in case of emergencies.

Information sources: Diabetes UK, Diabetes NHS Choices.

## APPENDIX A

### Appendix 1: Being notified a child has a medical condition



## APPENDIX B

Bentley Wood Health Care Plan pro – forma.



### Individual Health Care Plan (HCP)

Student name

Form Group

Date of birth

Address

Medical diagnosis or  
condition

Date

Review date

#### Emergency Contact Information

1<sup>st</sup> Emergency  
contact name

Relationship to child

Phone no. (work)

(home)

(mobile)

2<sup>nd</sup> Emergency  
contact name

Relationship to child

Phone no. (work)

(home)

(mobile)

---

**Clinic/Hospital  
Contact**

Name

--

Phone no.

--

**G.P.**

Name

--

Phone no.

--

Address

--

Who is responsible  
for providing support  
in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Other information

--



Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Staff training needed?

Is the student a Young Carer at home: YES/NO

Please state any other social circumstances that may impact education, i.e homelessness, housing needs, bereavement, parental illness, social care.

Recent operations/surgeries or planned surgeries? Details/Dates:

Attach copy letter from GP/Hospital for planned surgeries)

### Parental/Guardian agreement for administering medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Welfare Officer

Student Name

Date of birth

Form Group

Medical condition or illness

#### Medication

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing of medication

Special precautions/other instructions

Are there any side effects that the  
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

**Medicines must be in the original container as dispensed by the pharmacy**

#### Parental/Guardian Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Welfare Officer/Reception staff

I understand that I/ my daughter must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)\_\_\_\_\_

Date\_\_\_\_\_

## Condition check list

Heart Conditions	Yes	No	<i>If yes please provide further information</i>
Muscular/skeletal Condition	Yes	No	<i>If yes please provide further information</i>
Is the student currently under a physiotherapy /occupational therapy team?	Yes	No	
Does the student require physiotherapy/exercises in the school setting?	Yes	No	
Migraines	Yes	No	
Fainting	Yes	No	
Motion Sickness	Yes	No	
Digestive condition /Irritable bowel syndrome (IBS)	Yes	No	
Blood Pressure	Yes	No	
Any other blood conditions such as sickle cell, thalassemia, leukaemia, haemophilia?	Yes	No	
Asthma	Yes	No	<i>If yes please attach asthma management plan from your GP</i>
Allergies	Yes	No	<i>If yes please attach allergy management plan from your GP</i>
Diabetes	Yes	No	<i>If yes: Please provide details of your diabetic specialist Nurse:</i>  <b>Name:</b>  <b>Hospital:</b>  <b>Contact Number:</b>  <i>If yes please attach care management plan from your GP/Care specialist:</i>  <b>Diabetic Check Times:</b>  <b>Insulin requirement, please state:</b>
Epilepsy	Yes	No	<i>If yes: Please provide details of your Epilepsy specialist:</i>  <b>Name:</b>  <b>Hospital:</b>  <b>Contact Number:</b>  <i>If yes please attach care management plan from your GP/Care specialist:</i>
Visual Impairment	Yes	No	<i>If yes please provide further information:</i>

			<b>Contact name:</b> <b>Tel No:</b>
Hearing Impairment	Yes	No	<b>If yes please provide further information:</b> <b>Contact name</b> <b>Tel No:</b>
Speech and Language Therapy (SALT Team)	Yes	No	<b>If yes please provide further information:</b> <b>Contact Name:</b> <b>Tel No:</b>
Physiotherapy Team	Yes	No	<b>If yes please provide further information:</b> <b>Contact Name:</b> <b>Tel No:</b>
Child and Adolescent Mental Health Team or any other counselling/psychotherapy services or Eating disorder services	Yes	No	<b>If Yes, please provide the details:</b> <b>Contact Name:</b> <b>Tel No:</b>
Does the student have any other medical condition and under the care of a specialist nurse/doctor or hospital department	Yes	No	<b>If yes please state the condition :</b>  <b>Please provide</b> <b>Contact Name:</b>  <b>Tel No:</b>

#### **PARENTAL AGREEMENT :**

***I agree that the medical information contained in this plan is true and correct, and that the information may be shared with individuals involved in my child's care and education, including emergency services/GP or hospital. I understand that if there are any changes that the school will be informed.***

**Print Name :**

**Parent /Guardian (please select)**

**Signature:**

**Date:**

#### **MEDICATION CONSENT:**

**I agree that my child *can be* administered medication by a trained member of staff or emergency services in the event of an emergency:**

☐ **I Agree:**

☐ **I do not Agree:**

**I agree that my child *can be* administered *their own* medication stored in school by a trained member of staff (*please see page 3*):**

☐ **I Agree:**

☐ **I do not Agree:**

**Print Name:**

**Parent /Guardian (please select)**

**Signature:**

**Date:**

## APPENDIX C

### ***Ensuring a good education for children who cannot attend school because of health needs Statutory guidance for local authorities.***

[www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school](http://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school)

LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

LAs should, however, arrange provision as soon as it is clear that an absence will last more than 15 days and it should do so at the latest by the sixth day of the absence, aiming to do so by the first day of absence. Where an absence is planned, for example for a stay or recurrent stays in hospital, LAs should make arrangements in advance to allow provision to begin from day one.

With planned hospital admissions, LAs should give the teacher who will be teaching the child as much forewarning as possible, including the likely admission date and expected length of stay. This allows them to liaise with the child's school and, where applicable, with the LA about the programme to be followed while the child is in hospital. LAs should set up a personal education plan, which should ensure that the child's school, the LA and the hospital school or other provider can work together.