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## Supporting Pupils with Medical Conditions Policy

Policy Reviewed	Next Review Due
January 2020	January 2021

Head of School Signed .....

Date .....

Chair of Governors Signed.....

Date.....



# **Supporting Pupils with Medical Needs**

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## Bibliography

# Supporting Pupils with Medical Needs

## A Good Practice Guide

### 1

## Introduction

- 1.1 It is essential that schools follow this guidance in order to be fully covered by public liability insurance.

### 2 Purpose of Guidance

- 2.2 This guidance has been written to help schools draw up policies on managing medication in schools, and to put in place effective management systems to support individual pupils with medical needs. A positive response by the schools to a pupil's medical needs will not only benefit the pupil directly, but can also positively influence the attitude of the whole class.

### 3 The Legal Framework

#### 3.1 General Background

Staff administering medicine  
Staff 'duty of care'  
Admissions

#### 3.2 The Law

SEN and Disability Act 2001  
Health and Safety at Work etc Act 1974  
The Management of Health and Safety at Work Regulations 1999  
Control of Substances Hazardous to Health Regulations 2002  
Misuse of Drugs Act 1971 and associated regulations  
Medicines Act 1968  
The Education (School Premises) Regulations 1999  
The Education (Independent Schools Standards) (England) Regulations 2003  
National Standards for under 8s day care and childminding – Premises  
Special Education Needs – Education Act 1996  
Care Standards Act 2000

- 3.3 Schools and governing bodies are responsible for the health and safety of pupils in their care. Health Authorities also have legal responsibilities for the health of residents in their area. The legal framework for schools dealing with the health and safety of **all** their pupils derives from health and safety legislation. **The law imposes duties on employers.**

- 3.4 Other legislation, notably the Education Act 1996 and the Medicines Act 1968 are also relevant to schools in dealing with pupils' medical needs. Further information relating to the provisions of these Acts that are relevant to the health and safety of pupils can be found in Appendix 10.

- 3.5 The **SEN and Disability Act (SENDA) 2001** amended part 4 of the Disability Discrimination Act (DDA) making it unlawful for schools to discriminate against disabled pupils for a reason related to their disability without justification. This includes some pupils with medical conditions that may be classed as a disability. Schools should be making reasonable adjustments for disabled pupils including those with medical needs at different levels of school life; and for the individual disabled pupil in their practices and procedures and in their policies.

## **4 Pupils with Medical Needs**

- 4.1 Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term; perhaps finishing a course of medication.
- 4.2 Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.
- 4.3 An individual health care plan will help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. Detailed procedures on how to draw up a health care plan are included in this guidance.

## **5 Support for Pupils with Medical Needs**

- 5.1 Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if he/she is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The school doctor or nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.
- 5.2 There is no legal duty that requires school staff to administer medicines. As good practice, a number of schools are developing roles for support staff that build the administration of medicines or the delivery of other procedures, e.g. therapies into their core job description. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained and competent to manage medicines or the delivery of identified medical procedures as part of their duties.

## **6 Medication in Schools: Who is responsible?**

## **6.1 Introduction**

It is important that responsibility for pupils' safety is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close cooperation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

### **7 Parents and Guardians**

- 7.1 Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.
- 7.2 Parents should provide the head with sufficient information about their child's medical condition and treatment or special care needed at school. They should, jointly with the head, reach agreement on the school's role in helping with their child's medical needs. The head should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil.
- 7.3 It only requires one parent to agree to or request that medicines are administered.
- 7.4 If parents have difficulty understanding or supporting their child's medical condition themselves, the School will provide additional assistance in these circumstances by liaising with the appropriate Health agency. Parents' cultural and religious views should always be respected.
- 7.5 Parents are responsible for supplying to the schools, medicines and associated equipment which have been prescribed for their child.
- 7.6 Parents are responsible for renewing medicines when needed and for disposing of out of date medicines.

### **9 The Governing Body (QET Trust Board)**

- 9.1 Individual schools should develop their own policies to cover the needs of their own school and community of pupils based on this guidance.
- 9.2 It is the school's responsibility to ensure that basic first aid training has been provided and first aiders are in place.
- 9.3 It is the school's responsibility to make sure that correct procedures are followed.
- 9.4 Keeping accurate records in the school is essential in such cases. Teachers and other staff are expected to follow school policy and procedures at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- 9.5 The school is also responsible for making sure that staff have appropriate training to support pupils with medical needs. This should be arranged in conjunction with the

appropriate health professional. Health authorities have the discretion to make resources available for any necessary training.

- 9.6 The school should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A health care professional should confirm that the non-health professional has demonstrated proficiency and understanding in medical procedures.
- 9.7 The staff in receipt of the training should confirm their own understanding of what is required and their role in requesting further training as needed. A record of this should be held in the school, e.g. with staff training records.
- 9.8 The school is responsible for ensuring that health and safety for the member of staff and the pupil have been considered and the necessary risk assessments completed and training and equipment are in place.

## 10 The Head of School

- 10.1 The head is responsible for implementing the governing body's policy in practice and for developing detailed procedures. When staff volunteer to give pupils help with their medical needs, the head should agree to their doing this, and must ensure that staff receive proper support and training where necessary. Known needs should be highlighted prior to pupils entering school as part of transition planning. Consideration will need to be given to ensuring that pupils continue to have medical needs met when supply teachers are employed.
- 10.2 The head should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The school's policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the school's approach to taking medicine at school. The policy should include the provision of reasonable adjustments to minimise absence from education. Parents should not be expected to administer medication in school unless it is in the interests of the child. It should not be school policy to send children with medical needs home, and sufficient staff should be trained to cover in the event of absences.
- 10.3 Public Health leads in the PCTs. The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.
- 10.4 10.4 For a child with medical needs, the head will need to agree with the parents exactly what support the school can provide. Complex medical assistance is likely to mean that the staff who volunteer will need special training.
- 10.5 There is a requirement to undertake individual risk assessments on pupils to identify any control measures for pupils with complex medical needs, and these should be contained in their care plans. Head of Schools should ensure that staff are enabled to attend training by support agencies.
- 10.7 Where it is required, the job descriptions of staff should reflect these responsibilities.

## **11 Teachers**

- 11.1 Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 11.2 Under Workforce Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it.

## **12 Other School Staff**

- 12.1 At different times of the school day other staff will be responsible for pupils (e.g. playground assistants). It is important that they are also provided with training and advice. Appendix 6 provides an example of confirmation that any necessary training has been completed.

## **13 School Staff Giving Medication**

- 13.1 Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil must have training and guidance so that they feel fully confident to carry out these responsibilities. He or she must also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

## **14. Confidentiality**

- 14.1 The head and school staff must treat medical information confidentially. The head must agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil.

## **15 Developing Policies and Procedures for Supporting Pupils with Medical Needs**

### **16 Introducing a Policy**

- 16.1 A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that children with medical needs receive proper care and support at school. Policies should, as far as possible, enable regular school attendance. Formal systems and procedures, drawn up in partnership with parents and staff should back up the policy.
- 16.2 A school policy needs to be clear to all parents and pupils. The school could include this in its prospectus, or in other information for parents. A policy might cover:
- A clear statement on the roles and responsibilities of staff managing, administering or supervising the administration of medicines

- The circumstances in which pupils may take non-prescription medication e.g. pain killers (analgesics)
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on trips and outings
- The school's policy on assisting pupils with long term or complex needs
- The need for prior written agreement from parents or guardians for any medication, prescribed or non-prescription, to be given to a child
- Policy on pupils carrying and taking their medication themselves
- Staff training in dealing with medical needs
- Record keeping
- Safe storage and access to medication
- The school's emergency procedures and risk assessment
- Qualifications and status of staff employed by the school with avoidance of the title of 'Nurse' for employees not on the NMC nursing register.

16.3 Parents and nominated health professional should be encouraged to provide the school with full information about their child's medical needs. Staff noticing a deterioration in a pupil's health over time should inform the head who should let the parents know.

## **17 Short Term Medical Needs**

17.1 Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential.

17.2 It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

17.3 Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and they should always be in their original container and include the prescriber's instructions for administration.

## **18 Non-Prescription Medication**

18.1 Pupils sometimes ask for pain killers (analgesics) at school. School staff should not give non-prescribed medication to pupils unless there is specific prior written permission from the parents. They may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken.

18.2 If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken. Non-prescription medication should not be purchased by the school.

## **19 Long Term Medical Needs – Health Care Plans**

- 19.1 It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written health care plan which adopts a holistic approach detailing all aspects of the pupil's condition as well as the medicines and support required, should be completed for such pupils, involving the parents and relevant health professionals. There is a separate section on drawing up a Health Care Plan.
- 19.1 Appendix 1 provides an example of a health care plan, which schools may wish to use or adapt.
- 19.2 Where a Community Children's Nurse or School Health Advisor provides training, health care plans will be drawn up by that nurse relevant to the condition in consultation with school, parents and pupil.
- 19.3 No pupil under 16 should be given medication or any other kind of (non-emergency) medical intervention without his or her parent's written consent on Appendix 2.
- 19.4 It is essential for staff to complete, sign, date and time record cards each time they give medication to a pupil. Appendix 3 can be used for this purpose. It is essential to have the dosage and administration witnessed and signed by a second adult.

## **20 Self Management**

- 20.1 It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves, staff may only need to supervise this. Written parental consent is always required on Appendix 4.

## **21 Refusing Medication**

- 21.1 If pupils refuse to take essential medication, school staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual pupil's health care plan. The school should inform the child's parents of the refusal on the same day. If necessary, the school should follow agreed emergency procedures.

## **22 Record Keeping**

- 22.1 Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:
- Name of pupil, address and date of birth
  - Name of medication
  - Dose
  - Method of administration

- Time and frequency of administration
- Other treatment
- Any side effects
- Expiry date

22.2 Staff should check that any details provided by parents are consistent with the instructions on the container.

22.3 It can be helpful to give parents a form similar to Appendix 2 to record the details of medication in a standard format. The child's GP may be willing to provide confirmation of the medication.

22.4 Appendix 2 also provides a sample confirmation note which schools may wish to give to parents to let them know that a member of staff will assist with medication.

22.5 Keeping records offers protection to staff and proof that they have followed agreed procedures. Some schools keep a log book for this. Appendix 3 provides a model record sheet.

## **23 Dealing with Medicines Safely**

### **24 Safety Management**

24.1 Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### **25 Access to Medication**

25.1 When the school stores medicines staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers. The head is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers and epi pens, must be readily available to pupils and must not be locked away. Many schools allow pupils to carry their own inhalers. Other medicines should generally be kept in a secure place not accessible to pupils.

25.2 Due thought and consideration should take place before the school locks away medication that a pupil might need in an emergency. All staff should know where to obtain keys to the medicine cabinet and be aware of the policy and procedures for locked medicines relevant to their work area.

25.3 Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The school should restrict access to a refrigerator holding medicines.

## **26 Disposal of Medicines**

- 26.1 School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.
- 26.2 Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged through the local District Council.

## **27 Hygiene and Infection Control**

- 27.1 All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **28 Emergency Procedures**

- 28.1 As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- 28.2 Individual health care plans should include instructions as to how to manage a pupil in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

## **29 Drawing up a Health Care Plan for a Pupil with Medical Needs**

## **30 Purpose of a Health Care Plan**

- 30.1 The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents how often they should jointly review the health care plan.
- 30.2 Each health care plan will contain different levels of detail according to the needs of the individual pupil. Schools could use or adapt Appendix 1. Those who may need to contribute to a health care plan are:
- the Head of School
  - the parent or guardian
  - the child
  - class teacher (primary schools)/form tutor/head of year (secondary schools)
  - assistant or support staff (if applicable)

- school staff who have agreed to administer medication or be trained in emergency procedures
- SEN Support Services as appropriate
- the school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

30.3 Appendix 8 provides an example of an emergency procedure plan.

30.4 A health care plan should include:

- details of a pupil's condition
- special requirements e.g. dietary needs, pre-activity precautions
- procedures that should be carried out
- medication and any side effects
- what constitutes an emergency
- what to do, and who to contact in an emergency
- the use, storage and maintenance of any equipment
- arrangements for reviewing the plan
- Risk assessments and safe system of work

## 31 Intimate or Invasive Treatment

31.1 The Head or Governing body should arrange appropriate training for school staff who are willing to administer intimate or invasive treatment. Form 6 provides an example of a consent form. Training can only be given by an appropriate Health Professionals (Appendix 6. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

In supporting pupils with complex health needs there are a number of clinical procedures which staff may be trained to undertake. (For example the use of a lancet for blood samples in diabetes monitoring). Such training should be provided by the appropriate Health professional often a community children's nurse. The Royal College of Nursing has provided the following advisory list of procedures which may be safely taught and delegated to non-health qualified staff agreed as of June 2005 (ref: 'Including Me' Dfes, CDC, 2005). [Updates to the RCN advice can be found on the Council for Disabled Children's website](http://partner.ncb.org.uk/dotpdf/open_access_2/rcn_guidance_april_08.pdf)

31.2

- Administering prescribed medicine in pre-measured dose via nasogastric tube or gastrostomy tube
- Bolus or continuous feeds via a nasogastric or gastrostomy tube
- Tracheostomy care including suction and emergency change of tracheostomy tube
- Injections (intramuscular or subcutaneous) with pre-loaded syringe
- Intermittent catheterisation and catheter care
- Care of a Mitrofanoff
- Stoma care
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose
- Administration of buccal or intra-nasal Midazolam
- Emergency treatments covered in basic first aid training
- Assistance with inhalers, insufflation cartridges and nebulisers
- Assistance with oxygen administration

- Basic life support/resuscitation

31.3 The Royal College of Nursing has also advised that the following tasks should not be undertaken by non-qualified health carers.

- Re-insertion of nasogastric tube
- Re-insertion of gastrostomy tube
- Injections involving: assembling syringe, administering intravenously or controlled drugs
- Programming of syringe drivers
- Filling of oxygen cylinders
- Pupils who are ventilated or may need ventilation during the school day need to have a qualified trained health professional or health care personnel with them at all times

31.4 Where it has been agreed that a child's treatment or medical procedures need to be delivered in school by a registered nurse, (eg IV antibiotics) facilities and access to the child by the nurse should be provided.

31.5 These lists are a guide only and it is important to acknowledge that for pupils with complex health needs creative and innovative solutions are sometimes required. It is emphasised that staff assisting in these procedures must be trained by the relevant qualified health care professional. As new developments take place health care professionals will update their advice to schools and advise on specific treatments, eg IM hydrocortisone which may be undertaken by non health professionals, following training.

31.6 Parents, trained staff and health care professionals providing training should agree frequency of updates and re-training, depending on the nature of the procedures. Trained staff should be aware of how and when to contact health professionals for updates and advice. All training should be specific to individual children and is not transferrable.

31.7 Parents are frequently the experts on their children's care and work in partnership with healthcare professionals in demonstrating what works. Their involvement in training should always be supervised by a health professional, and any subsequent changes in agreed practice should be endorsed by a healthcare professional.

31.8 Where health care staff are employed to work with children in schools as part of their ongoing support (continuing care) specific protocols and governance arrangements will need to be agreed, including arrangements for joint working.

31.9 Where children are being treated out of county (e.g. Bristol Children's Hospital) parents are often the only source of advice and information for schools. In these circumstances when schools need professional training which may be difficult to obtain, they should contact their school health advisor who will link them to the appropriate support.

**For further advice and guidance please contact the Physical Impairment and Medical Support Service (PIMS) advisory teacher at your local area multi-professional team base.**

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Philip Wells Professional Lead School Nursing Somerset NHS  
Community Health

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Published by Children's Hospice, South West

**Including young people with degenerative neuromuscular disease in mainstream education** – Anthea Asprey/Tricia Nash  
Published by Children's Hospice, South West

**National service framework for children, young people and maternity service, Long term ventilation** – Department of health  
[www.dh.gov.uk/childrensnsf](http://www.dh.gov.uk/childrensnsf)

**Guidance on discharge management and community support for children using long-term ventilation** – Jane Noyes/Mary Lewis (Barnardo's)  
ISBN 1 904659 14 4

**The dignity of risk** – Christine Lenehan/Jan Morrison/Jonathan Stanley (National children's bureau)  
ISBN 1 904787 22 3

**Including me, Managing complex health needs in school and early years settings** – Jeanne Carlin (Council for disabled children)  
ISBN 1-904787-60-6  
Updates to the RCN advice can be found on the Council for Disabled Children's website  
[http://partner.ncb.org.uk/dotpdf/open\\_access\\_2/rcn\\_guidance\\_april\\_08.pdf](http://partner.ncb.org.uk/dotpdf/open_access_2/rcn_guidance_april_08.pdf)

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Appendix 1

*Healthcare Plan for Pupil with Medical Needs*

Name.....

Address.....

.....

.....

.....

Date of Birth.....

Condition..... Date.....

..... Review Date.....

..... GP Surgery.....

Name of School..... Class/Form.....

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**CONTACT INFORMATION**

**Family contact 1**

**Family Contact 2**

Name..... Name.....

Phone No (work)..... Phone No (work).....

(home)..... (home).....

Relationship..... Relationship.....

**Clinic/Hospital Contact**

**GP**

Name..... Name.....

Phone No..... Phone No.....

Describe condition and give details of pupil's individual symptoms:

.....

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.....  
.....

Daily care requirements:

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.....  
.....  
.....  
.....

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

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.....  
.....

Follow up care:

.....  
.....  
.....

Who is responsible in an emergency (state if different on off site activities):

.....  
.....

Additional information re: child/young person's wishes regarding their care:

.....  
.....  
.....

Additional information re: parent's wishes:

.....

.....  
.....  
Form circulated to:

Admin Team/Pupil File  
Class Teacher and Support Staff  
Pupil Information File for Supply Teachers  
School Nurse  
Parents

Date:

Review:

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*Request for school to administer medication*

Example form for parents to complete if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Head of School has agreed that school staff can administer the medication.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

DETAILS OF PUPIL

Surname.....

Forename(s).....

Address.....

.....

M/F.....

Date of Birth.....

Class/Form.....

Condition or Illness:

.....

**MEDICATION**

Name/type of medication (as described on the container):

.....

For how long will your child take this medication.....

Date dispensed.....

**Full Directions for use:**

Dosage (milligrams) and method:

.....

Timing:

.....

Special Precautions:

.....

Side Effects:

.....

Self-Administration:

.....

Procedures to take in an Emergency:

.....

.....

.....

Storage Arrangements:

.....

.....

**CONTACT DETAILS**

Name..... Daytime Tel No.....

Relationship to Pupil.....

Address.....

.....

I understand that I must deliver the medicine personally to (agreed member of staff)

Date..... Signature(s).....

Relationship to pupil.....

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***(Example form for schools to complete and send to parent if they agree to administer medication to a named child)***

I agree that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break]. [Name of child] will be given/supervised whilst he/she takes their medication by a member of staff authorised by the Head of School. This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date.....

Signed: (The Head of School & Named Member of Staff)

.....

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**Record of medication administered in school**

Example form for schools to record details of medication given to pupil

Name..... Date of Birth.....

Address.....

.....

Date				
Name of Medication				
Time				
Dose given				
Any Reactions				
Signature of staff giving medication				
Signature of witness				

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**Record of Handover and Return of Medication**

Example form to record handover and return of medication

Child's Name..... DOB.....

Address.....

Name and signature(s) of identified person(s) responsible for care of the medication at school:

.....  
 .....  
 .....

Name and signature(s) of parent(s)/carer(s) responsible for handing over medication and to whom any unused medication is to be returned:

.....  
 .....

Name of Medicine	Returned to (Name)	Returned by (Name)	Quantity	Date	Signed (Both people to sign.)

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**Parental Request for Child/Young Person to Carry and Administer own Medication**

**This form must be completed by parents/guardian, with the prescriber's knowledge and approval.**

**DETAILS OF CHILD/YOUNG PERSON**

Surname.....

Forename(s).....

Address.....

.....

.....

Date of Birth.....

Class/Form.....

Condition or Illness:

.....  
.....  
.....

**MEDICATION**

Name/type of medication (as described on the container):

.....

For how long will your child take this medication:

.....

**Full Directions for use:**

Dosage:

.....

Timing:

.....

Any known effects:

.....

Any other relevant information:

.....

Date.....

Signatures:

.....

Relationship to child.....

**TO BE COMPLETED BY SCHOOL**

I agree that ..... (name of child) will be responsible for carrying and administering their own medication. This arrangement will continue until instructed otherwise by parents.

Date.....

Signed.....  
(Responsible person)

**Staff Training Record – Administration of Medical Treatment**

Example of form for recording medical training for each member of staff

Name.....

Type of training received.....

.....

.....

Date training completed.....

Training provided by.....

I confirm that ..... has received training detailed above

Name and status of trainer.....

Trainer's signature..... Date.....

I confirm that I have received the training detailed above and I feel competent to carry out the procedures as described.

Staff signature..... Date.....

Suggested Review Date.....

Contact number for trainer.....

Trained staff ..... (name) will contact health professionals for updates and advice, as needed.

Signed..... School staff

Health professionals will contact the school if changes to procedures and recommendation occur.

Signed..... Healthcare professional

**Parental Consent for Child/Young Person to be in Receipt of Nursing Procedures**

I hereby consent to my child having the nursing procedures specified below:

By ..... staff member

I agree to a referral being made to the Paediatric Community Nurse regarding training of the staff.

I certify that I have been made aware of the training given to the staff and have a written record and in giving this consent I accept fully responsibility for my child's welfare.

Signature..... parent/guardian

Date.....

Signature of child/young person as appropriate:

.....

Date.....

**TRAINING VERIFICATION**

I certify that I have trained and observed .....performing  
the following nursing procedure competently.....

.....

.....

Signature..... Paediatric Community Nurse

Date.....

**Sample Record of Emergency Procedure for an Individual Child/Young Person**

PROCEDURE FOR THE ADMINISTRATION OF NURSING PROCEDURES FOR

\_\_\_\_\_  
(Name of child/young person)

*The document outlined should be completed in respect of each child/young person where emergency or nursing procedures may be required.*

*Each case will be different and will require individual procedures which will need to be communicated to all staff.*

School Address & Postcode:

.....  
.....

Full Name of Child/Young Person:

.....

Date of Birth.....

Address:

.....  
.....

Telephone No.....

Parents/Carers Emergency Contact No.....

**BACKGROUND**

*(This section should contain a detailed description of the child or young person's health needs. It should include a medical history summary, signs and symptoms for emergency treatments, consequences if action is not taken, name of GP or Consultant).*

**TREATMENT**

*(In this section give an outline of the treatment to be administered, who specifically is to undertake it, under what conditions, when and how. Provide step-by-step guidance of the procedure to follow. Include the names of trained carers or staff).*

Signature..... Parents/Carers

Date.....

Signature..... Head of School

Date.....



<ul style="list-style-type: none"><li>• Establish a system for responsible person to regularly feed back to:</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>◦ GP/Paediatrician/Paediatric Psychiatrist</li><li>◦ Support Services (Educational Psychologist, Specialist Advisory Teachers who support Learning, Behaviour, Sensory or Physical needs)</li><li>◦ Parents/Carers</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Ensure involved staff have regard to Child Protection Policy and procedures, through the school's Child Protection Co-ordination, where appropriate (e.g. carrying out invasive techniques).</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Where an emergency procedure is a possibility to set up a record of the procedure as soon as the possibility is known (see Form 7 as an example).</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Review procedures on change of class/LSA/school.</li></ul>	<input type="checkbox"/>

## The Legal Framework

**There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role.** Support staff may have specific duties to provide medical assistance as part of their contract. However, swift action would need to be taken by a member of staff to assist any pupil in an emergency. The LA ensures that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs.

Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on schools premises and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency. This duty also extends to teachers leading activities taking place off the school site, such as educational visits, schools outings or field trips. Section 3(5) of the Children Act 1989 provides scope for teachers to do what is reasonable for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers acting reasonably in emergency situations such as on a school trip.

The **Health and Safety at Work Act etc (HSWA) 1974** places duties on employers for the health and safety of their employees and anyone else on the premises. In schools this covers the head and teachers, non-teaching staff, pupils and visitors. Who the employer is depends on the type of school:

- The LA is the employer in county and controlled schools
- The governing body is the employer in City Technology Colleges, voluntary aided and grant maintained schools
- The proprietor or the trustees are the employers in some independent schools

The employer of staff at a school must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others, such as pupils and visitors, are not put at risk. The main actions employers must take under the Health and Safety at Work etc Act are to:

- Prepare a written Health and Safety management policy
- Make sure that staff are aware of the policy and their responsibilities within that policy
- Make sure that appropriate safety measures are in place
- Make sure that staff are properly trained and receive guidance on their responsibilities as employees

Most schools will at some time have pupils on roll with medical needs. The responsibility of the employer is to make sure that safety measures cover the needs of **all** pupils at the school. This may mean making special arrangements for particular pupils.

The **Management of Health and Safety at Work Regulations 1999**, made under the HSWA, require employers of staff at a school to:

- Make an assessment of the risks of activities
- Introduce measures to control these risks
- Tell their employees about these measures

These regulations also apply to employees. Employees must:

- ❖ Take reasonable care of their own and others health and safety
- ❖ Co-operate with their employers
- ❖ Carry out activities in accordance with training and instructions
- ❖ Inform the employer of any serious risk

In some cases pupils with medical needs may be more at risk than their classmates. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few case individual procedures may be needed. The employer is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these pupils need.

Under the **Education Act 1996** a child has special educational needs if he has a learning difficulty which calls for special educational provision to be made for him. Pupils with medical needs will not necessarily have special educational needs. For those who do, schools will find the 'Code of Practice on the identification and assessment of special educational needs' helpful. Health Authorities should comply with a request for assistance from the LA unless they decide not to do so on one of the grounds set out in Section 166 of the Education Act.

Under Section 322 of the Education Act 1996, a Health Authority (HA) must provide help to an LA for a pupil with special educational needs (which may include medical needs) unless the HA considers that the help is not necessary to enable the LA to carry out its duties or that it would not be reasonable to give such help in light of the resources available to the Health Authority to carry out their other statutory duties. This applies whether or not the pupil attends a special school. Help from the HA could include providing advice and training for schools staff in procedures to deal with a pupil's medical needs if that pupil would otherwise have limited access to education. Authorities and schools should work together, in close partnership with parents, to ensure proper support in school for pupils with medical needs.

The **Medicines Act 1968** places restrictions on the dealings with medicinal products, including their administration. In the case of prescription-only medicines, anyone administering such a medicinal product by injection must be an appropriate practitioner (eg a doctor) or else must act in accordance with the practitioner's directions. There are exceptions for the administration of certain prescription-only medicines by injection in emergencies (in order to save life).

The Education (School Premises) Regulations 1996 state that every school should have accommodation for medical or dental examination and treatment, and for the care of pupils during school hours. It need not be used solely as medical accommodation, but it should be appropriate for that purpose and readily available for use as such when needed.

The **SEN and Disability Act (SENDA) 2001** amended part 4 of the Disability Discrimination Act (DDA) making it unlawful for schools and LA's to discriminate against disabled pupils for a reason related to their disability without justification. This includes some pupils with medical conditions that may be classed as a disability.

## **NHS Professional Roles**

### GP

A GP is a family doctor. GPs should be contacted if they are one of the named professionals in the child's health care records for this purpose but they will normally see the child for a routine appointment in the surgery (or undertake home visits where necessary). Unless parents have given written consent to enquiries being made about their child's health condition to the GP, you will not be able to obtain this information.

NB: All information about an individual child's needs should be discussed at the stage of the "School Entry Plan" and updated by the child's named health care professional in conjunction with the parents.

### **Health Visitor**

A Health Visitor works in the community with families and is normally based in a GP practice as part of a team of nurses for those patients registered with the practice. Health Visitors are expected to promote health in the community. They do this by giving practical help and advice to the whole family. They visit people in their homes. They have a key role in child protection in conjunction with Social Services. Their role is still mainly around work with children of pre school. They are concerned with health, prevention of ill health and they have close working links with social and educational services. However, they do not normally undertake nursing care procedures. It is possible but unlikely, that they may be the named health care professional for a child with medical needs.

### **District Nurse**

A District or Community Nurse works as part of the Primary Care Team which operates from the GP practice. Community Nurses along with other nurses, are also responsible for promoting health but they specialise in caring for people of any age in their own homes and particularly older people. They assess and plan for health care needs, giving advice to patients and carrying out nursing procedures to improve their health. It is possible that they may be the named health care professional for a child with medical needs but this is not usually practical and unusual at the present time in Somerset.

### **School Nurse or School Health Advisor**

Are responsible for assessing the health needs of children within school communities and agreeing school health plans. This is a public health, health promotion role involving vaccination programmes, teenage pregnancy and addressing the wider health needs of children. They are not involved in carrying out hands on nursing procedures.

### **Community Children's Nurse**

A sick child or child with complex disabilities may be supported by one of the small teams of these nurses based in the main hospitals at Taunton and Yeovil. They provide support for some individual children and their families but if they are to be the main contact for advice, this will be recorded in the information held by the school.

They will train family and carers in managing nursing procedures and medical conditions. However, they are not a general advice service for schools unless they are the named health care professional for specific children.

### **Practice Nurse**

Are employed by GPs and work within GP surgeries and see people of all ages. They promote healthy lifestyles and play an important role managing chronic conditions such as asthma and diabetes. They also carry out immunisations and give advice to people about managing their own health.

### **Other healthcare professionals**

These may include speech and language therapists, physiotherapists, or occupational therapists.

## **Storage of Medication**

### **Medication should be stored in accordance with the instructions on the packaging.**

Medication should be stored in suitably clean, lockable storage facility to which only named staff have access.

Medication requiring refrigeration should be stored in a sealable plastic container (with the child/young persons name on) within a fridge that is not accessible to children/young people. Fridges must be periodically checked for temperature.

Medication must not be stored in a first aid box

Usually not more than one weeks supply should be stored by the school/setting. However this may be extended at the discretion of the head teacher for children who are on long term medication or within residential settings.

Medication that needs to be immediately available to the child/young person (and is not carried by them) should be securely stored in an easily accessible location..

### **Storage of controlled drugs e.g. Ritalin**

Controlled drugs that are only available on prescription and are subject to the misuse of drugs regulations 1971 should be kept in a clean, non-portable, lockable storage facility to which only named staff have access.

