Sandwell Metropolitan Borough Council
EDUCATION AND LIFELONG LEARNING

MANAGEMENT OF CHILDREN WITH MEDICAL NEEDS IN SCHOOLS

INVESTOR IN PEOPLE

Acknowledgements

After the successful completion and implementation of the LEA Physical Intervention Guidelines, members of Teachers' panel asked for the joint LEA/School/Trade Union working group to continue and to write guidance on the management of children with medical needs in schools. This guidance would support the Council's policy of inclusion of pupils with physical and medical needs in mainstream and special schools and units.

The working group was adjusted to reflect the changed focus and consisted of:-

Chair: Helen Atkins, Head Teacher of the Orchard School.
Facilitator: Diane Callicott, Adviser (Special Educational Needs).
Members: Steve Butt, Head Teacher of Shenstone Lodge School;
Pete Cole, Representative, National Association of Schoolmasters;
Angela Duncan, Head Teacher of Meadows School;
Dave Fereday, Head Teacher of Tameside Primary School;
Dr Helen Grindulis, Paediatric Consultant, Sandwell District General Hospital;
Ian Murray, Representative, National Union of Teachers.

The LEA is indebted to the members of the working group, in particular the editorial and other sub groups, for all their commitment and hard work in this complex area. Thanks go to the Legal Department for their advice and to Nigel Giffen in providing legal opinion for the indemnity statement.

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Introduction

The purpose of this guidance is to give advice to school staff in the situation of a child needing medication as a matter of routine or in an emergency at school. The aim of the LEA and schools is to enable children to be in school wherever possible and to prevent them from being excluded from education for medical reasons. Unless children are acutely ill, we would want to encourage them to attend school. Sometimes to facilitate this it may be necessary for them to take medicines during school hours. The appropriate contact for comprehensive advice for this would be the team of nurses supporting your school from the local Primary Care Group. Each school should develop a policy and procedure on medicines, for the benefit of their children and to ensure the safety of school staff. This policy should be available for and be communicated to all parents.

The giving of medicine to children remains the responsibility of the parent.

There may be occasions where school staff may be asked to administer medication, **but they cannot be directed to do so.**

The administration of medicines in schools is voluntary and is not a contractual duty.

The LEA and the Health Services have a responsibility to support schools, so that children with a range of medical needs can benefit to the maximum from education. Schools can use this document as the basis for their own policy.

For pupils who have serious medical conditions, such as diabetes, epilepsy, severe allergies or asthma, or who need regular prescribed medication, for example Ritalin, an individual health care plan (see Appendix 1) should be drawn up. This should be done in collaboration with the child (if appropriate), the parents, medical advisers and the school staff. Children can benefit from being taught about medical problems, ill health and disability and this is a way to foster greater understanding and respect for others.

Legal Framework

The full legal framework for the administration of medication in schools can be found in DfEE Circular 14/96, "Supporting Pupils with Medical Needs in School" (see Appendix 2). Further guidance is available to schools in "A Good Practice Guide – Supporting Pupils with Medical Needs" published jointly by the Department of Health and the DfEE. The internet reference for these are respectively:

www.dfes.gov.uk/circulars
www.dfes.gov.uk/medical

This LEA guidance is based on the above DfEE documents.

LEAs, 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 is based in health and safety legislation. The law imposes duties on employers.

Other legislation, the Education Act, 1996 and the Medicines Act, 1968, also guides schools in dealing with pupils' medical needs. The Health and Safety at Work Act, 1974 makes employers responsible for the health and safety of their employees as well as for anyone else on the premises. In schools this includes the Head and Teachers, non-teaching staff, pupils and other visitors. (For the legal purposes of the Health and Safety at Work Act, all pupils are considered visitors to the site.)

Most schools will at some time have pupils on roll with medical needs. With increasing inclusion this will mean more pupils with this type of need attending school and children presenting with more complex needs. It is the responsibility of the employer to ensure that safety measures cover the needs of all pupils at the school. This could involve making special arrangements for individual pupils. The employer is responsible for making sure that all staff supporting pupils in this category know about and are trained, to provide the support needed by pupils.

Pupils with medical needs do not necessarily have special educational needs. But for those who do, their needs are covered by the guidance contained within the Code of Practice for SEN 2002. Under the terms of the Education Act, 1996, the Health Authority must provide help to the LEA for a pupil with special educational needs, which may include medical needs, whether a child is placed in a mainstream or special school. The Health Services have a responsibility to provide advice and training for school staff in procedures to deal with a pupil's medical needs and to support that child's access to education. LEAs, Health Services 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 administration of medicines. For prescription medicines, anyone administering these should be a GP or must act in accordance with the GP's instructions. The exception being where it is an emergency and in order to save life.

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it.

THIS IS A VOLUNTARY ROLE.

Employers (usually the LEA or Governing Body) should ensure that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs.

Where the LEA is the employer.

The LEA will provide appropriate insurance cover for school staff who volunteer to administer medicines within these guidelines. Any claims would then be directed against the insurance holder eg the LEA. [This will be covered by the Indemnity Statement (see Appendix 3)].

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 school premises. 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, school outings or field trips. The Children Act, 1989 describes what is reasonable for promoting or safeguarding children's welfare. This also gives some protection to teachers acting reasonably in emergency situations.

The Education (School Premises) Regulations, 1999 state that every school should have accommodation for medical examination and treatment and for the care of pupils during school hours. This should be appropriate for purpose and available but does not have to be dedicated for that sole use.

Responsibilities

1. Parents and guardians or carers.

   Parents as a child's main carers are responsible for:

   - ensuring their child is well enough to attend school
   - providing the Head Teacher with sufficient information about their child's medical condition and treatment or special care needed at school
   - reaching agreement, jointly with the Head Teacher, on the school's role in helping with their child's medical needs
   - completing consent forms detailing their child's medical needs
   - updating the school in writing of any changes in their child's condition or medication
   - providing sufficient medication and ensuring that it is correctly labelled
   - replacing supplies of medication as needed
   - disposing of their child's unused medication
   - giving permission where their child is self-administering medication.

2. The employer: Generally the school Governing Body or the LEA is responsible under the Health and Safety at Work etc Act, 1974 for:

   - making sure that a school has a health and safety policy, including procedures for supporting pupils with medical needs and managing medication
   - making sure that their insurance arrangements provide full cover for staff acting within the scope of their employment
   - providing explicit reassurances to staff who volunteer to assist with any form of medical procedure that they are acting within the scope of their employment and are **indemnified** (see Appendix 3)
   - being held responsible in the event of legal action over an allegation of negligence
   - ensuring that the correct procedures are followed
   - keeping accurate records in the school for medical cases
   - expecting teachers and other staff to use their best endeavours at all times, particularly in emergencies

- emphasising that in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency
- ensuring that willing staff have appropriate training to support pupils with medical needs
- linking with the Health Authority or other health professionals
- satisfying themselves that any training has given staff sufficient understanding confidence and expertise
- providing public liability insurance, where staff follow the school's documented procedures, in the case of a parental complaint.

3. The Governing Body has responsibility for:

- ensuring their school develops its own policies to cover the needs of school
- all of the school policies even when it is not the employer
- taking account of the views of the Head Teacher, staff and parents in developing a policy on assisting pupils with medical needs
- in LEA schools, following the health and safety policies and procedures produced by the LEA as the employer.

4. Head Teachers are responsible for:

- ensuring that parents' cultural and religious views are always respected
- seeking parents' agreement before passing on information about their child's health to other school staff
- sharing information with parents to ensure the best care for a pupil
- implementing the Governing Body's policy in practice and for developing detailed procedures
- agreeing to all staff, who volunteer to give pupils help with their medical needs, doing this
- ensuring that all staff receive proper support, advice and special training where necessary
- making day to day decisions about administering medication
- making sure that all parents are aware of the school's policy and procedures for dealing with medical needs

- making it clear to parents that they should keep children at home when they are acutely unwell
- clarifying the school's approach to taking medication at school.

5. Teachers and other school staff are responsible for:

- understanding the nature of the condition, where they have pupils with medical needs in their class and being aware of when and where the pupil may need extra attention
- being aware of the likelihood of an emergency arising and what action to take if one occurs
- being aware of the staff who have volunteered, are trained and any back up arrangements if responsible staff are absent or unavailable
- being aware of the times in the school day where other staff may be responsible for pupils eg in the playground
- (if they volunteer to give or supervise a pupil's medication) taking part in proper training and seeking awareness of possible side effects of the medication and what to do if they occur
- supervising pupils who self-administer medication.

6. The LEA is responsible for:

- (in community and controlled schools) all health and safety matters
- providing a general policy framework of good practice to guide community and controlled schools in drawing up their own policies on supporting pupils with medical needs
- working collaboratively with their Health Authority
- facilitating training in conjunction with health professionals.

7. Health Services are responsible for:

- providing information and communicating effectively with parents and schools, to help them understand the child's medical condition
- providing additional assistance to parents and schools
- providing advice and appropriate training to school staff who are willing to support pupils with medical needs

- providing guidance on medical conditions and specialist support for children with medical needs
- confirming proficiency in medical procedures
- (the local Consultant in Communicable Disease Control) advising 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.

Health Services have a statutory duty to:

- purchase services to meet local needs
- co-operate with LEAs and school Governing Bodies to identify need, plan and co-ordinate effective local provision within available resources
- designate a medical officer with specific responsibility for children with SEN, some of whom may have medical needs.

8. The school nurse/doctor is responsible for:

- helping schools to draw up individual health care plans for pupils with medical needs
- supplementing information provided by parents and the child's GP
- advising on training and supporting school staff, who are willing to administer medication
- giving advice to parents and staff.

9. The GP is responsible for:

- ensuring confidentiality to parents
- informing schools about a child's medical condition, where consent has been given by the parent or the child
- advising staff directly about a child's condition if parents agree
- liaising with the School Health Service.

MEDICATION GUIDELINES FOR SCHOOLS

Receiving Medication In School

No medication should be accepted into school unless it is clearly labelled with:

- The child's name.
- The name and strength of the medication.
- The dosage and when the medication should be given.
- The expiry date.

All medication must come into school in the original child proof container. Where a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to the designated member of staff.

A few medicines may be needed by the pupils at short notice eg asthma inhalers. In most cases pupils must be allowed to carry inhalers with them to ensure easy access.

Where medication is long-term, a letter must accompany the medication from the child's GP or consultant. Where the medication is short-term in nature parents will be expected to inform the school in writing that medication is required, and for how long, giving the school permission to administer as prescribed.

Storage of Medication

Any medication received into school must be stored in a locked wall mounted cabinet and the key kept in an accessible place known to designated members of staff. The cabinet must be located in a designated area of the school eg school office. Some medication may need to be stored at low temperatures and must therefore be kept in a lockable fridge located in a designated area of the school.

Administering Medication

Teachers' conditions of employment do not include the administering of medication or the supervision of pupils who administer their own medication. This is also true of most non-teaching staff found in schools. Some staff may however volunteer to administer medication. Any staff willing to accept this responsibility must receive proper training and guidance, and be made aware of the possible side effects of the medication where these occur.

PRINCIPLES THAT NEED TO BE INCLUDED IN SCHOOL POLICIES REGARDING THE ADMINISTRATION OF MEDICINES IN SCHOOL

1. Policies should be clear and understood and accepted by staff, Governors and parents and should provide a sound basis for ensuring that children with medical needs receive proper care and support at school.

2. The school could include a summary of the policy in the prospectus, or in other information to parents.

3. Formal systems and procedures will be drawn up in partnership with parents who have children with identified medical needs.

4. Policies should enable, as far as possible, regular school attendance.

Policies should include:

- Whether the Head accepts responsibility, in principle, for school staff giving, or supervising children taking, prescribed medication during the school day.

- The circumstances in which children may take non-prescription medication (eg pain killers).

- The school's policy on assisting pupils with long-term or complex needs.

- The need for a prior **written** agreement from parents or carers for any medication, prescribed or not prescribed, to be given to a child.

- Staff access to training in dealing with medical needs.

- A system of record keeping including an authorised staff list, pupil health care plans, records of parental consent and the administration of medicines.

- Storage and arrangements for access to medication.

- Reference to the school's first aid procedures.

- A statement for off-site procedures.

Emergency Medication

This type of medication must be readily available in an emergency. A copy of the consent form must be kept with the medication and must include clear, precise details of the action to be taken.

The procedures should identify:

- Where medication is to be stored.
- Who should collect it in an emergency.
- Who should stay with the child.
- Supervision of other pupils nearby.
- Supporting children witnessing the event.
- Arranging for an ambulance/medical support.
- Recording systems.

Serious Medical Conditions

In all circumstances Head Teachers must exercise caution before agreeing to administer medicines where parents are unable to come to the school themselves.

Homeopathic Medicines

Many homeopathic medicines need to be given frequently during the day and often at short intervals. This is difficult to manage in a school situation. It is strongly advised that schools only agree to administer medicines, which have been prescribed by a General Practitioner.

In the event of a parent wishing a child to administer homeopathic medicines not prescribed by the GP, schools should ask the school health nurse to check the contents of the medication.

Record Keeping

A parent consent form should be completed each time there is a request for medication to be administered (Appendix 4a). This form must detail all valid information and must include:

- Child's name.
- Reason for request.
- Name and strength of medication provided.
- Clear dosage instructions.

- Emergency contact names and telephone numbers.
- Date and time the medication should be given.

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer (Appendix 4b).

A pupil medicine record must be kept, which includes the name of the medicine(s), the date received by the school and the quantity received. This record must also include the time(s) of the administration and the person responsible for the administration (Appendix 5).

Reasons for not administering regular medication should be recorded and parents informed as soon as possible. A child should never be forced to accept medication.

Changes to instructions should only be accepted when received in writing. **Verbal messages must not be accepted.**

Where a child is self-administrating there should be a written request. All self-administration should be supervised and a record should be kept as above.

STORAGE, USE AND TRANSPORTATION OF OXYGEN CYLINDERS (O_2)

Oxygen is stored in an open cage on a brick built section in the open air, ventilation is provided both above and below the oxygen. Regular checks are made by the Site Manager to check that this area does not get blocked. Full and empty cylinders are stored together and separately from all other materials. Small, transportable oxygen cylinders can be kept in a padded carrier for transportation.

The appropriate hazardous chemical signs are displayed on the storage area and on the school premises. All oxygen cylinders on site are checked regularly by the school nurse and Health and Safety Manager.

Guidelines for Using Oxygen Cylinders

1. Oxygen cylinders must be used by trained personnel only.

2. Do not bang, drop or hit the container.

3. Never smoke or produce a naked flame near a container.

4. Do not use grease or oil near a container as this can result in spontaneous combustion.

5. Although oxygen cylinders can be changed over inside, it is always preferable to do this at the storage point.

Transporting Oxygen Cylinders

Borough transport must be made aware of any oxygen cylinders on board. If they are involved in an accident, they must inform any fire appliances that attend.

Any vehicle carrying more than **six** cylinders must display the appropriate hazardous chemical signs, otherwise verbal information only is required in the event of an accident.

TRAINING FOR USE

Any staff using oxygen cylinders in school must first receive training by the school nurse or other authorised person.

DISPOSAL

Safe Disposal of Medicines

There should be written procedure covering the return or disposal of a medicine. Medicines should be returned to the child's parents and a receipt obtained and filed when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends.

At the end of every half-term a check should be made of the lockable medicine cabinet. Any medicine, which is not returned to parents and no longer required or is out of date, or which is not clearly labelled should be disposed of safely by returning it to the local pharmacy.

All medication returned, even empty bottles must be recorded. If it is not possible to return a medicine to parents it must be taken to a local pharmacy for disposal and a receipt obtained and filed.

No medicine should be disposed of into the sewerage system or into the refuse. Current waste disposal regulations make this practice illegal.

Safe Disposal of Medical Waste

If a school has a child who requires injections it is the parents responsibility to provide the equipment required in order that this can take place. Parents must also provide the school with an empty Sharps container, which must be used to dispose of any needles following use.

Sharps containers must be used for disposal of any sharp implements, which may have become contaminated with bodily fluid. Sharps containers must be kept in the designated medical area of the school.

INFECTION CONTROL

Spillage of Bodily Fluid

Where there is a likelihood of coming into contact with bodily fluids, the following minimum precautions must be adopted, regardless of whether a risk of infection has been identified:

- Disposable gloves and a disposable apron must be worn.
- Open wounds on anyone handling spillage must be covered with a waterproof dressing.
- Clean up spillages of blood or body fluids however small immediately.
- Blood spillages must be cleared using an approved hazard spill kit.
- Cover wet spillage with Haz Tab granules, remove after 2 minutes using the scoop provided then discard in a yellow bag **NB: do not use on urine**. If the spillage is dry or following the use of powder make a solution using Haz Tabs and cold water in the dilution bottle as indicated on the instructions. Wipe over the area with the solution and paper towels, discard the towels into a yellow bag (used for clinical waste). Discard protective clothing as clinical waste.
- For spillage of urine, soak up large spillage with paper towels and dispose of into yellow bag (used for clinical waste). Flood area with 1% sodium hypochlorite eg Milton or Sanichor, see label for dilution. Leave for ten minutes. Rinse area with hot water and detergent.
- If there is broken glass involved, never pick it up with fingers, even if wearing gloves. Dispose of the glass in a Sharps container.

Prevention of Cross Infections

In order to avoid cross infection the following procedures must be followed:

- Hand washing:

    - before and after all medical contact
    - after skin is contaminated with bodily fluid.

- Protective clothing:

  - wear gloves for direct contact with body fluids
  - wear plastic apron to protect clothing
  - change protective clothing between procedures.

- Keep cuts covered:

  - always cover cuts/skin lesions with a waterproof dressing.

PERSONAL CARE NEEDS

Some children in school will require help with their personal care needs. This may include feeding and toileting needs. These situations will pose a risk of cross infection.

Where children require help with toileting or feeding the following procedures must be adopted:

- All surfaces must be wiped down after use with warm soapy water eg tables, changing beds, etc. Changing beds must be wiped down after each child.
- At the end of each day surfaces must be wiped down with a solution of three parts water, one part Milton. This solution must be stored in a lockable cupboard.

INVASIVE PROCEDURES

For some children the treatment required for their condition may be invasive in nature where this is the case particular care should be taken to maintain the child's dignity and privacy at all times.
(Ref: Physical Intervention Guidelines)

The following are some of the interventions, which may be required in school:

Guidelines for the Administration of Rectal Diazepam by School Staff

Rectal Diazepam is a treatment for convulsions, and it is administered via the rectum. It should only administered by a member of the school staff who has volunteered and has been designated as competent by the named School Nurse. Training of designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the Head Teacher. Training will be updated at least once a year.

1. Rectal Diazepam can only be administered in accordance with up-to-date written prescription from a Medical Practitioner and a signed care plan. It is the responsibility of the parent if the dose changes, to obtain a new prescription from the GP. The old prescription should then be destroyed, and the care plan must be updated.

2. The care plan should be reviewed yearly by the school nurse who will check with the parents that it remains correct, and the dose of rectal diazepam remains the same. The new care plan should then be issued. Signatures should be obtained on an annual basis.

3. Each dose of rectal diazepam must be labelled with the individual child's name and stored in a locked cupboard. The keys should be readily available to all designated staff. A copy of the care plan should be kept with the rectal diazepam.

4. Rectal diazepam can only be administered by designated staff who have received training from the named school nurse. A list of appropriately trained staff will be attached to the care plan. Training for school staff should occur on an annual basis.

5. The care plan must always be checked before the rectal diazepam is administered. The dose of diazepam given must correlate with that on the care plan.

6. As with all other medications given in school the amount of rectal diazepam that is administered must be recorded and signed for by the person who has given it.

7. Expiry dates of rectal diazepam must be checked each term by the school nurse. If it is out of date it should be replaced by the parents at the request of the school nurse.

Enteral Feeding

Any child requiring enteral feeding will already be under a Community Children's Nurse from Sandwell Hospital or in the instance where a child transfers from a special school, the Community Children's Nurse from that school. Any member of staff who undertakes enteral feeding will require training from the relevant Community Children's Nurse. The training will be specific to the individual child.

If the child came from outside Sandwell, liaison should be with the Trust involved with that child.

Catheterisation

All schools need facilities for children who require self-catheterisation; these facilities should ensure the privacy and dignity of the child involved.

Children are often taught to self-catheterise but each child should be allocated a one to one trained designated member of staff in the school. Training can be accessed through the School Health Nurse allocated to the school.

Any child requiring catheterisation should have a Personal Care Plan, which should be drawn up by the School Health Nurses and the child's parents. This should be accessible to the designated member of staff involved with the care of the child.

Tracheostomy

In a few cases a child may be admitted to school with a Tracheostomy. Children with a Tracheostomy require full-time nursing support. The care of any such child should be clearly outlined within a Personal Care Plan.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from an early age what they can and cannot eat and drink. In most cases children will go through school without incident. The most common allergies are exposure to foods such as nuts, fish and dairy products. Wasp and bee stings can also cause allergic reactions.

In severe cases medication will be required. This may include administration of an antihistamine, adrenaline inhaler or by adrenaline injection (Epipen).

Responsibility for giving the injection should be on a purely voluntary basis and should only be undertaken following training from the Community Children's Nurse.

Again any child requiring such intervention should have a Personal Care Plan, which should be kept alongside the child's medication.

FIRST AID

Based on Croner Guidance School Health and Safety – Briefing No 55

Under the Health and Safety Regulations (First Aid) 1981 employers are required to provide for employees adequate and appropriate equipment, facilities and qualified first aid personnel. The Regulations do not oblige employers to provide first aid for non-employees but Health and Safety Guidance to the Regulations recommends that organisations such as schools should provide for pupils and other visitors to the school and include them in their risk assessments.

The DfES document 'Guidance on First Aid in Schools' says:

> "In the light of their legal responsibilities, schools should consider carefully the likely risks to pupils and visitors, and make allowances for them when drawing up policies and deciding on the number of first aid personnel."

How much First Aid provision a school has to make depends on its own circumstances. There are no levels or fixed ratios. Schools need to consider:

- Workplace hazards and risks.
- The size and nature of the school and whether the school is on split sites.
- The nature and distribution of staff and pupils.
- Whether staff and pupils have special needs or disabilities.
- The remoteness of the school from emergency medical services.
- The needs of any remote or lone working staff.
- Annual leave and absences of first aiders and appointed persons.

A first aider in school can only be considered a competent person if she/he has completed a training course approved by the Health and Safety Executive. These need to be updated and first aiders must hold a current certificate. Governing Bodies of schools can opt to recognise the work of first aiders by allocating them an annual allowance.

Communication is important for effective first aid and all schools should prepare and publish the following:

- Names of qualified first aiders indicating where they may be contacted.
- Contact details for emergency services.
- Siting of first aid boxes and first aid rooms. This information should be sited next to each internal and external telephone and other key sites in the school *(for emergency planning see Appendix 7)*.

It is recommended that a record be kept of any treatments given by first aiders and these records should include:

- The date and time of the incident.
- The name (and class) of the injured person.
- Details of the injuries/illness and the first aid given.
- What happened to the injured/ill person immediately after treatment.

The first aider administering the first aid should sign this form (Appendix 8a).

STAFF AND VISITORS REQUIRING MEDICATION

If staff need medication during the course of the working day they are required to bring this to school with them. Staff who require medication should self-administer.

Any medication brought into school should be kept in the locked cabinet/cupboard which has been designated for this purpose.

In an emergency, first aid procedures should be adhered to.

In some circumstances where staff require medication at a specific time, appropriate arrangements will need to be made.

NB: 'Staff' in this case includes all teaching, non-teaching, contract staff, visitors and volunteers.

Analgesia (Pain Killers)

Where pupils regularly require analgesia as part of their agreed health care plan (eg for migraine) an individual supply of their analgesia may be kept in school.

It is not good practice to hold supplies of analgesia eg Paracetamol in school. However when an individual school feels it is absolutely necessary to keep quantities of analgesia on school premises for emergencies, they must have a clear policy in place regarding this type of use.

School aged children should never be given aspirin or any medicines containing aspirin.

OVER THE COUNTER MEDICINE

Eg cough mixture, hay fever remedies.

These should only be accepted in exceptional circumstances, and be treated in the same way as prescribed medication. Parents must clearly label the container with the child's name, dose and time, and complete a consent form.

CONTROLLED DRUGS

Eg Ritalin (Methylphenidate)

Ritalin is a controlled drug, sometimes prescribed for children with attention-deficit hyperactivity disorder (ADHD). It is short lasting in the bloodstream and children **will** need a dose at lunchtime in school. When administering these drugs, schools must follow their agreed policy which will include:-

- making a record of administration
- storing in a locked place
- making a record when new supplies of Ritalin are received into school. (See separate section on Ritalin).

EMERGENCY MEDICATION

Teachers and other staff are expected to use their best endeavours at all times – emergencies. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Advice and training is available from the School Health Service regarding possible medical emergencies. These are mainly related to four conditions:

- Prolonged epileptic seizures requiring Rectal Diazepam.
- Anaphylactic reaction requiring Adrenaline (Epipen).
- Diabetic hypoglycaemic attack requiring Glucose (glucose tablets or hypostop).
- Acute asthmatic attack requiring more inhalers/attention than usual routine doses.

More detailed guidelines are shown in the Appendices for specific conditions.

INFORMATION ABOUT SPECIFIC CONDITIONS

1. General Information About Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps or hornets).

In its most severe form the condition is life-threatening.

Symptoms

Symptoms, which usually occur within minutes of exposure to the causative agent, may include:

Itching, hives anywhere on the body, generalised flushing of the skin.
A strange metallic taste in the mouth swelling of the throat and tongue difficulty in swallowing.
Abdominal cramps and nausea.
Difficulty in breathing – due to severe asthma or throat swelling.
Increased heart rate, sudden feeling of weakness or floppiness.
Collapse and unconsciousness.
Not all of these symptoms need be present at the same time.

Individual Care Plan

A child at risk of anaphylaxis should have an individual care plan drawn up between the school, the school nurse and the doctor supervising the child. This should give details of the symptoms experienced during an attack, the treatment required and who can administer it. The school nurse can help with the education of school staff.

Medication

When a child is at risk of anaphylaxis the treating doctor will prescribe medication for use in the event of an allergic reaction. These may include an adrenaline injection (Epipen). These devices are preloaded and are surprisingly simple to administer. Other medications (antihistamines or bronchodilator inhalers may also be used by some children).

Day to Day Measures

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school.

When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements.

Appropriate arrangements for outdoor activities and school trips should be discussed in advance by the parents and the school.

Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed. The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

2. General Information About Asthma

About one in ten children have asthma at some time in childhood but not all of these will be severely affected enough to require inhalers to be kept in school. A few children will have severe asthma and will require regular medication in school to prevent them from getting symptoms. For this small number an individual care plan would be appropriate.

Asthma Medication

Asthma medication is usually given by inhalers. There are various different types and the doctor prescribing the inhaler should ensure that it is possible for the child to use it properly. Because of the co-ordination needed, children under 12 often find it difficult to use the MDI (spray) inhalers properly without a spacer. Spacers will often be needed in school. (Occasionally tablets are used but these are only given once or twice a day and will not be required in school).

Reliever Inhalers

Relievers are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

Preventer Inhalers

Preventers may be brown, white, orange, red or grey and white.

They are only required two or three times a day and do not have any immediate effect on wheeze/cough. They should not therefore be required in school.

Where should the school keep reliever medication?

- Immediate access to reliever medication is essential. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal.

- As soon as a child is able, allow them to keep their reliever inhaler with them at all times, in their pocket or in an inhaler pouch. The child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).
- Keep younger children's inhalers in an accessible place in the classroom. Make sure they are clearly marked with the child's name. At break time, in PE lessons and on school trips make sure the inhaler is still accessible to the child.

Children should not be prevented from taking part in physical activities because they have asthma. If a child is consistently unable to take part because of symptoms – cough, wheeze, breathlessness, tiredness – you should ask the school nurse to check their treatment. – It should almost always be possible to manipulate this so that a child is not incapacitated by their asthma.

Management of an Asthmatic Attack

Classroom First Aid

(a) Ensure that the reliever inhaler is taken immediately.

(b) Stay calm and reassure the child.

(c) Help the child to breathe.

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened.

(d) After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities.

(e) The child's parents must be informed about the attack.

Emergency Situation

Dial 999 and call an ambulance urgently if:

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts at all about the child's condition.

Continue to give reliever medication every few minutes until help arrives.

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 very quickly.

3. General Information about Childhood Diabetes

Treatment of Diabetes

Diabetes cannot be cured, but it can be treated effectively. Children with diabetes will have treatment consisting of insulin injections and appropriate diet.

The aim of this treatment is to keep the blood glucose level close to the normal range so that the blood glucose is neither too high (hyperglycaemia) nor too low (hypoglycaemia).

Paediatric Units treating diabetic children have specialist diabetes nurses who can liaise with schools and provide information and training. It is helpful to maintain an individual care plan for a diabetic child – see below.

Insulin Injections

All children with diabetes will need injections of insulin. In most cases, children will be on two injections of insulin a day. The injections will be taken at home, before breakfast and before the evening meal.

Occasionally children will be taking more than two injections of insulin a day, in which case one of the injections may be taken at lunchtime. If a child needs to inject whilst at school, she/he will know how to do the injection without the help of an adult.

Injections of insulin are given by means of a syringe or a pen device. The method used depends on the age of the child, the hospital she/he attends and the time since diagnosis. The injections of insulin will lower the blood glucose level and they need to be balanced with food intake.

Diet

An essential part of the treatment of diabetes is an appropriate diet. Food choices can help keep the blood glucose level near normal.

The diet recommended for people with diabetes is based on the healthy, varied diet recommended for the whole population. Meals should be based on starchy foods. Food choices should be generally low in sugar and fat and high in fibre.

The child with diabetes will have been given guidance on food choices. These will be a balance of different foods, with particular attention being paid to carbohydrate foods, such as bread, rice, pasta, chapattis, yams, plantain, potatoes and cereals.

Snacks

Most children with diabetes will also need snacks between meals. These could be cereal bars, fruit, crisps or biscuits. The snacks may occasionally need to be eaten during class time. It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children. Equally important as the type of food eaten is the timing of meals and snacks. The child with diabetes will need to eat their food at regular times during the day. This will help to maintain a normal blood glucose level.

Because the child needs to eat on time she/he may need to be near the front of the queue (and at the same sitting each day) for the midday meal. If a meal or snack is delayed for too long the blood glucose level could drop, causing hypoglycaemia.

Hypoglycaemia Reaction

Hypoglycaemia means low blood glucose. The possibility of a child having a hypoglycaemic episode (a hypo) is a worry to many people supervising children with diabetes. People have visions of children flaking out or ending up unconscious. This is rarely the case and most hypos can be identified and treated without calling for professional medical help.

It is important to know what causes hypoglycaemia, how to recognise it and what action to take.

The common causes of hypoglycaemia are:

- a missed or delayed meal or snack
- extra exercise (above that normally anticipated)
- too much insulin

It has been noticed that hypoglycaemia may occur more frequently when the weather is very hot or very cold.

Symptoms can include hunger, sweating, drowsiness, pallor, glazed eyes, shaking, mood changes or lack of concentration. Each child's signs and symptoms will differ and the parents will be able to tell you how hypoglycaemia affects their child.

If the child displays any of these signs and you are not sure whether it is hypoglycaemia, talk to the child. If you are in doubt, treat it as hypoglycaemia.

How to recognise hypoglycaemia:

- hunger
- sweating
- drowsiness
- pallor/gloomy
- glazed eyes
- shaking
- mood changes/lack of concentration

How to treat Hypoglycaemia

Fast acting sugar should be given immediately. This will raise the blood glucose level. It is most important that you do not send a child who is hypo unaccompanied to get sugary food. Always make sure that they are accompanied.

Examples of fast acting sugars are:

- Lucozade
- Sugary drinks, eg Coke, Fanta (not diet drinks)
- Mini chocolate bar
- Fresh fruit juice
- Glucose tablets
- Honey or jam
- 'Hypostop' – a glucose gel which is available from the medical team.

The child's parents will be able to provide the fast acting sugars required.

The parents will be able to tell you what is appropriate for their child, together with the quantity. Most children with diabetes have their own preferred fast acting sugars. You can help by having fast acting sugar in your desk and, when you are out of the classroom, readily available at all times.

If the child is too confused to help themselves, try rubbing sugary jam, honey or 'Hypostop' (a special hypo preparation described above) inside the cheek, where it can be absorbed. Remember never to place anything into the mouth of someone who is unconscious as this carries the potential risk of choking as the person is unable to swallow. In the unlikely event of the child losing consciousness, place her/him in the recovery position and call an ambulance. You can be reassured that if the child does lose consciousness, s/he will come round eventually and should not come to any immediate harm.

Recovery from Hypoglycaemia

Hypos are a part of living with diabetes. Isolated incidents are inevitable. But if the child is having hypos at school, you should inform the family.

The child should not be left alone until fully recovered from the hypo. Recovery should take 10 to 15 minutes. The child may feel nauseous, tired or have a headache. When the child has recovered, follow up sugary food with some starchy carbohydrate, such as two biscuits and a glass of milk, a sandwich or the next meal if it is due. If the child is unconscious, do not give anything to swallow. Place the child in the recovery position and call an ambulance.

When the child recovers she/he will need to eat some slower acting starchy food (such as a couple of biscuits and a glass of milk, or a sandwich) in order to maintain the blood glucose level until the next meal or snack. Recovery from hypoglycaemia should take about ten or fifteen minutes. The child may feel nauseous, tired or have a headache.

Photo

Diabetes care plan

This child has diabetes

Name: .....

Date of Birth: .....

Current Year/Class: .....

See general care plan for contact details.

Hypoglycaemia

Children with diabetes may experience hypoglycaemia (low blood glucose levels). Look out for the following symptoms:

Hunger/sweating/trembling or shakiness/drowsiness/pallor/glazed eyes/lack of concentration/mood changes, especially angry or aggressive behaviour, irritability, or becoming upset.

Typical symptoms for this child are: (to be completed in consultation with the parents/carers)

Treatment

Sugary food should be given immediately. Examples of these are Lucozade, non-diet fizzy drink (eg Coke, Tango), mini chocolate bars (eg mini Mars bar), fruit juice, glucose tablets, honey or jam.

Sugary food for this child:

Quantity

4. General Information about Epilepsy

Medication

Children known to be epileptic will be taking one or more anti-epileptic medications. These are only ever given two or three times a day and it is therefore very unlikely that they will need to be administered in school.

Rectal Diazepam

A few children who are prone to episodes of status epilepticus have a supply of rectal diazepam to use during a prolonged seizure. It may be agreed that a supply is kept in school. If this is the case a specific care plan for the child should be kept with instructions about when to give the diazepam, who can give it, where to keep it etc. (See appendix).

School Activities

Placing restrictions on children with epilepsy will only serve to make them feel and appear different. With adequate supervision no activity need be barred, although it is unwise to allow a child to climb ropes and wall bars if he has a history of frequent, unpredictable seizures. **Swimming** is to be encouraged and should cause no problems provided there is a qualified and informed lifeguard in, or adjacent to, the water to affect an immediate rescue should it be necessary. Many schools adopt the "buddy" system for all children, which means that special attention need not be drawn to the child with epilepsy.

Essential Information

It is recommended that teachers find out as much as possible about a child's epilepsy from the parents. Some questions to ask could include:

- what type of seizures a child has
- how long they last and what they look like
- what first aid is appropriate and how long a rest the child may need
- any particular conditions or events that might trigger a seizure

- how often medication is taken and what side-effects may be experienced
- whether the child has a warning (aura) before the seizure
- what activities, if any, the parents or doctor require limiting
- whether the child has any other medical conditions.

Finally, it can be helpful to know how much understanding the child themselves has of their condition and its treatment.

Management of Epileptic Seizures

Children who have epilepsy should have an individual care plan giving details of the type of seizure they usually have, and what management of this is likely to be necessary in school. Some children may have an additional care plan for the administration of rectal diazepam (see separate sheets regarding Design of Care Plans).

There are different types of seizures. "Absence seizures" simply cause the child to become unresponsive for up to a few minutes, but do not cause falls or unconsciousness. Tonic-clonic seizures require first aid or, on some occasions, emergency care:

Classroom First Aid

If a child has a tonic-clonic seizure, classmates will look to the teacher for guidance. Calmly reassure the other children and ensure that the child having the seizure cannot harm themselves. Only move the child if there is danger of sharp or hot objects or electrical appliances. Then follow these simple guidelines.

(a) Cushion the head with something soft, eg a folded jacket, but do not try to restrain movements.

(b) Do not put anything at all between the teeth or in the mouth.

(c) Do not give anything to drink until the seizure is over.

(d) Loosen tight clothing around the neck but remember to do this with care as it may frighten a semi-conscious child.

(e) Do not call for an ambulance or doctor unless the seizure lasts more than a few minutes (status epilepticus) – see **emergency care** section.

(f) As soon as possible, turn the child onto their side in the semi-prone (recovery/unconscious) position, to aid breathing. Wipe away saliva from around the mouth.

(g) Be reassuring and supportive during the confused period which often follows this type of seizure. The child may need to rest quietly or sleep for a while, preferably somewhere private.

(h) If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence.

(i) Contact the parents.

It is not always necessary to send a child home after a seizure, but each child is different, and it depends on factors such as how often fits occur, whether the typical course is followed etc. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed and a procedure established.

Emergency Care

Although the average convulsive seizure is not a medical emergency there are three exceptions of which a teacher should be aware:

(a) When a seizure shows no sign of stopping after 5 minutes.

(b) A series of seizures take place without the child properly regaining consciousness in between.

(c) If a child who is not known to have epilepsy experiences a convulsive seizure – even if the seizure stops naturally after a few minutes. In such a case, the condition may be caused by some underlying infection or metabolic problem.

If one of these situations occurs dial 999 and call for an ambulance. Continue first aid as above whilst waiting for this to arrive.

Out of School Activities

School procedures for administering medicines must be followed on all out-of-school activities.

Off Site Visits

Medication required during a school trip should be carried on the child if this is normal practice (eg Asthma inhalers). If not, then a member of staff, or the parent if present, can carry the medication if this has been agreed by the school.

Parents must complete a consent form for all pupils attending a school trip (Appendix 9a) and if their child requires any medication whilst out of school additional forms (Appendix 9b and 9c) must also be completed.

Cross-reference with LEA guidelines and any other relevant documentation regarding school trips.

Clubs/Sports Events etc

It is essential that all staff members involved in organising school clubs and sports events are informed of any participating pupils who require medication. A copy of the existing school records (Appendix 4a) should be made available along with instructions on what to do if a medical emergency occurs. The accessibility of medication, particularly for use in an emergency, will need to be considered.

Training Section

Training for the administration of medicines in schools will need to be at different levels.

1. For mainstream schools:

   Standard training will be delivered by all school nurses to the whole school team in every school. There would need to be an updating element for any new staff. The first point of contact for this level of training would be the team of nurses supporting each school from the local Primary Care Group.

2. For common conditions:

   The Health Services and the LEA will provide an annual programme of training, to include the most common conditions and needs that arise in all schools. This would cover:

   epilepsy, cerebal palsy, dyspraxia, ADHD, autistic spectrum disorders, Down's Syndrome, allergies, asthma, First Aid for dealing with children, assisting and moving, role of the school nurse, how to find your way through the Child Health Service and other conditions that may arise. (See Appendix 12 for useful contacts).

3. For special cases and special schools:

   For children with significant medical needs an individual programme of training will be devised. (See Appendix 10). This training would be compiled by the appropriate medical personnel identified and authorised by the Community Paediatrician and relevant LEA officers. All training would need to be reviewed annually and be child specific.

4. For School Managers and Governors:

   To support the guidance and implementation of this area, a general course would be provided for school managers and governors. This would support schools in forming their policy, its implementation and clarify their responsibilities. Head Teachers should maintain a record of training undertaken. (See Appendix 11).

APPENDICES

APPENDIX 1A

Request for Medical Information

School: _____ **Date:** _____

Name of Child: _____

Date of Birth: _____

Class and Year: _____

Medical Condition(s):

_____

This child is said/appears to have the above problem(s). Please could you verify his/her medical details and if necessary complete a care plan.

Specific Questions:

_____

_____

_____

_____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

Review Details:

No review / Review Date: _____ / _____

Care Plan Required Yes ☐ No ☐

Name of person completing form: _____

Designation: _____

Date: _____

APPENDIX 1B

Photo

Photo

Health Care Plan for a child with Medical Needs

Name: _____

Date of Birth: _____

Current Year/Class: _____

Medical Condition(s):

Contact Information

Family Contact 1

Name: _____

Telephone: Home: _____

Telephone: Work: _____

Relationship: _____

Family Contact 2

Name: _____

Telephone: Home: _____

Telephone: Work: _____

Relationship: _____

GP

Name: _____

Telephone: _____

Hospital Clinic Contact

Name: _____

Telephone: _____

PTO

Details of medical symptoms: (including any regular medications**)**

Regular requirements: (eg PE lunchtimes)

What constitutes an emergency, and what action should be taken:

Care Plan completed by:

Name: _____

Designation: _____

Date due for review: _____

Copies of plan to

- ☐ School
- ☐ Family
- ☐ School Nurse
- ☐ School Doctor

APPENDIX 2

Supporting Pupils with Medical Needs in School

Summary of contents

This guidance is published jointly with the Department of Health and sets out the legal framework for mainstream schools and local education authorities in supporting pupils with medical needs. Special schools, nursery schools and FE colleges may also find this guidance useful.

The circular:

- Summarises the main legal provisions that affect schools' responsibilities for managing a pupil's medical needs;
- Recommends schools draw up policies and procedures for supporting pupils with medical needs;
- Suggests health care plans, which include medication arrangements, are provided for pupils with medical needs.

The circular reflects extensive consultation with teacher unions, local education authorities, health services and voluntary organisations, all of whose assistance we greatly appreciate.

All enquiries about this Circular should be sent to:

Miriam Ryan
Pupils, Parents and Youth Group
Department of Education and Employment
Sanctuary Buildings
Great Smith Street
London SW1P 3BT

Tel: 0171 925 5529
Fx: 0171 925 6985

Noel Durkin
Department of Health
Wellington House
133-135 Waterloo Rd
London
SE1 8UG

Tel: 0171 972 4152
Fax: 0171 972 4196

***Audience**:*
All schools
LEAs
HAs

Subject area:
School/Child Health

This guidance does not constitute an authoritative legal interpretation of the provisions of any enactments or regulations or the Common Law; that is exclusively a matter for the Courts.

Date of issue:
October 1996

Expiry date:
-

Related documents:
- Supporting Pupils with Medical Needs: A Good Practice Guide

- Code of Practice on the Identification and Assessment of Special Educational Needs

- Child Health in the Community: A Guide to Good Practice – Department of Health

- Circular 6/94 – The organisation of special educational provision

- Circular 12/94 – The Education of Sick Children

- Circular 22/94 – Safety in Outdoor Activity Centres: Guidance

- Circular 10/96 The 1996 School Premises Regulations

EL(96)28 – Children's Services Planning: Guidance – Department of Health

Superseded documents
-

Introduction

1. This Circular has been written in response to the concerns which Heads and Teachers have expressed about their responsibilities, as the number of pupils with medical needs in mainstream schools has arisen. It seeks to clarify the legal framework within which schools should operate in supporting such pupils

2. It remains for authorities and schools to formulate their policies in the light of their statutory responsibilities and their own assessment of local needs and resources.

The Legal Framework

3. LEAs, 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.**

4. Other legislation, notably the Education Act 1993 and the Medicines Act 1968 are also relevant to schools in dealing with pupils' medical needs. The following paragraphs outline the provisions of these Acts that are relevant to the health and safety of pupils.

5. 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 LEA 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.

6. 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 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.

7. 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.

8. The **Management of Health and Safety at Work Regulations 1992,** made under the HSWA require employers of staff at a schools to:

- make an assessment of the risks of activities;
- introduce measures to control these risks;
- tell their employees about these measures.

9. 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 cases 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.

10. Under the **Education Act 1993** 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 LEA unless they decide not to do so on one of the grounds set out in Section 166 of the Education Act.

11. Under Section 166 of the Education Act 1993 a Health Authority (HA) must provide help to an LEA for a pupil with special educational needs (which may include medical needs) unless the HA considers that the help if not necessary to enable the LEA to carry out its duties or that it would not be reasonable to give such help in the 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 school 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.

12. The **Medicines Act 1968** places restrictions on 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 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).

13. **Subject to the point in paragraph 14, 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. Employers (usually the LEA or governing body) should ensure that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs.

14. 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 school premises and this might, in exceptional circumstances, extent 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, school 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.

15. 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.

School Policies and Procedures for Supporting Pupils with Medical Needs

16. A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that pupils with medical needs receive proper care and support at school. Formal systems and procedures, drawn up in partnership with parents and staff, should back up the policy.

17. The school's policy on supporting pupils who have medical needs or require medication in school should be communicated to parents, perhaps in the school prospectus, and to school staff.

18. Parents are responsible for their child's medication. The head is normally responsible for deciding whether the school can assist a pupil who needs medication. Such decisions should, as far as practicable, encourage regular attendance and full participation in school life.

19. Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons.

20. Many pupils with long term medical conditions will not require medication during school hours. When they do many will be able to administer it themselves. School policies should encourage this approach.

21. School staff should not, as a general rule, administer medication without first receiving appropriate information and/or training. The local NHS Trust or HA can advise the school who the main health contact will be who can then advise on, and in some cases provide, the necessary support. In many areas this will be a school nurse provided through the School Health Service.

22. In many areas the NHS Trust will provide a School Health Service that can advise on health issues to pupils, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the school nurse.

Drawing up an Individual Health Care Plan

23. 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.

24. 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 pupils 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. In some cases, schools will find it helpful to draw up individual procedures, in the form of a health care plan, to ensure the safety of such pupils.

25. Not all pupils who have medical needs will require a health care plan. The purpose of such plans is to ensure that school staff have sufficient information to understand and support a pupil with long term medical needs. They should be drawn up in conjunction with the parents and, where appropriate, the child and the child's medical carers and should set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation.

26. The information contained within the plans must be treated in confidence and should be used for no other purpose than for the school to set up a good support system.

Dealing with Medicines Safely

27. The safety of staff and pupils must be considered at all times. Particular attention must be paid to the safe storage, handling, and disposal of medicines. Training for staff should include guidance in safety procedures.

28. Some medication must be readily available in an emergency and should not be locked away. Relevant school staff and the pupil concerned should know where the medication is kept.

Further Guidance

Guidance to help schools formulate general safety policies on managing medication, and to draw up health care plans to support pupils with medical needs, is provided in Supporting Pupils with Medical Needs: A Good Practice Guide.

If you would like a free copy of this booklet please contact:

DfES Publications Centre
PO Box 6927
London E3 3NZ

Tel: 0171-510-0150
Fax: 0171-510-0196

APPENDIX 3

INDEMNITY STATEMENT

INDEMNITY FORM – POINTS TO BE NOTED

- This form would be in favour of members of school staff who agree to administer medication, and who work in community schools as employees of the council.

  – Staff in voluntary aided and foundation schools will normally be employed by the governing body and it would be expected that any indemnity would therefore be given by the governing body.

  – This indemnity should be a free standing document to be completed by the school when an individual agrees to be responsible for the administration of medication. However it should be noted that this would not cover staff who take such action on an emergency basis.

  – This should not relate to professional duties, because the administration of medication is **not** a duty which the School Teachers' Pay and Conditions Document requires teachers to undertake.

  – It is our opinion that staff would not in practice permit a child to go without medication in an emergency. If a child suffered harm whilst at school because no arrangements were in place to administer medication, the child might have a claim under the Human Rights Act 1998. Schools would also need to be mindful of the requirements of the Disability Discrimination Act 1995 and the new provisions of the Special Educational Needs and Disability Act 2001 applying to schools, which mean schools have a duty not to discriminate and to make "reasonable adjustments". In some cases, pupils who need medication will be pupils who have a disability within the meaning of the legislation. These provisions should be kept in mind if any situation arises in which a pupil's need for medication results in that pupil being put under a disadvantage in any way.

Suggested format for the indemnity:-

INDEMNITY FORM FOR THE ADMINISTRATION OF MEDICATION IN SCHOOLS

You have agreed that you will, if called upon to do so, be prepared to administer medication to pupils in school in accordance with the guidance set out in the Council's policy document "Management of Children with Medical Needs in School" and in accordance with any relevant policy of the school.

In consideration of your said agreement, and on the terms which follow, the Council agrees that it will indemnify you against any liability for damages or other compensation arising out of or connected with the administration of medication, including liability for omissions or for another person's legal costs, and any sums paid on account of alleged such liabilities. The council will further indemnify you against any costs and expenses reasonable incurred by you in connection with any claim for damages of other compensation that may be made against you.

The Council's obligation to indemnify you in respect of any claim is conditional upon:-

(a) Your notifying the Council (NOTE – identify who should be notified) as soon as you are aware that any claim against you has been made or is being considered.

(b) Your co-operating and continuing to co-operate fully with the Council and/or its insurers in dealing with any such claim, whether or not you remain in the employment of the Council: and

(c) Your not having made any admissions of liability or any payments on account of any alleged liability without first receiving the written agreement of the Council or its insurers.

Where you claim the benefit of this indemnity, the council or its insurers may at their own expense conduct or take over the conduct of any litigation against you (whether actual or contemplated), and shall have full authority to instruct solicitors and to settle or otherwise deal with such litigation as they think fit. The Council shall have the benefit of any rights of contribution or indemnity against third parties to which

you may be entitled. Without prejudice to the general obligation of co-operation, you agree to sign any consents, authorities or assignments which the Council or its insurers may reasonably require.

For the avoidance of doubt, this indemnity extends to any liability for negligent acts and omissions on your part. It does not extend to any case in which you may be adjudged deliberately to have harmed any person, and in any event of any such finding by a competent court, the council or its insurers may recover from you any sums already expended by them pursuant to this indemnity.

This indemnity applies to the administration of medication in school, and also in the course of school trips and other official school activities which may take place off school premises or out of school hours.

Signed: _____

Post held: _____

Date: _____

Head Teacher: _____

School: _____

APPENDIX 4A

Request for School to Administer Medication

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

Details of pupil

Surname _____

Forename(s) _____

Date of birth _____ Male/Female _____

Address _____

_____

Post Code _____ Study Support Group _____

Condition/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 and method _____

Timing _____

Special precautions (if any) _____

Known side effects:

Self administration (Yes/No)

Procedures to take in an emergency

Contact Details

Contact 1

Name of contact:

Telephone number: Daytime _____ Evening

_____

Relationship to pupil:

_____

Address of contact

_____

_____ Post code

_____

Contact 2

Name of contact:

_____

Telephone number: Daytime _____ Evening

_____

Relationship to pupil:

_____

Address of contact

_____

_____ Post code

_____

**Please note: It is essential that both contacts can be contacted by phone*

Parental Agreement

I understand that I must deliver the medicine personally to _____ and accept that this is a service which the school is not obliged to undertake.

Date _____ Signature

_____

Relationship to pupil:

_____

Name (print)

_____

This form is for parents to inform the study support group or centre about their child's medical requirements. It is based on a form in the DfES publication "Supporting pupils with medical needs".

APPENDIX 4B

Request for School to Administer Medication

I agree that *(name of child)* _____ will receive

(quantity and name of medicine) _____

_____ every day at *(time(s) medicine to be*

administered) _____

(Name of child) _____ will be

given/supervised while he/she takes their medicine by *(named member of staff)*

_____

This arrangement will continue until *(either the end date of the course of medicine or until*

instructed by parents)

_____

Authorised School Signature _____

Position _____

Name *(print)* _____

Date: _____

Signature of Parent/Carer _____

Relationship to child _____

Name *(print)* _____

Date: _____

This form is intended as an internal record to be held by accompanying staff or centre. A copy of this form should also be given to the parent. It is based on a form in the DfES publication "Supporting pupils with medical needs."

APPENDIX 5

Pupil Medicine Record

Photo	Name: _____ Date of Birth: _____ Medicine and Dosage: _____ Name of Administrator/ Supervisor: _____ Method of administration: _____ Self administered: Yes/No

Date	Time	Dosage	Administered by	Witnessed by	Pupil (if appropriate)

These are the recommended headings and formats to be used. Schools may wish to consider a file or bound book system for their records.

APPENDIX 6

Care Plan for the Administration of Rectal Diazepam

Photo	Name: _____ Address _____ _____ Date of Birth: _____

Description of seizure requiring treatment with Rectal Diazepam:

_____

_____

NB: If the child has a seizure which is different from the type shown above, and they do not lose consciousness, rectal diazepam may not be appropriate.

After onset of seizures:

- Wait _____ minutes then, if seizure has not stopped, administer _____ mgs, Rectal Diazepam.
- Wait _____ minutes. If seizure does not stop, then **call for ambulance**.
- Inform parents.

Persons trained to give rectal diazepam to this child:

_____ _____

_____ _____

_____ _____

Date of training: _____ _____

Signed : _____ Name: _____

School Health Nurse/Community Paediatric Nurse

Care Plan Agreement

_____	Parent	Date: _____
_____	Head Teacher	Date: _____
_____	School Health Nurse	Date: _____
_____	Doctor	Date: _____

APPENDIX 7

Emergency Planning

Request for an ambulance to:

Dial 999, ask for ambulance and be ready with the following information.

1. Your telephone number

---

2. Give your location as follows: (insert school address and postcode)

---

3. State that the A-Z reference is

---

4. Give exact location in the school (insert brief description)

---

5. Give your name

---

6. Give brief description of pupil's symptoms

---

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

---

Speak clearly and slowly and be ready to repeat information if asked.

APPENDIX 8

Administration of First Aid

Date	Time	Name (of injured person)	Occupation or Class	Nature of Injury	First Aid administered	Any reaction?	Administered by	Signature	Witness

APPENDIX 9

Parental Consent for School Trips, Day Visits and Residential Activities

This form must be completed and returned to the trip organiser who will take it with him/her on the activity.

WITHOUT THIS FORM, ACCURATELY COMPLETED AND SIGNED, YOUR SON/DAUGHTER WILL NOT BE ALLOWED TO ACCOMPANY THE GROUP.

Parents should ensure that their child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.

SECTION A DETAIL OF CHILD AND JOURNEY

1. Name of Child: SURNAME: _____ FORENAMES: _____
2. Date of Birth: _____
3. Name of School/College etc: _____
4. Destination of Journey and Proposed Activities (these should be specific): _____
5. Date(s) inclusive: From: _____ To: _____

SECTION B MEDICAL INFORMATION

		Yes	No
1.	(a) Does your child suffer from any condition requiring regular treatment	☐	☐
	(b) If **YES** give details _____		
2.	(a) Does your child suffer from any recurring illness?	☐	☐
	(b) If **YES** give details _____		
3.	Has your child, to the best of your knowledge, been in contact with any infectious or contagious diseases or suffered from anything that may be or become infectious or contagious in the last 3 weeks?	☐	☐
4.	Is your child allergic or sensitive to penicillin or any substances which might be used in treatment?	☐	☐

If YES give details: _____

THIS FORM CONTINUES ON THE BACK AND MUST BE SIGNED

SECTION B **MEDICAL INFORMATION (Continued)**

	Yes	No
5. (a) Has your child had any serious medical condition which we should know about during the last few years?	☐	☐

(b) If **YES**, describe it, and inform us of any special arrangements which we should consider:

_____

_____

6. Has your child been immunised against the following diseases?

	Yes	No		Yes	No	
Poliomyelitis	☐	☐	Tetanus	☐	☐	Date Given _____

7. Child's Medical Card Number: ☐

Child's own Doctor:

Name: _____

Address: _____

Telephone No: _____

8. I agree to advise the Head Teacher with the minimum of delay, of any changes in circumstances referred to on this form between the date signed and the start of the journey.

SECTION C **DECLARATION**

In the event of any emergency

(a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

(b) I agree to an alternative travel document being issued.

(c) I may be contacted by telephoning the following numbers:

Home	Work

(d) An alternative person to contact is:

Name
Telephone No

(e) My home address is: _____

_____

Signed:	Father/Mother/Guardian
Date:	

THIS FORM MUST BE TAKEN BY THE ORGANISER ON THE ACTIVITY

APPENDIX 9A

Anywhere Primary School

CONFIDENTIAL

PARENTAL CONSENT FOR SCHOOL TRIPS, DAY VISITS AND RESIDENTIAL ACTIVITIES

This form must be completed and returned to the trip organiser, who will take it with him/her on the activity.

Without this form, accurately completed and signed, your daughter/ son will *not* be allowed to accompany the group.

Details of pupil

Surname _____

Forename(s) _____

Date of birth _____M/F_____

Address _____

_____

Post Code _____ Telephone No _____

Name of parent/carer _____

Name of School/College _____

Details of journey

Destination of journey _____

Date(s) *(inclusive)* From_____To _____

Basic medical information

Child's own doctor: Name _____

Address: _____Post Code:_____

Telephone Number _____Medical Card Number_____

Medical Information about your child

1. Is your child currently receiving medication? Yes ☐ No ☐
   If yes, please complete form B
2. Does your child have any condition requiring regular treatment? Yes ☐ No ☐
   If yes, please give details in the box below

3. Does your child suffer from any of the following problems?

	Yes	No		Yes	No
Asthma			History of Frequent Fractures		
Epilepsy			Hearing Loss		
Diabetes			Poor Vision		
Heart Problems					

If yes, please complete form B if medication or treatments are required.

4. Does your child have any known allergies? Yes ☐ No ☐

If yes, please indicate what these are: _____

5. Does your child have any recurring illness or has your child had any serious medical condition during the last 2 years that we should know about? Yes ☐ No ☐

If yes, please give details in the box below and complete form B if medication or treatments are required.

6. Has your child, to the best of your knowledge, been in contact with any infectious or contagious diseases or suffered from anything that may be or become infectious or contagious in the last 3 weeks? Yes ☐ No ☐

7. Has your child been immunised against the following diseases?

	Yes	No		Yes	No
Poliomyelitis			Tetanus		
Meningitis			TB		

8. **I agree to advise the Head Teacher with the minimum delay, of any changes in circumstances referred to on this form between the date signed and the start of the journey.**

Declaration

In the event of any emergency:
I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion as considered necessary by the medical authorities present.
I agree to an alternative travel document being issued.
I may be contacted by telephoning the following numbers:

Home: _____ Work: _____

An alternative person to contact is: Name: _____ No: _____

Signed _____Father/Mother/Guardian Date _____

APPENDIX 9B

Request for the Administration of Medication or Treatment During an Offsite Activity

You have indicated on Form A that your child is currently receiving medication and/or treatment. Your child will not be given medicine unless you complete and sign this form, and the Head Teacher has agreed that the accompanying staff can administer medication or treatment whilst off the school site.

Details of pupil

Surname _____

Forename(s) _____

Date of birth _____Male/Female_____

Address

_____

_____

Post Code _____ Name of Group _____

Condition/Illness _____

Medication If medication is required please complete the section below.

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 and method _____

Timing _____

Special precautions (if any) _____

Known side effects:

_____

Self administration (Yes/No) _____

Procedures to take in an emergency _____

_____

Treatment (eg: physiotherapy, catheterisation etc)

If treatment is required please complete the section below:

Type of treatment _____

Details of treatment

_____

_____

_____

_____

Timing _____

Contact details

Contact 1

Name of contact:

_____

Telephone No: Daytime

_____

Evening

_____

Relationship to pupil:

_____

Address of contact

_____

_____ Post Code

_____

Contact 2

Name of contact: _____

Telephone No: Daytime _____

Evening _____

Relationship to pupil: _____

Address of contact _____

_____ Post Code _____

*Please note: it is essential that both contacts can be contacted by telephone.

Parental agreement

I understand that I must deliver the medicine personally to _____ and accept that this is a service which the accompanying staff are not obliged to undertake.

Date _____ Signature

_____

Relationship to pupil:

_____

Name (print)

_____

This form is for parents to inform the accompanying staff or centre about their child's medical requirements. It is based on a form in the DfES publication "Supporting pupils with medical needs".

APPENDIX 9C

Confirmation of Administration of Medication During An Offsite Activity/Residential Visit

I agree that *(name of child)* _____ will receive *(quantity and name of medicine)*

_____

_____ every day at *(time(s) medicine to be administered)*

_____

(Name of child) _____ will be given/supervised while he/she takes their medicine by *(named member of staff)*

_____

This arrangement will continue until *(either the end date of the course of medicine or until instructed by parents)*

_____

Authorised School Signature

_____

Position

_____

Name *(print)*

_____

Date:

_____

Signature of Parent/Carer

_____

Relationship to child

_____

Name *(print)*

_____

Date:

_____

This form is intended as an internal record to be held by the accompanying staff or centre. A copy of this form should also be given to the parent. It is based on a form in the DfES publication "Supporting pupils with medical needs."

APPENDIX 10

Request for Medical Information to Identify Training Needs

Name of child: _____

School: _____

Reason for request: _____

Medical condition: _____

_____

Consultants involved with child: _____

Agencies involved with child: _____

Previous school: _____

School Nurse: _____

Medication:

_____

Schools relevant experience in dealing with this medical condition

_____

_____

Facilities available at the school: _____

Health Care plan in place? _____

Training required? _____

Please return the form to School Health Nurse.

APPENDIX 11

Example of Form for Recording Medical Training For Staff

Name: _____

Type of training received:

_____

Date training completed: _____

Training provided by: _____

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: _____ Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Suggested Review Date: _____

APPENDIX 12

Useful Internet Resources Relating to Medical Needs

All the sites below are chosen for their usefulness to schools (as well as families and professionals). A specific site has not been included for ADHD - there are numerous sites (which can be accessed from ref.9 below) though most have a specific slant on the condition and are not entirely objective.

1.	www.asthma.org.uk	(National Asthma Campaign)
2.	www.epilepsy.org.uk	(British Epilepsy Association)
3.	www.diabetes.org.uk	(Diabetes UK - previously British Diabetic Association)
4.	www.anaphylaxis.org.uk	(The Anaphylaxis Campaign)
5.	www.scope.org.uk	(Voluntary Organisation for Cerebral Palsy)
6.	www.muscular-dystrophy.org	(Muscular Dystrophy Foundation)
7.	www.ndcs.org.uk	(National Deaf Children's Society)
8.	www.rnib.org.uk	(Royal National Institute for the Blind)
9.	www.patient.co.uk	(this is a useful site with links to information sites for a wide range of specific conditions)
10.		Spina bifida/Hydroceph? Support group