



Bishop Bridgeman Church of England Primary School

Protocol for Health Care Needs in School

GENERAL GUIDELINES

These guidelines have been drawn up with reference to two documents published jointly by the Department for Education and Employment and the Department of Health in 1996 – circular 14/96 and ‘Supporting pupils with medical needs: a good practice guide’ (available on the internet at www.dfes.gov.uk). The guidelines also draw on several of the policies on medication and health care needs in schools agreed and used/adhered to in LA’s in England.

All schools, at some time, will have pupils with long or short term medical/health care needs, and the national policy of inclusion is likely to make this a more common occurrence. It is in the interests of both the child and the school, as well as parents, to maximise the educational opportunities for all pupils with health needs, and to minimise disruption to learning.

There is no legal duty that requires school staff to administer medication – this is a voluntary role. However, teachers and other school staff stand ‘in loco parentis’ and have a common law duty to act as any reasonably prudent parent would. Bolton LA will indemnify its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and regular updating of training as appropriate, eg use of adrenaline (epinephrine) pen for anaphylaxis, by qualified professionals, and are following the LA’s guidelines.

GENERAL RESPONSIBILITIES

1. Parents/Guardians

Parents/guardians are a child’s main carers and are responsible for making sure that their child is well enough to attend school. This includes school based activities, school trips and visits.

2. The Employer

The employer, usually the school governing body or the LA, is responsible for ensuring that a school has a health and safety policy (under the Health and Safety at Work Act 1974). As well as the health and safety policy, the school should have/require a document that includes procedures for supporting pupils with health care needs, including medication administration. The employer is responsible for ensuring that staff, who are willing to support pupils with health care needs, are given appropriate training. Health professionals in the local Health Trust will be able to provide or advise on any necessary training.

3. The Principal

The Principal is responsible for implementing the governing body’s policy, for ensuring that procedures are understood and adhered to, and for making sure that all parents are aware of the school’s policy and procedures on health care needs.

4. Teachers

Teachers and other school staff in charge of children have, as previously mentioned, a common law duty to act as any reasonable prudent parent would, to make sure that pupils are safe and

healthy while on school premises. When away from the school site, eg on school visits, Section 3 (5) of the Children Act 1989 provides for teachers to act reasonably for the purpose of safeguarding or promoting children's welfare. It cannot be part of a teacher's contractual duty to administer medicines, but teachers may be willing to volunteer, and should receive support and appropriate training.

5. Support Staff

Administration of medicines may be part of the contractual duties of support staff. As for teachers, other support staff may also be willing to administer medicines. In all cases, the administration of medication(s) to a pupil must follow the policy and procedures of the school. Peripatetic staff or other staff, eg working in an after school club, should receive training as appropriate. It is the responsibility of the school to ensure that all staff have access to relevant training.

POLICIES AND PRACTICE

The term 'parents' in these guidelines includes guardians.

Policy

All schools must have a clear policy, with formal systems and procedures to back up the policy. Policies should, as far as possible, enable pupils to attend school regularly. A school policy needs to be clear to all parents, pupils and staff. A school policy should include:

- procedures for assisting pupils who have long term or complex health needs;
- the circumstances in which pupils may take medication(s);
- the arrangements for written agreement prior to any medication being given;
- the policy on pupils carrying and self-administering medication;
- storage, access to, and disposal of, medication;
- record keeping;
- staff training in dealing with medical needs;
- the school's emergency procedures.

Practice

1. Long term health care needs

1.1 It is important for the school to have sufficient information about the medical condition of any pupil with long term health care needs. If a pupil's health care needs are not adequately supported, this can have a significant impact on a pupil's academic achievements, and/or result in emotional or behavioural problems. Therefore, the school needs to know about any significant health care needs before a child starts school, or when a pupil develops these needs.

1.2 School staff should bear in mind the issue of confidentiality for the pupil, when sharing medical information. Under the UN Convention on the Rights of the Child 1989, children have a right to participate in decisions about their lives, and the pupil (if s/he has the

capacity) should be consulted, as well as the parents, to agree who should have access to information about the pupil.

1.3 A written health care plan is advisable, devised in consultation between the school, family and relevant health professionals, and a draft plan, which schools should use or adapt, is enclosed with these guidelines (Appendix 1 – the various forms for medication administration, etc, need to be numbered and referred to in this document).

1.4 It is good practice to allow pupils, if they are able to do so, to administer their own medication. Some prescribed medications, such as inhalers for asthma, should be carried by these pupils. With parental consult, some pupils can take their medicine themselves; parents can advise school staff as to whether or not the pupil's self administration of medication should be observed. A draft parental consent form is enclosed (Appendix 2).

2. Short term prescribed medication

2.1 Once pupils are well enough to attend school, they may still need to take medication, eg to complete a course of antibiotics. It may be possible for medication to be prescribed in dose frequencies such that it can be taken outside school hours, and parents should be encouraged to ask the prescribing doctor or dentist about this.

2.2 If medicines need to be taken during the school day, parents must complete a request form (see draft in Appendix 3) and undertake to deliver and collect medicines.

3. Non-prescribed medication

3.1 If a pupil intermittently suffers from pain, such as migraine, the parents may authorise and supply appropriate painkillers for their child, with written, signed instructions as to when the pupil should take the medication. A member of staff must be aware that the pupil has taken the medication and must inform the parents, in writing, on the day that the painkiller has been taken.

4. Administration of medication General points

4.1 No pupil under 16 should be given medication without his or her parent's written consent.

4.2 If a pupil refuses to take medication, school staff should not force them to do so. The pupil's parents should be informed by the school and an agreed management plan formulated. If necessary, the school should call the emergency services.

4.3 The school should ensure that arrangements are made to take any necessary medication on school trips. Schools may need to consider any special arrangements required for foreign trips, eg language issues.

4.4 Some pupils may need to take medication before or during exercise, eg asthma bronchodilator ('reliever') inhalers, and school staff supervising sporting activities should be aware of any pupil's relevant medical conditions.

Storage of Medicines

4.5 The Principal is responsible for ensuring that medicines are stored safely.

4.6 Medicines should be stored in a secure place that is not accessible to pupils, with the exception of a few medicines, such as asthma inhalers, that must be readily available to pupils, and not locked away. Pupils should know where their medication is kept, and who

has the key. (? Need a statement earlier in the document to the effect that some statements may need to be interpreted according to child's age).

- 4.7 Parents must ensure that any medication needed for their child at school is labeled with:
- the child's name
 - the date of dispensing
 - the dose and frequency of administration
 - any appropriate cautionary advice
 - the expiry date
- 4.8 All medicines should be kept in their original container. If a pupil has more than one medication, each should be kept in its own container, although the medicines could then be kept together in a larger container marked with the pupil's name.
- 4.9 Some medications need to be refrigerated. These can be stored in a refrigerator containing food, but should be kept in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted.
- 4.10 As soon as medication is no longer required for the pupil for whom it was prescribed, it should be given back to the parent(s), for the parent to dispose of.
- 4.11 Parents should collect medicines held at school at the end of term. Parents are responsible for disposing of, and replacing, medicines that have reached their expiry date.
- 4.12 Medicines must never be given to another pupil for whom they have not been prescribed.

Record Keeping

- 4.13 Written details from the parent(s) should be kept with the medicines, giving:
- the pupil's name
 - the name and dose of medication
 - whether the child should be responsible for his/her own medication
 - consent for school staff to administer the medication and details of circumstances of administration
 - when the parent should be notified, and where s/he can be contacted.
- 4.14 It is good practice to keep a record of medicines given to pupils, and the staff involved. Such records can offer protection to staff and provide proof that agreed procedures have been followed, as well as ensuring that a child is not given extra doses of medicine by mistake. The record could be kept in a (? bound) medicine administration book, and the following details should be recorded:
- date
 - time
 - child's name
 - name of medication
 - dose given
 - signature and printed name of staff giving medication
 - the expiry date of the medication should be checked.

Intimate or invasive treatment

- 4.15 Some school staff may be concerned about administering intimate or invasive treatment, eg rectal Diazepam for prolonged seizures, because of the nature of the treatment, or

anxieties about the possibility of accusations of abuse. These concerns should be respected, but appropriate training is available from health professionals for any staff who wish to volunteer. Having two adults present when such medication is administered can both minimise the potential for any concerns about abuse, and make practical administration easier. Staff should try to protect the dignity of the pupil as much as possible, even in emergencies.

Hygiene/infection control

4.16 All staff should be familiar with normal procedures for avoiding infection and must 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 when disposing of dressings or equipment. Please refer to 'Infectious Diseases in Schools', Wigan and Bolton Health Authority, August 1999 for guidance.

SUMMARY OF SPECIFIC RESPONSIBILITIES

Parents

- (1) To be advised of those infectious diseases which should mean that their child is not sent to school or
- (2) Not to send pupils to school when they are ill and therefore unable to access education.
- (3) To contact school at the outset of any condition which will impact on the pupil in school.
- (4) To request in writing when a medication needs to be given in school.
- (5) To deliver medication, themselves or their adult representative, and hand it directly to the Principal ^[1]_{SEP} designated staff. Long term medication can usually be provided in duplicate on request from the prescribing doctor so that a supply can be kept at school.
- (6) To label all medication clearly with the pupil's name, the name of the medicine, dosage frequency, and storage requirements if appropriate.
- (7) To supply measuring spoon or medicine syringe as appropriate.
- (8) To collect, dispose of, or replace, all medicines which are no longer required or expired medicines.
- (9) To inform the Principal of any change in a medical condition which impacts upon the pupil in school.

Pupil

When it is appropriate for the pupil to self administer:

- (1) To take part in the management of his/her medical condition.
- (2) To follow the directions agreed in his/her health care plan.
- (3) To take appropriate responsibility for his/her medication, bearing in mind the health and safety of other pupils.

Principal

- (1) To ensure that the policy regarding health care is available to parents.
- (2) To consider parental requests for medicine to be administered.
- (3) To be responsible for the practice of meeting health care needs in school.
- (4) To ensure that staff who agree to administer or supervise medication receive appropriate training, and updating as indicated, from qualified professionals.
- (5) To ensure that all staff, including peripatetic and supply staff are aware of pupils in school who have health care needs, bearing in mind confidentiality.
- (6) To ensure a health plan is drawn up where appropriate.
- (7) To ensure the safe storage of medicines.
- (8) To ensure that all policies relating to health care are kept under review.
- (9) To be responsible for drawing up arrangements for notifying parents when medicines have been administered.
- (10) To be responsible for drawing up procedures for disposing of dressings or equipment.

Teacher/Support Staff

- (1) To take account of the identified health needs of any pupil under his/her care.
- (2) To follow Health and Safety guidelines with regard to basic hygiene and contact with bodily fluids.
- (3) To act in good faith and fulfill the responsibility professionally.
- (4) To follow the procedures laid down in the health plan.
- (5) To undertake appropriate training.
- (6) To ensure the accurate recording of administration or supervision of medication.
- (7) To inform the Principal if, at any time, they wish to withdraw from a previous agreement to administer medicine.

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