STOKE MANDEVILLE COMBINED SCHOOL

Governing Board

MANAGING MEDICINES POLICY

Adopted - September 2018
Next Review Date – April 2022

This policy has been set out in eight parts for ease of use:

Part 1: Procedures & Administration of medicines

Part 2: Roles & Responsibilities

Part 3: Healthcare Plans

Part 4: Common Conditions – Practical Advice on Asthma, Epilepsy, Diabetes and Anaphylaxis

APPENDICES

Part 5: Appendix A - Legal Framework

Part 6: Appendix B - Forms

Part 7: Appendix C - Related Documents

Part 8: Appendix D - Useful Contacts

PART 1: PROCEDURES & ADMINISTRATION OF MEDICINES

Aims

The aim of this policy is to make clear the School's procedures with regards to managing and administering medicines during the school day. It also includes procedures with regards to the managing and administering of medicines whilst on school trips and outings.

By working closely with parents and carers it is the intention that all pupils will be able to have their health needs managed safely and appropriately whilst at SMCS.

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Should a medicine be required to be taken three times a day or less, SMCS will not administer the medicine during the school day as it is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

The Buckinghamshire Health Professionals have advised that during periods of high pollen count, children who have been prescribed antihistamines should be encouraged to take their medication before attending SMCS so that their condition can be better controlled. SMCS should not be responsible for providing 'routine' treatment on a day to day basis.

Prescribed Medicines

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

• Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours

• Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school, avoiding the need for repackaging or relabeling of medicines by parents

Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will be accepted by SMCS. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

Although, it is parental responsibility to ensure their child's medication remains in date, SMCS will advise parents before medication expires. This will be the role of the qualified First Aider for SMCS.

SMCS will never accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Appendix A). Some may be prescribed as medicine for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

In cases where it is unavoidable that these controlled drugs must be taken during the school day, they can be provided by the parent to the SMCS First Aider with the dosage instructions and timings for taking medication recorded on FORM 3. Controlled drugs are stored securely in the First Aid Room. A record should be kept for audit and safety purposes i.e. total number of tablets given and the number remaining.

Buckinghamshire Health Professionals have advised that:

- where the dose is half a tablet then this must be cut using a tablet cutter at the time that the medication is required; tablet cutters are available from pharmacies who will also provide training;
- half tablets should be retained but not issued at the time of the next dose; a fresh tablet should be cut;
- half tablets should be returned to the parent for disposal.

A controlled drug, as with all medicines, will be returned to the parent when no longer required in order for them to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Non-prescription Medicines

It is generally SMCS's policy that non-prescription medicines are not to be administered during the school day unless in exceptional circumstances and at the headteacher's discretion. In these cases Form 3D should be used and Form 4 to indicate the headteacher's consent. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

SMCS are also advised by Buckinghamshire Health professionals that they should not be expected to keep Piriton or eye-drops to administer on an ad-hoc basis. If children require medication to control hay fever symptoms then parents should be encouraged to take their children to their GP who will normally prescribe medication.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

Staff should not give non-prescribed medication to pupils; the exception being on SMCS residential visits or in the cases described in the above paragraphs.
Forms 3C and 3D can be used on residential visits to gain consent from parents and confirmation that the medicine has been administered without adverse effect to the child in the past.

The Buckinghamshire Health Professionals have advised that SMCS should only give paracetamol to those pupils requesting analgesics; **non-prescription ibuprofen should not be given**. If ibuprofen is the analgesic of choice then pupils should be advised that a dose could be taken before attending SMCS (ibuprofen is effective for six hours); if required SMCS could 'top up' the pain relief with paracetamol with parental consent.

Some parents also ask SMCS staff to allow their children to take cough sweets. Buckinghamshire Health Professionals have advised that cough sweets are not efficacious; children should be encouraged to sip water to lubricate the throat.

Parents are encouraged to apply suntan cream (ideally the long lasting type) before the start of the school day. Children are not encouraged to bring sun cream into school for re-application as there is a risk that it will be shared with other children.

Short Term Medical Needs

Many children will need to take medicines during the day at some time during their time at SMCS. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the day.

Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered ('*SEN Code of Practice*' (DfES/0581/ 2001) paragraphs 7.64 – 7.67). Parents should provide full information about their child's medical needs, including details on medicines their child needs before a child is admitted, or when a child first develops a medical need. Buckinghamshire Health Professionals have advised that parents of all children who have long term or complex medical needs should complete a Health Care Plan. For children who attend hospital appointments on a regular basis, special

arrangements may also be necessary. Where there is a known medical need, SMCS will develop a written health care plan for such children, involving the parents and relevant health professionals.

Health Care Plans Include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

(Please see Form 2)

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container (please note that adrenaline pens include a manufacturer's instructions).

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

Written records are kept each time medicines are given, and a copy of the form given to the child to take home in order to inform parents. Good records help demonstrate that staff have exercised a duty of care

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and SMCS staff should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

In instances of inhalers, where children can take their medicines themselves, staff will only need to supervise. Children requiring their inhaler may request them from the office/first aid room at any time.

It is the policy of SMCS that all medication taken should be recorded by an adult whether self-administered by the child or not.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures in the child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Where there are changes, staff should contact the GP with parents' permission, if there are any concerns.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Parents should complete Form 3A to record details of medicines in a standard format. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff

and proof that they have followed agreed procedures. For these reasons all medicines administered must be recorded on the appropriate Form 6.

Buckinghamshire Health Professionals have advised that records of administration of medicines should be kept in a bound book to reduce the likelihood of tampering with the records. This book should be kept in the inhaler boxes with numbered pages to keep a record of administration of inhalers. If a child is severely asthmatic, a separate record for that individual child may be kept in a bound book.

A second person must witness the administration of controlled drugs.

Educational Visits

It is good practice for the school to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Form 3D can be used where parents ask SMCS staff to administer **non-prescription medication** to their children, whilst on visits, e.g. travel sickness tablets.

It would be considered reasonable for SMCS staff to administer non-prescription paracetamol based analgesic medication on residential visits, when required. Parents should complete Form 3C before a visit to certify that the medicine has been administered without adverse effect to the child in the past.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. See DfE guidance on planning educational visits.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate

in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

After School Club
Parents complete a medical record for the After School Club.
All staff are trained to administer First Aid in the After School club and have access to appropriate records for the children who are in attendance.

Home to School Transport

Local Authorities arrange home to school transport where legally required to do so. They **must** make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on this transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary (See *Home to school travel for pupils requiring special arrangements* (DfE). Guidance should be sought from the child's GP or paediatrician.

Where appropriate, and where agreed by the SEN Team, pupils that have life threatening conditions, specific health care plans should be carried on vehicles. The school **must** advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

PART 2: ROLES & RESPONSIBILITIES

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs. An overview of the relevant legislation can be found in Annex A.

Parents & Carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child

on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and SMCS staff.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

It is important that professionals understand who has parental responsibility for a child. The Children Act 1989 introduced the concept of parental responsibility. The Act uses the phrase "parental responsibility" to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law in respect of a child. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the child and the duty on both parents to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility unless the father has acquired it in accordance with the Children Act 1989. Where a court makes a residence order in favour of a person who is not a parent of the child, for example a grandparent, that person will have parental responsibility for the child for the duration of the Order.

If a child is 'looked after' by a local authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a local authority and gives the Local Authority parental responsibility for the child. The local authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents. A local authority may also accommodate a child under voluntary arrangements with the child's parents. In these circumstances the parents will retain parental responsibility acting so far as possible as partners of the local authority. Where a child is looked after by a local authority day-to-day responsibility may be with foster parents, residential care workers or guardians.

Parents should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the head, reach agreement on the schools role in supporting their child's medical needs, in accordance with the employer's policy. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

The Employer

Under the Health and Safety at Work etc Act 1974, employers, SMCS has a health and safety policy which incorporates managing the administration of medicines and supporting children with complex health needs.

BCC also has Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment.

In the event of legal action over an allegation of negligence the employer, rather than the employee, is likely to be held responsible. Employers should therefore make sure that their insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their employment. It is the employer's responsibility to make sure that proper procedures are in place; and that staff are aware of the procedures and fully trained. Keeping accurate records is helpful in such cases. Employers should support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The employer is responsible for making sure that staff have appropriate training to support children with medical needs. Employers should also ensure that there are appropriate systems for sharing information about children's medical needs in each school for which they are responsible. Employers should satisfy themselves that training has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure.

NHS Primary Care Trusts (PCTs) have the discretion to make resources available for any necessary training. Employers should also consider arranging training for staff in the management of medicines and policies about administration of medicines. Complex medical assistance is likely to mean that the staff will need specialised training. This should be arranged in conjunction with local health services or other health professionals. Managing medicines training could be provided by Local Authorities, Regional Consortia, Pharmacists and other training providers.

Managing Medicines in Schools training is available every term. Courses are available through the HR Zone on the Schools Web.

SMCS should contact health professionals for training in the administration of medicine, e.g. use of an epipen, asthma inhalers, managing diabetes etc.

The Governors

The Governors have general responsibility for all of the SMCS's policies even when it is not the employer. The Governors will generally want to take account of the views of the head teacher, staff and parents in developing a policy on assisting pupils with medical needs. Where the Local Authority is the employer, the Governors should follow the health and safety policies and procedures produced by the Local Authority.

Criteria under the national standards for under 8s day care make it clear that day care providers should have a clearly understood policy on the administration of medicines. If the administration of prescription medicines requires technical or medical knowledge then individual training should be provided to staff from a qualified health professional. Training is specific to the individual child concerned. Ofsted's guidance on this standard sets out the issues that providers need to think through in determining the policy.

The Headteacher

The head is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the head or to whosoever they delegate this to, as set out in their policy.

The employer **must** ensure that staff receive proper support and training where necessary. Equally, there is a contractual duty on head teachers to ensure that their staff receive the training. As the manager of staff it is likely to be the head teacher who will agree when and how such training takes place.

The head should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school.

For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the child's GP or other medical advisers and, if appropriate, the employer.

If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent make a complaint. The head should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support. Registered persons are required to carry public liability insurance for day care provision.

Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information**.**

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children. It is important that they are also provided with training and advice. Form 8 provides an example of confirmation that any necessary training has been completed.

Many voluntary organisations specialising in particular medical conditions provide advice or produce packs advising staff on how to support children. Annex D lists contact details.

SMCS Staff Giving Medicines

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. SMCS should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

The Local Authority

In SMCS the Local Authority, as the employer, is responsible for all health and safety matters.

The Local Authority should provide a general policy framework to guide SMCS staff in developing their own policies on supporting pupils with medical needs. Many Local Authorities find it useful to work closely with their Primary Care Trusts (PCTs) when drawing up a policy. The Local Authority may also arrange training for staff in conjunction with health professionals.

Primary Care & NHS Trusts

PCTs have a statutory duty to purchase services to meet local needs. PCTs and NHS Trusts may provide these services. PCTs, Local Authorities and SMCS Governors should work in cooperation to determine need, plan and co-ordinate effective local provision within the resources available.

PCTs **must** ensure that there is a medical officer with specific responsibility for children with special educational needs (SEN) (*SEN Code of Practice* (DfE). Some of these children may have medical needs. PCTs and NHS Trusts, usually through the school health service, may provide advice and training for staff in providing for a child's medical needs.

Health Services

The nature and scope of local health services to schools varies between Health Trusts. They can provide advice on health issues to children, parents, teachers, education welfare officers and Local Authorities. The main health contact for schools is likely to be the health service

that provides guidance on medical conditions and, in some cases, specialist support for a child with medical needs.

Every child should be registered with a GP. GPs work as part of a primary health care team. Parents usually register their child with a local GP practice. A GP owes a duty of confidentiality to patients, and so any exchange of information between a GP and a school should normally be with the consent of the child if appropriate or the parent. Usually consent will be given, as it is in the best interests of children for their medical needs to be understood by SMCS staff. The GP may share this information directly or via the school health service.

Many other health professionals may take part in the care of children with medical needs. Often a community pediatrician will be involved. These doctors are specialists in children's health, with special expertise in childhood disability, chronic illness and its impact in the school setting. They may be directly involved in the care of the child, or provide advice to schools in liaison with the other health professionals looking after the child.

Most NHS Trusts with school health services have pharmacists. They can provide pharmaceutical advice to school health services. Some work closely with local authority education departments and give advice on the management of medicines within schools. This could involve helping to prepare policies related to medicines in school and trainin staff. In particular, they can advise on the storage, handling and disposal of medicines.

Some children with medical needs receive dedicated support from specialist nurses or community children's nurses, for instance a children's oncology nurse. These nurses often work as part of a NHS Trust or PCT and work closely with the primary health care team. They can provide advice on the medical needs of an individual child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

DEALING WITH MEDICINES SAFELY

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's

instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Buckinghamshire Health Professionals advise that medication should never be prepared ahead of time and left ready for staff to administer.

Children should know where their own medicines are stored and who holds the key. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Where appropriate, children who hold adrenaline pens may carry these in accordance with the agreed health care plan. Other non-emergency medicines should generally be kept in a secure place not accessible to children. Criteria under the national standards for under 8s day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children.
A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.
Local pharmacists can give advice about storing medicines.

Any prescribed medicines for short term illnesses should be collected by parents at the end of the school day.

Access to Medicines

Children need to have immediate access to their medicines when required. Inhalers should be kept in the classroom in a box clearly labeled. The inhalers should have the original pharmacists label on it stating the child's name and prescription. Some children may wish to keep their inhalers with them. This will be agreed at the initial visit if appropriate. In these cases, a spare inhaler should be kept in the class box.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

The Buckinghamshire Health Professionals advise that it would be good practice for prescribed medication to be collected by parents, at the end of every term. However, it is recognised that this may be impracticable so SMCS staff should check that any medication held over a holiday would be in date for the coming term. Parents should be advised, however, that **all** medication should be collected at the end of the summer term otherwise it will be returned to a pharmacist for disposal.

Although, it is parental responsibility to ensure their child's medication remains in date; SMCS will advise parents before medication expires.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures (See *Guidance on infection control in schools and nurseries* (Department ofHealth/Department for Education and Employment/Public Health Laboratory Service, 1999)). Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Ofsted guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.

Emergency Procedures

As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. This could be part of the SMCS's first aid policy and provision. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a member of staff would need to be very clear of their role.

PART 3: DRAWING UP A HEALTH CARE PLAN

Purpose of a Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Forms 3A and Form 4 can be used to support the plan.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or pediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Staff should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child. Form 2 can be used or adapted.

In addition to input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- the head teacher
- the parent or carer
- the child (if appropriate)
- early years practitioner/class teacher (primary schools)/form tutor/head of year (secondary schools)
- care assistant or support staff (if applicable)
- staff who are trained to administer medicines
- staff who are trained in emergency procedures

Whilst the plan will be extremely helpful in terms of understanding the wider picture of the child's needs and services provided, it should not take the place of an individual health care plan devised by the setting with input from a health professional, or indeed the record of a child's medicines (see Forms 2 and 3A in Annex B).

Coordinating Information

Coordinating and sharing information on an individual pupil with medical needs can be difficult. The head teacher should decide which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff, and liaise with external agencies. It would be helpful if members of staff with this role attended training on managing medicines and drawing up policies on medicines. Local Authorities Regional Consortia and others provide such training.

Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a child's medical needs. The head should make sure that supply staff know about any medical needs.

Off-site education

SMCS staff have a primary duty of care for pupils and have a responsibility to assess the general suitability of all off-site provision. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the location and supervision. This does not conflict with the responsibility of the School to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

Generally SMCS staff should undertake an overall risk assessment of the whole activity and SMCS staff should visit the place to assess its general suitability. Responsibility for risk assessments remain with the SMCS staff. Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs.

Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the employer should arrange appropriate training in collaboration with local health services. Local health services will also be able to advise on further training needs. In every area there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services (Section 10, *Standard 10: Medicines Management for Children and Young People* (DH/DfES, 2004)), by health professionals for all conditions and to all schools.

Confidentiality

The head and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

PART 4: COMMON CONDITIONS – PRACTICAL ADVICE ON ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

Introduction

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This chapter provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

Further information, including advice specifically for schools, is available from leading charities listed in Annex D.

From April 2004 training for first-aiders in early years settings must include recognising and responding appropriately to the emergency needs of babies and children with chronic medical conditions.

ASTHMA

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that primary SMCS staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff. Children with significant asthma should have an individual health care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise**.** Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do. Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

As noted previously, the Buckinghamshire Health Professionals advise that SMCS staff do not need to record administration of medicine where the child has taken responsibility for their own asthma inhalers and take the medication, as and when it is required.

However, records should be kept where medication is held in the Medical Room or classroom etc. even though it is self-administered by the child.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school.

The signs of an asthma attack include:
• coughing
• being short of breath
• wheezy breathing
• feeling of tight chest
• being unusually quiet

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:
• the symptoms do not improve sufficiently in 5-10 minutes
• the child is too breathless to speak
• the child is becoming exhausted
• the child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school. Children should have a reliever inhaler with them when they are in school.

Children with asthma should participate in all aspects of the school 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the child. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their

concentration. Such issues should be discussed with the child's parents or attendance officers as appropriate.

All schools should have an asthma policy that is an integral part of the whole school or setting policy on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken (a model policy is available from Asthma UK). Please see the Asthma Flow chart in Appendix E.

The SMCS environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

All staff, particularly PE teachers, should have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

EPILEPSY

What is Epilepsy?

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to SMCS staff, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school, details should be recorded and communicated to parents including:

• any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
• any unusual "feelings" reported by the child prior to the seizure
• parts of the body demonstrating seizure activity e.g. limbs or facial muscles
• the timing of the seizure – when it happened and how long it lasted
• whether the child lost consciousness
• whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to

experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:
- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure

• a seizure lasts longer than the period set out in the child's health care plan
• a seizure lasts for five minutes if you do not know how long they usually last for that child
• there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

Such information should be an integral part of the school emergency procedures as discussed earlier but also relate specifically to the child's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.

Training in the administration of rectal diazepam is needed and will be available from local health services. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal Diazepam. Instructions for use **must** come from the prescribing doctor. For more information on administration of rectal diazepam and midazolam, see Forms 9 and 10.

Children and young people requiring rectal diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If arrangements can be made for two adults, at least one of the same gender as the child, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child as far as possible, even in emergencies. The criteria under the national standards for under 8s day care requires the registered person to ensure the privacy of children when intimate care is being provided.

DIABETES

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and

weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at the SMCS supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. SMCS staff may need to make special arrangements for pupils with diabetes during lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness

• pallor
• glazed eyes
• shaking or trembling
• lack of concentration
• irritability
• headache
• mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:
• the child's recovery takes longer than 10-15 minutes
• the child becomes unconscious

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Such information should be an integral part of the school emergency procedures as discussed at paragraphs 115 – 117 but also relate specifically to the child's individual health care plan.

ANAPHYLAXIS

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the

throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school should hold, and where to store them, will be decided on an individual basis between the head, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person (See section on Self–management), there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large SMCS staff or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the School and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices. Refresher training should be provided annually.

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 the School. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. A 'kitchen code of practice' could be put in place.

Parents often ask for the head to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

APPENDICES

PART 5: APPENDIX A: LEGAL FRAMEWORK

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Introduction

General Background
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Staff 'duty of care'
Admissions

The Law*
SEN and Disability Act 2001

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

* Acts of the UK Parliament since 1988 can be viewed at Her Majesty's Stationery Office (HMSO) website http://www.hmso.gov.uk/acts.htm

INTRODUCTION

This part sets out the legal framework for SMCS staff and local authorities in the management of medicines in the school.

It summarises:

• the main legal provisions that affect the schools responsibilities for managing a pupil's medical needs

• the main legal provisions that affect early years settings' responsibilities for managing a child's medical needs

It is to be noted that this appendix does not constitute an authoritative legal interpretation of the provisions of any enactments, regulations or common law: that is exclusively a matter for the Courts. It remains for Local Authorities, schools to develop their policies in the light of their statutory responsibilities and their own assessment of local needs and resources.

GENERAL BACKGROUND

Local Authorities (LAs), SMCS and Governors are responsible for the health and safety of pupils in their care**.** The legal framework for the school dealing with the health and safety of **all** their pupils derives from health and safety legislation. **The law imposes duties on employers. Primary Care Trusts (PCTs) and NHS Trusts** also have legal responsibilities for the health of residents in their area.

Staff administering medicine

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. The only exceptions are set out in the paragraph below. Support staff may have specific duties to provide medical assistance as part of their contract. Of course, swift action needs to be taken by any member of staff to assist any child in an emergency. Employers should ensure that their insurance policies provide appropriate cover.

Staff 'duty of care'

Anyone caring for children including teachers, other SMCS staff and day care staff in charge of children have a common law duty of care to act like any reasonably parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

Admissions (*School Admissions Code of Practice)*

Children with medical needs have the same rights of admission to SMCS as other children, and cannot generally be excluded from the for medical reasons. Where a pupil's presence on the SMCS site represents a serious risk to the health or safety of other pupils or SMCS staff a head teacher may send the pupil home that day after consultation with the parents. This is not an exclusion and may only be done for medical reasons (*Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units* (DfES/0354/2004).

THE LAW

Legislation, notably the Education Act 1996, the Disability Discrimination Act 1995, the Care Standards Act 2000 and the Medicines Act 1968 are also relevant to schools in dealing with children's medical needs. The following paragraphs outline the provisions of these Acts that are relevant to the health and safety of children attending early years settings and schools.

SEN and Disability Act (SENDA) 2001

The SEN and Disability Act (SENDA) 2001 amended Part IV of the **Education Act 1996** making changes to the existing legislation, in particular strengthening the right of children with SEN to be educated in mainstream (as opposed to special) school.

Schools are both required to take "reasonable steps" to meet the needs of disabled children.

LAs and SMCS

SENDA also amended Part 4 of the **Disability Discrimination Act (DDA) 1995** bringing access to education within the remit of the DDA, making it unlawful for the school and LAs to discriminate against disabled pupils for a reason relating to their disability, without justification. This might include some children with medical needs.

Some medical conditions may be classed as a disability. The responsible body of a SMCS will need to consider what arrangements can reasonably be made to help support a pupil (or prospective pupil) who has a disability. The Disability Rights Commission has produced a Code of Practice for Schools (*Code of Practice for Schools – DDA 1995: Part 4* (Disability Rights Commission, 2002)). Advice and training from local health professionals will help SMCS when looking at what arrangements they can reasonably make to support a pupil with a disability.

Since September 2002 SMCS and LAs have been under a duty

a. not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled

b. to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled.

SMCS are not, however, required to provide auxiliary aids or services or to make changes to physical features. Instead, SMCS and LAs are under a duty to plan strategically to increase access, over time, to SMCS. This duty includes planning to increase access to the SMCS premises, to the curriculum and providing written material in alternative formats to ensure accessibility.

Part 4 duties cover discrimination in admissions, the provision of education and associated services and exclusions.

The reasonable adjustments duty in Part 4 includes provision of:

• auxiliary aids and services

• making physical alterations to buildings (from October 2004)

Health and Safety at Work etc Act 1974

The Health and Safety at Work etc Act (HSWA) 1974 places duties on employers for the health and safety of their employees and anyone else on the premises. This covers the head teacher and teachers, nonteaching staff, children and visitors. (*Health and Safety: Responsibilities and Powers* (DfES/0803/ 2001))

Who the employer is depends on the type of educational establishment:

• For community schools, community special schools, voluntary controlled schools, maintained nursery schools and pupil referral units the employer is the LA

• for foundation schools, foundation special schools and voluntary-aided schools the employer is the governing body

• for academies and city technology colleges the employer is the governing body

• for non-maintained special schools the employer is the trustees

• for other independent schools the employer is usually the governing body, proprietor or trustees

The employer of staff at a school **must** do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others, such

as pupils and visitors, are not put at risk. The main actions employers must take under the Health and Safety at Work etc Act are to:

• prepare a written Health and Safety policy

• make sure that staff are aware of the policy and their responsibilities within that policy

• make arrangements to implement the policy

• make sure that appropriate safety measures are in place

• make sure that staff are properly trained and receive guidance on their responsibilities as employees

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

Management of Health and Safety at Work Regulations 1999

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

• make an assessment of the risks of activities

• introduce measures to control these risks

• tell their employees about these measures

The national standards for day care settings make it clear that the registered person **must** comply with all relevant health and safety legislation. Supporting criteria under the safety standard includes undertaking risk assessments.

HWSA and the Management of Health and Safety at Work Regulations 1999 also apply to employees. Employees **must**:

• take reasonable care of their own and others' health and safety

• co-operate with their employers

• carry out activities in accordance with training and instructions

• inform the employer of any serious risk

In some cases children with medical needs may be more at risk than other children. Staff may need to take additional steps to safeguard the health and safety of such children. 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 children require.

Control of Substances Hazardous to Health Regulations 2002

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require employers to control exposures to hazardous substances to protect both employees and others. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer **must** ensure that the risks to the health of staff and others are properly controlled.

Misuse of Drugs Act 1971 and associated regulations

The supply, administration, possession and storage of certain drugs are controlled by the Misuse of Drugs Act 1971and associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The
Misuse of Drugs Regulations 2001 allow "any person" to administer the drugs listed in the Regulations.

Medicines Act 1968

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labeled and supplied; and that no-one other than the prescriber may vary the dose and directions for administration.

The administration of prescription-only medicine by injection may be done by any person but must be in accordance with directions made available by a doctor, dentist, nurse prescriber or pharmacist prescriber in respect of a named patient.

Special Educational Needs

Section 312 of the **Education Act 1996** sets out that a child has special educational needs if he has a learning difficulty that calls for special educational provision to be made for him. Children with medical needs will not necessarily have special educational needs (SEN). For those who do, SMCS should refer to the DfE SEN guidance.

Section 322 of the **Education Act 1996** requires that local health services **must** provide help to a LA for a child with SEN (which may include medical needs), unless the health services consider that the help is not necessary to enable the LA to carry out its duties or that it would not be reasonable to give such help in the light of the resources available to the local health services to carry out their other statutory duties. This applies whether or not a child attends a special school. Help from local health services could include providing advice and training for staff in procedures to deal with a child's medical needs if that child would otherwise have

limited access to education. Local Authorities, schools and SMCS should work together, in close partnership with parents, to ensure proper support for children with medical needs.

PART 6: APPENDIX B: FORMS

Form 1 Contacting emergency services – request for an ambulance

Form 2 Healthcare Plan

Form 3 Parental agreement for SMCS staff to administer medicines

Form 4 Parental agreement for SMCS staff to administer *occasional* non-prescriptionmedicine for school journeys or residential trips, e.g. travel sickness tablets, antihistamines.

Form 5 Confirmation of the Headteacher's agreement to administer medicine

Form 6 Record of medicines administered to all children

Form 7 Request for child to carry his/her own medicine

Form 8 Staff training record - administration of medicines

Form 9 Authorisation for administration of rectal diazepam

Form 10 Authorisation for administration of midazolam

SMCS staff may wish to amend these forms to include their logo or adapt them for their particular policies on the administration of medicine but please ensure that all information on the standard form is included.

Please note Form 10 should not be amended, as the Paediatric Service has produced this form.

FORM 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Give your telephone number
2. Give your location
3. Give your postcode
4. Give exact location in the school
5. Give your name
6. Give the name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and where they will be taken to

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

A completed copy of this form can be found by the telephone in the office and in each classroom.

FORM 2 - Healthcare Plan

Name of SMCS site _____

Child's name _____

Class/Year group _____

Date of birth _____

Child's address _____

_____

_____

Medical diagnosis or condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family Contact 1		**Family Contact 2**	
Name		Name	
Phone No. (Work)		Phone No. (Work)	
(Home)		(Home)	
(Mobile)		(Mobile)	

Clinic/Hospital contact		**GP**	
Name		Name	

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

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

What not to do in an emergency:

Follow up care:

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

Form copied to:

FORM 3

Parental agreement for SMCS staff to administer medicine

The SMCS will not give your child medicine unless you complete and sign this form, and the SMCS has a policy that staff can administer medicine

Name of Member of Staff _____

Name of child: _____

Date of birth: _____

Class/Year group: _____

Medical condition/illness: _____

Medicine

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

_____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by: (name member of staff) _____

_____

Dosage and method: _____

Timing: _____

Special precautions: _____

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

Self administration: Yes/No **(delete as appropriate)**

Procedures to take in an emergency: _____

_____

_____

_____

_____

Contact details

Name: _____

Daytime telephone no: _____

Relationship to child: _____

Address: _____

_____

_____

I understand that I must deliver the medicine personally to [agreed member of staff]:

and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____

Signature(s): _____

_____

Relationship to child: _____

FORM 4

Parental agreement for SMCS staff to administer *occasional* non-prescription medicine for school journeys or residential trips, e.g. travel sickness tablets, antihistamines.

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

Date	
Child's name	
Class/Year group	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to the staff	
Note: medicines must be in the original container, which must contain the Patient Information Leaflet	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by *[name of member of staff]*:	

I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past.
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to staff administering medicine in accordance with the school policy.

I will inform the SMCS immediately, in writing, if my child subsequently is adversely affected by the above medication.

Parent's signature:_____ Print name: _____
NB: If more than one medicine is to be given a separate form should be completed for each one.
FORM 5

Confirmation of the headteacher's agreement to administer medicine

It is agreed that _____ *[name of child]* will receive

_____ *[quantity and name of medicine]* every

day at_____ *[time medicine to be*

administered e.g. lunchtime or afternoon break]. _____

[name of child] will be given/supervised whilst he/she takes their medication by

_____ *[name of member of staff]*.

This arrangement will continue until _____

_____

_____ *[either end date of course of medicine or until instructed by parents].*

Date: _____

Signed:_____

[*The head teacher*]

FORM 6

Record of medicines administered to all children

Date	Child's name	Time	Name of medicine	Batch number	Dose given	Any reactions	Signature of staff	Print name

FORM 7

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with Headteacher

Child's name: _____

Class/Year group: _____

Address: _____

Name of medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime phone no: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed:_____ Date:_____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 8

Staff training record - administration of medicines

Name: _____

Type of training received: _____

Date of training completed: _____

Training provided by: _____

Profession and title: _____

I confirm that _____ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated_____ (please state how often)

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

FORM 9

Authorisation for the administration of rectal diazepam

Child's name _____

Date of birth _____

Home address _____

_____

_____

_____

GP _____

Hospital consultant _____

_____*[name of child]* should be given

Rectal Diazepam _____ mg. If he/she has a *prolonged epileptic seizure

lasting over _____minutes

OR

*serial seizures lasting over _____ minutes.

An ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after _____ minutes.

(* please delete as appropriate)

Doctor's signature: _____

Parent's signature: _____

Print name: _____

Date: _____

NB: Authorisation for the administration of Rectal Diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The authorisation should clearly state:

• when the diazepam is to be given e.g. after 5 minutes; and

• how much medicine should be given.

Included on the authorisation form should be an indication of when an ambulance is to be summoned.

FORM 10

AUTHORISATION FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

PLEASE SEE PAGE 75 OF BUCKS MANAGING MEDICINES MODEL POLICY FOR FORM 10.

THIS FORM CANNOT BE ADAPTED IN ANY WAY.

PART 7: APPENDIX C: RELATED DOCUMENTS

Early Years Settings

Disability Discrimination Act 1995 - Code of Practice - Rights of Access - Goods, Facilities, Services and Premises (Disability Rights Commission, 2002). Price: £13.95. Order: The Stationery Office. Tel: 0870 600 5522
DRC Code of Practice webpage: http://www.drc-gb.org/thelaw/practice.asp

Early Support Family Support Pack and *Early Support Professional Guidance.* (DfES, 2004). Ref: ESPP1. Website: http://www.earlysupport.org.uk

Including Me - Managing Complex Health Needs in Schools and Early Years Settings (Council for Disabled Children, due for publication in summer 2005). Council for Disabled Children tel (020) 7843 1900.

National standards for under 8s day care and childminding (DfES/DWP, 2003) – *Childminding* Ref: DfES/0649/2003 ; *Creches* Ref: DfES/0650/2003 ; *Full day care* Ref: DfES/0651/2003 ; *Out of school care* Ref: DfES/0652/2003 ; *Sessional care* Ref: DfES/0653/2003.
http://www.surestart.gov.uk/ensuringquality/standardsandregulation/

Schools / SMCS

Code of Practice for Schools – Disability Discrimination Act 1995: Part 4 (Disability Rights Commission, 2002). Ref: COPSH. http://www.drcgb.org/thelaw/practice.asp
Order: Disability Rights Commission Tel: 08457 622 633.

Drugs: Guidance for Schools (DfES, 2004) Ref: DfES/0092/2004
http://www.teachernet.gov.uk/drugs/

Guidance on First Aid for Schools: a good practice guide (DfES, 1998)
Ref: GFAS98. http://www.teachernet.gov.uk/firstaid

Health and Safety: Responsibilities and Powers (DfES, 2001)
Ref: DfES/0803/2001
http://www.teachernet.gov.uk/responsibilities/

Health and Safety of Pupils on Education Visits: a good practice guide (DfES, 1998) Ref: HSPV. http://www.teachernet.gov.uk/visits/. Also three part supplement: *Part 1 - Standards for LEAs in Overseeing Educational Visits* (DfES, 2002) REF: DfES/0564/2002; *Part 2 - Standards for Adventure (*DfES, 2002) REF: DfES/0565/2002; *Part 3 - Handbook for Group Leaders* (DfES, 2002) REF: DfES /0566/2002.

Home to school travel for pupils requiring special arrangements (DfES, 2004)
Ref: LEA/0261/2004

http://www.teachernet.gov.uk/wholeschool/sen/sentransport/

Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units (DfES, 2004) Ref: DfES/0354/2004
http://www.teachernet.gov.uk/exclusion

Insurance – A guide for schools (DfES, 2003) Ref: DfES/0256/2003
http://www.teachernet.gov.uk/management/atoz/i/insurance/index.cfm?code=keyd

School Admissions Code of Practice (DfES, 2003) Ref: DfES/0256/2003
http://www.dfes.gov.uk/sacode/

Special Educational Needs Code of Practice (DfES, 2001) Ref: DfES/0581/2001
http://www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390

Standards for School Premises (DfEE, 2000) Ref: DFEE/0029/2000
http://www.teachernet.gov.uk/sbregulatoryinformation
http://www.teachernet.gov.uk/sbregulatoryinformation

Work Related Learning and the Law (DfES,2004) Ref: DfES/0475/2004
http://www.dfes.gov.uk/qualifications/document.cfm?sID=2

Department of Health (including joint publications)

Guidance on infection control in schools and nurseries (Department of Health/Department for Education and Employment/Public Health Laboratory Service, 1999) Download only from: Wired for Health website
http://www.wiredforhealth.gov.uk/doc.php?docid=7199

National Service Framework for Children, Young People and Maternity Services: Medicines for Children and Young People
Website: http://www.dh.gov.uk/healthtopics (click on 'Children's services').
Order: DH Publications Tel: 08701 555 455.

LEA Framework 2004 - Support for health and safety, welfare and child protection (Ofsted, 2004) Website only:
http://www.ofsted.gov.uk/lea/index.cfm?fuseaction=inspectionGuidance

PART 8: APPENDIX D: USEFUL CONTACTS

Allergy UK
Allergy Help Line: (01322) 619864
Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk and
www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus
Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)
Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Council for Disabled Children (National Children's Bureau)
Tel: (020) 7843 1900
Website: http://www.ncb.org.uk/cdc/

Contact a Family (Information about caring for disabled and special needs children) Helpline: 0808 808 3555.
Website: www.cafamily.org.uk

Cystic Fibrosis Trust
Tel: (020) 8464 7211 (Out of hours: 020 8464 0623)
Website: www.cftrust.org.uk

Diabetes UK
Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Department for Education and Skills
Tel: 0870 000 2288
Website: http://www.dfes.gov.uk

Department of Health
Tel: (020) 7210 4850
Website: http://www.dh.gov.uk

Disability Rights Commission (DRC)
DRC helpline: 08457 622633.
Textphone: 08457 622 644
Fax: 08457 778878
Website: www.drc-gb.org

Epilepsy Action
Freephone Helpline: 0808 800 5050
(Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)
HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk

Health Education Trust
Tel: (01789) 773915
Website: http://www.healthedtrust.com

Hyperactive Children's Support Group
Tel: (01243) 551313
Website: www.hacsg.org.uk

MENCAP
Telephone: (020) 7454 0454
Website: www.mencap.org.uk

National Eczema Society
Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)
Website: www.eczema.org

National Society for Epilepsy
Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)
Website: www.epilepsynse.org.uk

Psoriasis Association
Tel: 0845 676 0076
(Mon-Thurs 9.15am to 4.45pm. Fri 9.15am to 16.15pm)
Website: http://www.psoriasis-association.org.uk/

Sure Start
Tel: 0870 0002288
Website: http://www.surestart.gov.uk

Signed: …… Dated: ……

(Chair of Governors)
Signed: …….. Dated: ……

(Headteacher)