



## Supporting pupils at school with medical conditions

### Introduction

#### Children with Medical Conditions/Needs

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Many of Bamburgh pupils however have longer term medical conditions or needs and may require assistance and medicines on a long-term basis to keep them well. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. This will be in place for all Bamburgh pupils who require such a plan.

#### Support for Children with Medical Needs

Parents<sup>1</sup> have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

The school health service can provide advice on health issues to children, parents, education and early year's staff, education officers and Local Authorities. NHS Primary Care Trusts (PCTs) and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.

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<sup>1</sup> Here, and throughout this document, 'parents' should be taken to include all those with parental responsibility, including parents and carers. See also 'Parents and Carers' [paragraphs 67–72).



There is no legal duty that requires school or setting staff to administer medicines. However, Bamburgh will ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties alongside NHS Staff who support pupils in school. Staff managing the administration of medicines and those who administer medicines receive appropriate training and support some of this comes from health professionals. There are robust systems in place to ensure that medicines are managed safely.

Bamburgh children and young people with medical needs have complex health needs that require more support than regular medicine. We seek medical advice about each child or young person's individual needs.<sup>2</sup>

**Bamburgh School aims to ensure that appropriate action and policy are in place to support our pupils where medication is, of necessity, needed to facilitate their attendance at school.**

Our policy is understood and accepted by staff. It is communicated to parents and provides a sound basis for ensuring that children with medical needs receive proper care and support in a school or setting.

Procedures are identified in school for dealing with medication; appropriate storage is provided and staff made aware of access and use for this.

Prior agreement is reached with parents on administration of medication.

The School Nursing service prepares routine medication during the school day. This is administered while qualified nurses are on the premises, as per NHS Trust Policy. Medication will only be dealt with in school with written permission from parents.

Children will not handle their own medication, except in the case of older children carrying their own inhalers (with agreement of parents), to promote independence in managing their asthma. Children who attend after school clubs may carry medication e.g. Epipen but with written permission from parents and agreement that they administer themselves.

Only staff that are appropriately trained to, deal with children's medication. Annual training is provided for all teaching and support staff with regards to the administration of emergency medication, for example Buccal Midazolam and Epipen.

Bamburgh School will make specific arrangements with parents for school visits where medication will need to be offered during that timescale. For daytime visits out of school, parents are required to provide medication to be administered by school staff. This should be sent in the original packaging

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<sup>2</sup> *'Including Me: Managing Complex Health Needs in Schools and Early Years Settings* (Council for Disabled Children, 2005 ) provides practical advice on supporting children with more complex needs



and with clear instructions on the dispensing label. Parents will also be required to provide written consent for school staff to administer the medication for each visit out of school. Identified staff will be named and records kept for this purpose.

Parents must provide full information about their child's medical needs, including details on medicines their child needs. No medication will be handled without this agreement.

### **Prescribed Medicines**

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. School only accepts medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

**Staff will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is important that medicines are prescribed in dose frequencies which enable it to be taken outside school hours where ever possible. Parents should ask the prescriber about this. 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 Medicines Standard of the National Service Framework (NSF) for Children<sup>3</sup> 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 or setting, avoiding the need for repackaging or relabeling of medicines by parents

### **Controlled Drugs**

Only a qualified 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.

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<sup>3</sup> *National Service Framework for Children and Young People and Maternity Services: Medicines for Children and Young People* (Department of Health/DfES, 2004)



Medication of all kinds is stored in a locked non-portable container and only named staff will have access. A record is kept for audit and safety purposes. This is in place in our School Nurse Room.

A controlled drug, as with all medicines, is returned to the parent when no longer required 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. Schools should have a policy in place for dealing with drug misuse.<sup>4</sup>

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<sup>4</sup> *Drugs: Guidance for Schools (DfES/0092/ 2004)*



### **Non-Prescription Medicines**

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine. A short written agreement with parents may be all that is needed. Where a non-prescribed medicine is administered to a child it should be recorded and the parents informed. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

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

### **Short-Term Medical Needs**

Some of our children will need to take medicines during the day at some time during their time in a school or setting. 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.

### **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 or a setting. 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.<sup>5</sup>

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

***In Bamburgh a Health Care Plan is held by the school nurse in the designated room. Also where emergency medical treatment may be necessary, a copy is held by school (risk assessment pack) and***

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<sup>5</sup> 'SEN Code of Practice' (DFE-00205-2013)



***this will accompany the child on visits out of school. Health care plans are developed in partnership with parents.***



### **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. The procedures may either be set out in the policy or in an individual 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 or setting's emergency procedures should be followed.

### **Record Keeping**

Parents must 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.

Records will be kept of every medication given to any child.

### **Educational Visits**

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Bamburgh considers all reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This includes reviewing and revising the visits policy and procedures so that risk assessment arrangements include the necessary steps to include children with medical needs.

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. Parents will be expected to complete documentation giving staff appropriate permission to administer medication. Staff will sign and date a document to show that this has been given and an additional signature gained from a colleague observing. Parents will be responsible for preparing and identifying appropriate dosages.

### **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. More details about specific health conditions can be found in Chapter 5. 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.

### **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 school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary<sup>6</sup>. Guidance should be sought from the child's GP or paediatrician.

### **Parents and 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 school 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 or setting has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school or setting 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.

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 needed. They should, jointly with the head, reach

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<sup>6</sup> See *Home to school travel for pupils requiring special arrangements* (DfES/0261/2004)



agreement on the school's 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**

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 or setting 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.

### **The Governing Body**

The governing body monitors the implementation of the school policy at appropriate governing body meetings through information shared in the Head Teacher report.

### **The Head Teacher or Head of Setting**

The Head is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally be taken by the head working closely with nursing staff from PCT.

Training and updates take place regularly and are recorded in the school training diary

The Head makes policy known to staff and parents and the contents shared with school staff at staff training sessions. Parents should keep children at home when they are actually unwell. We have no facility or staffing in school to take care of sick children.



## **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 will 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, such as lunchtime supervisors. It is important that they are also provided with training and advice.

## **The Local Authority**

In community, community special and voluntary controlled schools and community nursery schools, the Local Authority, as the employer, is responsible for all health and safety matters

## **Primary Care and 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 school governing bodies 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)<sup>7</sup>. 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.

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.

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<sup>7</sup> *SEN Code of Practice* (DFE-00205-2013) paragraphs 10:24 – 10:26



## Ofsted

During school inspections Ofsted inspectors must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether 'administration of medicines follows clear procedures'.<sup>8</sup>

During LA inspections Ofsted will look at support for health and safety, welfare and child protection. Ofsted will look to see that 'Schools are well supported in developing their health and safety policies and receive comprehensive guidance on dealing with medical needs.'<sup>9</sup> From September 2005, LAs' services will be inspected within multi-inspectorate joint area reviews of children's services. Inspectors propose to assess that steps are taken to provide children and young people with a safe environment, including that the safe storage and use of medicines is promoted.

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<sup>8</sup> Ofsted *'Inspecting schools – Handbook for inspecting nursery and primary schools; Inspecting schools – Handbook for inspecting secondary schools; Inspecting schools – Handbook for inspecting special schools and pupil referral units* (all Ofsted 2003). These include "Judgements about the care, welfare, health and safety of pupils."

<sup>9</sup> Ofsted Inspection Guidance Document *LEA Framework 2004 - Support for health and safety, welfare and child protection* (Ofsted, 2004)



## **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 expiry date) 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.

The Head is responsible for making provision for medicines to be stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.

A few medicines need to be refrigerated. They are kept in a locked refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

## **Hygiene and Infection Control**

All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures<sup>10</sup>. Staff have access to protective disposable gloves and takes care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **Emergency Procedures**

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision<sup>11</sup>. 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. 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.

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<sup>10</sup> See *Guidance on infection control in schools and nurseries* (Department of Health/Department for Education and Employment/Public Health Laboratory Service, 1999)

<sup>11</sup> See *Guidance on First Aid for Schools: a good practice guide* (DfES, 1998)



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



### **Off-site education or work experience**

Schools are responsible for ensuring, under an employer's overall policy, that work experience placements are suitable for students with a particular medical condition.

Schools have a primary duty of care for pupils and have a responsibility to assess the general suitability of all off-site provision including college and work placements. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours.

Schools should refer to guidance from DfES<sup>12</sup>, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding (e.g. Increased Flexibility Programme). Generally schools should undertake an overall risk assessment of the whole activity and schools or placement organisers should visit the workplace to assess its general suitability. Responsibility for risk assessments remain with the employer or the college. Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

### **Confidentiality**

The Head and staff should always treat medical information confidentially. The Head should agree with 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.

Children should be given medication and any medical procedures undertaken with due care and consideration to the dignity of the child.

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<sup>12</sup>

*Work Related Learning and the Law (DfES/0475/ 2004)*



**Parental agreement for school to administer medicine**

Bamburgh 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 \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When and how to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given to school/setting \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy or sent to school in the appropriate measuring**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

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

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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



**Parental agreement for school to administer medicine - Administration of emergency medication**

Bamburgh 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 \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When and how to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given to school/setting \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy or sent to school in the appropriate measure**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_  
\_\_\_\_\_

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

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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



**Record of medicine administered to an individual child**

Name of Child \_\_\_\_\_

Date medicine provided by parent \_\_\_\_\_

Group/class/ form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Staff signature \_\_\_\_\_

Documentation received in school from parents by \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_