



Education Service Directorate

**Policy On Supporting Pupils
With Medical Needs In School**

1. BACKGROUND

- 1.1 Following the Education Act 1993 the DfEE published a series of Circulars giving guidance on many aspects of special education. This included Circular 12/94 "The Education of Sick Children" and Circular 14/96 "Supporting Pupils with Medical needs in School" and the Code of practice in which paragraphs 2:48 to 2:52 and 3:89 to 3:94 refer to medical conditions. The Education Act 1996 consolidated this previous legislation. The Medicines Act 1968 is also relevant.
- 1.2 The following guidance which should be read in conjunction with Circular 14/96 is intended to assist colleagues in the arrangements to be made in supporting pupils with medical needs.
- 1.3 It summarises schools' responsibilities for managing a pupil's medical needs. It recommends that schools should draw up policies and procedures for supporting pupils with medical needs and that healthcare plans, including arrangements for medication, are provided for pupils with medical needs.

2. LEGAL FRAMEWORK

- 2.1 The LEA, schools and governing bodies are responsible for the health and safety of pupils in their care. The legal framework for schools dealing with the health and safety of their pupils derives from health and safety legislation. The Health and safety at Work Act etc (HSWA) 1994 place duties on employers for the health and safety of their employees and anyone else on the premises. The employer must make sure that visitors and pupils are not put at risk.
- 2.2 The main actions employers must take are to:
 - Prepare a written Health and Safety management policy.
 - Make sure that staff are aware of the policy and their responsibilities within that policy.
 - Make sure that appropriate safety measures are in place.
 - Make sure that staff are properly trained and receive guidance on their responsibilities as employees.
- 2.3 The responsibility of the employer is to make sure that safety measures cover the needs of all pupils in the school. This includes those who may have medical needs at some time and this may mean making special arrangement for particular pupils.
- 2.4 The Management of Health and Safety at work Regulations 1992 requires employers of staff at school to:
 - Make an assessment of the risks of activities
 - Introduce measures to control these risks
 - Tell their employees about these measures
 - Review the assessment periodically
- 2.5 Pupils with some medical needs may be more at risk in some cases than their peers. Sometimes individual procedures may be needed. The Headteacher will ensure that staff who need to know are informed and trained to provide any additional support these pupils need.

- 2.6 Collaboration with parents and the health service is an important part of supporting pupils with medical needs. Colleagues in the Health Authority have a close partnership with the LEA in assisting with the identification of needs and in supporting those needs. Sometimes this support is through training of LEA staff.
- 2.7 The Medicines Act 1968 places restrictions on dealing with and administering medicine or products. Those administering prescription-only medicine by injection must be an appropriate medical practitioner or act in accordance with the medical practitioner's directions (except in cases of emergency to save life).
- 2.8 Teachers and other school staff have a duty of care to act as any responsible prudent parent would to make sure that pupils are healthy and safe on and off school premises but not to administer medicine. However, in particular circumstances, this might extend to administering medicine on a voluntary basis. No member of staff can be required to administer medication unless specifically appointed for this purpose. Administration of medication is commonly carried out by support staff. Often they will be appointed specifically for this task and the duty will be incorporated in their job description.
- 2.9 The Education (Schools Premises) Regulations 1996 state that every school should have accommodation for medical or dental treatment and for the care of pupils during school hours.

3. SCHOOLS POLICIES AND PROCEDURES FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

- 3.1 The governing body will have a written policy which is accepted by staff, parents and pupils to ensure that pupils with medical needs, including those who require medication in school, receive proper care and support in school. Formal systems and procedures to support this policy will be drawn up in partnership with the staff, parents and pupils.
- 3.2 This policy will be communicated to parents, pupils and staff perhaps in the school prospectus.
- 3.3 Parents are responsible for their child's medication. Parents have a responsibility to inform schools when their child requires medication and, where necessary, take personal responsibility for any action which is beyond that which can reasonably be expected of any school and its staff.
- 3.4 When a child on long term medication requires this in school hours, it is the parent's responsibility to request in writing the co-operation of the school in administering the medication. Parents will be asked to complete a Parent Consent Form, copies of which are available in schools. The governing body will decide whether the school can assist pupils who need medication. This responsibility may be delegated to the Headteacher, As far as practicable, such decisions will encourage regular school attendance and participation in school life.
- 3.5 Schools would not normally be expected to supervise routinely the treatment of all children who receive thrice-daily medication (e.g. antibiotics or even anti-convulsant drugs) as the medication could be provided before and after school and at bedtime. The child's doctor or the school doctor will be able to advise whether dosage adjustments make this possible. Consideration will also be given to the child returning home to receive medication or to the parent coming onto the school premises to administer the medication.

- 3.6 The Authority hopes that schools will be able to comply with all requests that are supported by the school doctor. If, having consulted the school doctor, the governing body feels unable to comply with the request, the Chairman of Governors, or if so delegated the Headteacher, will write in writing to the parents setting out the reasons, sending a copy to the Head of Personal and Community Services, and to the school doctor.
- 3.7 Parents should send the medication, fully labelled with the child's name and the dosage to be given, to the Headteacher or designated member of staff. The quantity of medication supplied should not be excessive. For younger children child-proof containers must be used. If necessary the chemist should be asked to provide separate supplies from home and school.
- 3.8 School policies will encourage children to administer their own medication when appropriate, particularly for those pupils who have a long term medical condition. This will depend on the age and maturity of the child and the nature of the medication. An older child may carry the treatment and know how to use it without supervision as is the case with inhalers used for Asthma. Such practice is recommended by the Department of Health Guidance "Child Health in the Community" 1996.
- 3.9 School staff will only administer medication when they have received appropriate information and training as advised by the school doctor.

4. DRAWING UP AN INDIVIDUAL HEALTH CARE PLAN

- 4.1 Some pupils have medical conditions which, if not properly managed, could limit their access to education. Such pupils have medical needs. Most pupils with such medical needs attend school regularly and perhaps with support, can take part in most normal school activities. School staff will take extra care in the supervision of some activities to make sure that these pupils, and others, are not put at risk. In such cases schools will need to draw up a health care plan to ensure the safety of such pupils.
- 4.2 The purpose of the plan is to ensure that staff have sufficient information to understand and support the pupil. Health care plans will be drawn up in collaboration with the pupil, his or her parents and the child's medical carers in order to detail the measures needed to support the child in school and the action to be taken in an emergency. Health care plans will be confidential and only used for the purpose of providing appropriate support in school.
- 4.3 Not all pupils with medical needs will require a health care plan to be drawn up.
- 4.4 Pupils with medical needs have the same rights of admission as other pupils. They cannot be excluded from school for medical reasons.

5. DEALING WITH MEDICINE SAFELY

- 5.1 The safety of pupils and staff will be considered with regard to the safe storage, handling and disposal of medicines. It is not possible for schools to accept any drugs which require refrigerated storage. Records of all drugs administered at school will be kept by the adult responsible recording the name of the child, the drug and the dosage, any cautionary advice or special storage instructions and expiry date of the drug.
- 5.2 The governing body will ensure that staff are trained in safety procedures.
- 5.3 Some medication may be needed in an emergency and should not be locked away. The governing body will ensure that relevant staff and the pupil concerned know where the medication is kept and this may be delegated to the Headteacher.

6. THE AUTHORITY

- 6.1 The Authority will assist schools with this task.
- 6.2 Administration of medication and the development of a health care plan will not normally attract resources for staff time additional to those already allocated to schools in their delegated budgets. In exceptional cases, where the time required is in excess of that which schools can reasonably provide, a specific additional allocation will be arranged by the LEA.
- 6.3 For staff who volunteer to administer medication the LEA offers indemnity against action arising from allegations of maladministration provided that parents have given their consent in writing and where necessary, appropriate training has been undertaken.
- 6.4 LEA staff will be trained by Health Service staff in the administration of specific medication such as adrenaline and Rectal Diazepam. Schools will consult the Consultant Paediatrician for their area if they have a child requiring medication.

7. FURTHER INFORMATION

- 7.1 The Department of Health and DfEE publication "Supporting Pupils with Medical Needs - a good practice guide" provides a guide to good practice as well as forms which schools may wish to use to assist with the support of pupils with medical needs.