

GATEHOUSE PRIMARY SCHOOL

Guidance on the provision of HEALTH CARE IN SCHOOL

**including the
ADMINISTRATION OF MEDICINES
and the care of children with complex
health needs.**

Guidance on the provision of HEALTH CARE IN SCHOOL
(including the ADMINISTRATION OF MEDICINES and the care of children with
complex health needs).

1. PRINCIPLES

1.1. This guidance has been written in response to that issued by SEED in September 2001, and is designed to help manage health care in school. It is based on the following principles –

- Children’s individual needs are paramount;
- Policies should as far as possible assure school attendance;
- Policies should have an inclusive focus which enables pupils with health care needs to play as full a part in the life of the school as possible e.g. P.E., outdoor education, trips and visits;
- Administration of medicines and/or provision of health care routinely is a voluntary role. However, all staff have responsibilities for taking action when faced with medical emergencies;
- School staff should not give non-prescribed medication;
- Pupils who can do so, should be allowed to manage their own medication;
- Good record keeping procedures are essential;
- Sensitive and confidential information about a pupil should only be shared with those who need to know;
- Adequate and appropriate training must be available and updated as required

1.3 Based on these principles the document takes the form of the following framework:

- 2: Legal issues;
- 3: Roles and responsibilities;
- 4: General medication issues in schools;
- 5: Complex health needs e.g. gastrostomy feeding;
- 6: Emergency procedures;
- 7: Staff training;
- 8: School trips, sporting activities and school transport;
- 9: Intimate or invasive care;
- 10: Appendices (giving further information on documentation).
- 11: Flow chart of procedures;

LEGAL ISSUES

- 1.2. **There is no legal or contractual duty which requires school staff to administer medication or undertake health care procedures; this is a voluntary role (even where the person is a qualified first-aider).** Staff who do volunteer to provide care for pupils with health needs, however, require support from the headteacher and parents, access to information and training, and re-assurance about any legal liability.
- 1.3. In undertaking such duties they are acting on behalf of the Council, which would have responsibility for their actions as it would in respect of any other duty undertaken on an agreed basis by individual staff.
- 1.4. The Authority will indemnify and support staff who **volunteer** to assist pupils with specific medical needs. In the case of Dumfries and Galloway Council, their insurers, Zurich Municipal, have confirmed that liability insurance will be operative in the following circumstances –

“The position that Zurich Municipal takes is that where an Employee of the Council, acting in the course of their employment, administers medication they will be indemnified by the Insured’s liability insurance for a claim for negligence relating to injury or loss caused by their actions provided that they have received full training relevant to the medication being administered, have taken the necessary refresher training, used the protective equipment for that purpose and at all times acted in accordance with the individual’s care plan as advised by the child’s GP or other relevant health professional and in agreement with the child’s parents/guardians.”

1.5. Consent

- 1.5.1. Consent to medical treatment as indicated in the Age of Legal Capacity (Scotland) Act 1991 and the Children (Scotland) Act 1995, states that due regard shall be given to children’s views subject to their age and maturity. (This applies to all children, but those over 12 are generally presumed to have sufficient age and maturity.) The 1991 Act clearly states that the decision about the child’s maturity lies with the doctor and that under Scots law young persons under the age of 16 are able to consent to their own medical examination or treatment, *if the doctor thinks they understand the nature and possible consequences of the treatment or examination.*
- 1.5.2. Where a child refuses any health care intervention no attempt should be made to force them. In such a case the person with parental responsibility for the child should be contacted as soon as possible.
- 1.5.3. Parents have a legal duty of care for their children and it is preferable to work in partnership with parents, but if children do not wish their parents to be involved or informed there is no legal requirement to do so.

1.6. Confidentiality

1.6.1. Schools have a general duty of care for their pupils. The headteacher and school staff should treat medical information **confidentially**. Sensitive information about a pupil should be shared only with those who need to know. Such members of staff who are specifically involved with the pupil e.g. escorts and transport staff should only be told what is necessary for them to know to keep the child safe. The school should agree with the child and family, any other persons who should have access to records or any other information.

2. ROLES AND RESPONSIBILITIES

2.1. Persons with parental responsibilities (from now on indicated as parent):

Parents should ensure that their child is well enough to attend school. Where schools have concerns on this matter they should seek further advice from the School Health Service.

2.2. Parents must provide the school with an emergency contact.

2.3. They should also provide the headteacher with sufficient information about their child's health needs and treatment in school and give permission for this to be shared with appropriate staff.

2.4. Parents' and pupils' cultural and religious views should always be respected.

2.5. The Employer

2.5.1. Dumfries and Galloway Council Department for Education and Community Services is responsible, under the Health and Safety at Work etc. Act 1974, for making sure that a school has a health and safety policy. This should include procedures for supporting pupils with health care needs, including managing medication.

2.5.2. The employer is also responsible for making sure that willing staff have appropriate training to support pupils with health care needs. The employer must be satisfied that any training has given staff sufficient understanding, confidence and expertise.

School Staff

- 2.5.3. Children with health care needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons.
- 2.5.4. Present draft guidance from the Scottish Executive (September, 2000) indicates that when school staff volunteer to give pupils help with their health care needs, the headteacher should agree to their doing this, and must ensure that staff receive proper support and training when necessary. (This can be done in consultation with their local Area Manager Support for Learning). The school maintains a register of members of staff who have volunteered to support pupils with their health care needs (Appendix 4).
- 2.5.5. The school's procedures in supporting children with health care needs should be communicated to parents in the school prospectus, and to school staff.
- 2.5.6. For a child with medical needs, the headteacher will require to agree with parents exactly what support the school can provide. Where there is concern about whether the school can meet the pupil's needs, or where parent's expectations appear unreasonable, the headteacher should seek advice initially from the School Health Service. Provision for children with complex health needs is likely to mean that staff who volunteer will require special training.
- 2.5.7. Health Care should only be given by authorised members of staff on receipt of a Parental Permission Form (**Appendix 1**).
- 2.5.8. If for any reason agreed arrangements cannot be maintained (e.g. on account of staff absence) alternative emergency procedures will need to be agreed.
- 2.5.9. Parents must be informed if there are no staff volunteers to support a child's health care needs and a copy of this policy must be made available to them by the school.
- 2.5.10. Where no volunteers are available the headteacher shall be responsible for arranging appropriate alternative measures in consultation with the School Health Service.

2.6. Health Personnel

- 2.6.1. Dumfries & Galloway Health Board has a statutory duty to commission services to meet the health needs of the local population.
- 2.6.2. The School Health Service provides advice on health issues to children, parents and school staff.
- 2.6.3. The main contact for schools is (usually) the school nurse.

2.6.4. Training for staff caring for children with complex health needs will be provided in partnership between the School Health Service and Community Children's Nursing Service as identified in the child's Health Care Plan. Further specialist advice can be accessed as needed.

2.6.5. For children with complex health needs a Health Care Plan (see **Appendix 3**) may be required. This will be developed at a Health Care Planning meeting in partnership with the child, parent, School Health Service and any other appropriate health personnel (e.g. occupational therapist, community children's nurse, diabetic nurse specialist), and should be initiated by the Head Teacher. It is the responsibility of all appropriate people to attend the meetings.

3. GENERAL MEDICATION ISSUES IN SCHOOL

3.1. Some pupils will need to take medication (or be given it) at school at some time in their school life. Often this will be for a short period only. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential.

3.2. School staff should not give non-prescribed medication to pupils (e.g. over the counter remedies such as paracetamol or disprin). The only exception to this would be where agreed under medical advice as part of a Health Care Plan.

3.3. Children requiring antibiotics should either remain at home where the illness is acute, or where attending school, dosage arrangements should be worked out so as to allow the antibiotic to be taken before and after school where ever possible.

3.4. Medication should only be given by authorised members of staff on receipt of a Parental Permission Form (**Appendix 1**).

3.5. Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent should provide written details including:

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any major possible side effects
- Storage

- 3.6.** Records of medicines given to pupils and of the staff involved should be kept. Records offer protection to staff and proof that they have followed agreed procedures. A Record of Medication Sheet is provided in **Appendix 2**.

3.7. Storage of Medicines

- 4.7.1 Schools should not store large volumes of medication.
- 4.7.2 Where the pupil needs two or more prescribed medicines each should be in a separate container. Only appropriate health professionals should ever transfer medicines from their original containers. The Headteacher is responsible for making sure that medicines are stored safely. Generally medicines should be kept in a safe place not accessible to pupils. However, a few medicines, such as asthma inhalers must be readily available to pupils as required.
- 4.7.3 Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container clearly labelled. If the school has to store large quantities of medicines then the headteacher should seek advice from the School Health Service regarding the appropriateness of purchasing a medical refrigerator.
- 4.7.4 Particular care needs to be taken if the school should need to store controlled drugs such as Ritalin or Diazepam, which should be kept in a “secure place” which staff are aware how to access.

3.8. Access and Disposal of Medicines

- 4.8.1 It is the **responsibility** of the **parent** to check that the medication is not out-of-date, that there is a sufficient quantity in school, that it is renewed as necessary and that any unused supplies are uplifted by the parent, or other responsible adult nominated by them, preferably at the end of each school term but definitely at the end of the school year. In the event of this not being done a school should contact their school nurse for advice.
- 4.8.2 It is advisable that information regarding medication is updated termly, or as a minimum, at the start of each school year. Where the administration of medicine is to continue or has been changed, all relevant information must be supplied on a new Parental Permission Form (**See Appendix 1**)
- 4.8.3 If a parent or carer considers their child to be responsible enough to carry and administer their own medication, they should be allowed and encouraged to do so. In this event, the school must be informed by the parent or carer what the medication is and what conditions/illnesses the child has.

- 4.8.4 If the **child is carrying their own medication** and is considered not to be using it appropriately, the **parent must be informed** and the responsibility of carrying medication may be withdrawn.

4.9 Emergency Procedures

All staff should know how to call the emergency services. Wherever possible, a pupil taken to the hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. The member of staff should have details of any health care needs and medication of the pupil.

- 4.9.1 Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. Wherever possible the member of staff should be accompanied by another adult and have the appropriate vehicle insurance.

5 COMPLEX HEALTH NEEDS

5.1 Innovations in medical practices and technological advances have meant that children are now surviving once-fatal diseases. Often the care of children with chronic illness is complex because of a reliance on technology e.g. a child with a combination of severe cerebral palsy, gastrostomy feeding, and a tracheostomy, and these combined factors have implications for meeting their continuing care needs.

5.2 The existence however of a medical condition, even where complex, is not grounds for refusal of a place in school. Most children with complex health needs are able to attend school regularly and with some support from the school, can take part in school activities.

5.3 Schools should initiate completion of an individual Health Care Plan (**see Appendix 3**) for children with complex health needs, which will identify the level and type of support that is needed at school. This written agreement, devised jointly by parents and relevant professionals, will clarify the help that the school can provide and receive. Schools should agree with parents and professionals how often they should jointly review the Health Care Plan depending on the needs of the child. It should, however, be reviewed at least annually and at any significant points of change in the pupil's condition.

5.4 A Medical Passport might also be considered for any child who has a Health Care Plan and **requires school transport**.

5.5 For a *very* small number of children – even across the entire Authority - there are significant issues because of the very unusual nature of their health needs. These are children whom the Riddell Report (SEED, 1999) would define as having severe low-incidence disabilities which are also life-threatening and life-limiting. The three

agencies of health, social service and education are currently looking at jointly funded strategies for dealing with the needs of this exceptional group of children.

6 EMERGENCY PROCEDURES

6.1 In an **emergency** situation, staff acting *in loco parentis* would be required at common law to secure help and take action to assist a pupil as would a reasonably prudent parent. **No parental consent is necessary in such circumstances.** Even in an emergency, however, staff will not be expected to carry out complex or risky procedures but will immediately call for an ambulance if required.

6.2 For specific medical conditions where an emergency situation might arise e.g. severe allergic reaction (anaphylaxis), asthma attack, epileptic seizures, hypoglycaemic reaction or ‘hypo’ (diabetes) additional information and advice on these conditions can be obtained from the School Health service.

7 STAFF TRAINING

7.1 Certain medical conditions, particularly where an emergency may arise, or where there is a Health Care Plan may reveal the need for some school staff to have further information about a medical condition or specific training. School staff should not give medication or undertake any health care procedure without appropriate advice and/or training from health professionals. If school staff volunteer to assist a pupil with health care needs the school (in consultation with their local Area Manager Support for Learning) should arrange appropriate training. This should be done in conjunction with either the School Health Service or other appropriate health professionals.

7.2 A Staff Health Care Training Record should be completed and routinely updated as appropriate for individual members of staff where relevant (**see Appendix 5**). Copies of this document should be retained by both the staff member concerned and the school.

8 SCHOOL TRIPS, SPORTING ACTIVITIES AND SCHOOL TRANSPORT

8.1 It is good practice for the school to encourage pupils with health care needs to participate in school trips and other activities, wherever safety considerations allow.

8.2 School trips

8.2.1 Sometimes the school may need to take additional safety measures for outside visits. Consideration should be given to the appropriate lines of communication in an emergency. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes

an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek advice from the School Health Service.

8.3 Sporting activities

8.3.1 Most pupils with health care needs can participate in extra-curricular sport and/or the PE curriculum. However, some activities may need to be modified, or precautionary measures may need to be taken, e.g. children with asthma may need to take their reliever inhaler before exercise. Teachers should be aware of pupils with specific health needs.

8.4 School transport

8.4.1 The Education Authority arranges home-school-home transport where legally required to do so. It has a duty to make sure that pupils are safe during the journey and staff are appropriately trained. In doing so, consideration needs to be given to specific health care needs and a means of communication such as the use of mobile phone if considered necessary.

9 INTIMATE OR INVASIVE CARE

9.1 Some school staff are understandably reluctant to volunteer to provide intimate or invasive care because of the nature of the care, or fears about accusations of abuse. Parents and headteachers must respect such concerns and should not put any pressure on staff to assist in this type of care unless they are entirely willing.

9.2 Further detailed advice and guidance can be found in the following documents –

- “Guidelines for Schools Providing Intimate Care for Children” – Dumfries and Galloway Council Department for Education (Nov. 2000);
- “Helping Hands – Guidelines for Staff Who Provide Intimate Care for Children and Young People With Disabilities” – the Scottish Office (1999)

Appendix 1

GATEHOUSE PRIMARY SCHOOL

PARENTAL PERMISSION FOR MEDICATION TO BE ADMINISTERED

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

This form should be re-done at the start of each new school year.

DETAILS OF PUPIL

Surname..... Forename(s).....

Address..... M/F:

..... Date of Birth:.....

.....

Condition or illness.....

MEDICATION

Name/Type of Medication (as described on the container).....

For how long will your child take this medication.....

Date dispensed.....

Full Directions for Use:

Dosage and method.....

Timing.....

Special Precautions.....

Side Effects.....

Medication to be held by (please tick) School staff **or** Pupil

Medication to be (please tick) given by School Staff **or** self-administered

Procedures to take in an emergency:.....

.....
.....
.....

CONTACT DETAILS

Name..... Daytime Phone No.....

Relationship to Pupil.....

Address.....

.....

I /We acknowledge that the above instructions will be carried out by member(s) of staff who has volunteered to administer the medication and is/are non-medically qualified and accept that this is a service which the school is not obliged to undertake.

I/We also accept responsibility to arrange for the collection of unused medication at the end of each school year.

Signature:..... Date:.....
(Person with parental responsibility)

Signature:..... Date:.....
(Student over 16 years of age)

Appendix 2

GATEHOUSE PRIMARY SCHOOL

Record of medicines administered

Date	Pupil's name	Name of medication	Time	Dose Given (or reason why withheld)	Any reactions	Member of staff (print name & int'l's)

GATEHOUSE PRIMARY SCHOOL

HEALTH CARE PLAN

Once drawn up, this should be reviewed at least annually.

Details of Pupil:

Surname: Forename:

Address:

.....

D.O.B.: M / F:

Contact Information

Family Contact 1:

Family Contact 2:

Name:

Name:

Tel. No. (Home)

Tel. No. (Home)

Tel. No. (Work)

Tel. No. (Work)

Please describe child's condition / diagnosis

Medication in school

(Please also complete Parental Permission for Medication form.)

Daily Care Requirements

e.g. feeding, personal care, suctioning, therapy.

- Individual treatment plans to be attached as relevant to this Health Care Plan e.g. from School Health Service, Therapists, Community Children’s Nurses, Nurse Specialist

Action to be Taken in an Emergency

Staff Trained to Administer Medication and Undertake Health Care Procedures

1.1.1.1 Staff Member	Training Provided By	Date	Refresher/ Update

Plan Prepared By

Name(s): Title:

.....

Date:

Distribution

Person	Name
Parent	
School Health Service	
School	
Other	
Other	
Other	

Signature of Headteacher: **Date:**

Signature of Parent: **Date:**

Appendix 4

GATEHOUSE PRIMARY SCHOOL

Members of staff who have **volunteered** to support pupils with their healthcare needs.

Staff member name	Date agreed to offer support	Whether first aid trained (Y/N)	Date first aid qualification expires (if relevant)	Headteacher's initials (to confirm agreement)

Appendix 5

STAFF HEALTH CARE TRAINING RECORD

Staff are not required to administer medication and/or undertake health care procedures but may be required to support an agreement for the implementation of an individual Health Care Plan.

Name of School:

Name of Staff Member:

Type / Details of Training Received:

Name(s) of Medication / Health Care Procedure Involved:

Date Training Completed:

Training Provided By:

.....

I confirm that has received the training detailed above

Trainer's Name: Designation:.....

Trainer's Signature: Date :

Trainee's Name :Designation :

Trainee's Signature : Date :

STAFF INDEMNITY – Dumfries and Galloway Council Department for Education will indemnify and support staff who volunteer to assist pupils with specific medical needs as outlined under legal issues in GUIDANCE ON THE PROVISION OF HEALTH CARE IN SCHOOLS (INCLUDING THE ADMINISTRATION OF MEDICINES AND THE CARE OF CHILDREN WITH COMPLEX HEALTH NEEDS).

FLOW CHART OF PROCEDURES FOR CHILDREN REQUIRING HEALTH CARE PROCEDURES IN SCHOOL

