



# Administration of Medicines Policy

**Date:** September 2014

Reviewed December 2017

## Document summary

This policy has been produced to help schools and early years settings develop an effective management system to support individual children/young people with medical needs who require access to their medicines whilst in school/setting, in accordance with the Supporting Pupils at School with Medical Conditions Statutory Guidance.

This document has been developed in conjunction with the Department for Children, Schools and Families Best Practice Guide – Managing Medicines in Schools and Early Years Settings.

## Contents

1.	Introduction .....	3
2.	Responsibilities .....	3
3.	General .....	4
4.	Legislation.....	5
5.	Developing a Policy .....	6
6.	Developing an individual health care plan.....	14
7.	Off-site Activities and Educational Visits .....	14
8.	Off-site Education or Work Experience .....	15
9.	Sporting Activities .....	15
10.	Home to school/setting Transport .....	16
11.	Supplying asthma inhalers to schools for emergency use .....	16
12.	Confidentiality .....	17
13.	Indemnity .....	17
14.	Employees .....	17
15.	Appendices .....	17

## About this document:

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# Administration of Medicines Policy

## 1. Introduction

1.1 Under the requirements of the Special Educational Needs and Disability Act, it is the responsibility of the Children's Services Department and schools/settings to enable children/young people to be in school/setting wherever possible.

1.2 Under Part 3 and 4 of the Disability Discrimination Act (DDA), responsible bodies for schools (including nursery schools/settings) and settings must not discriminate against disabled children/young people in relation to their access to education and associated services, including off-site visits, school/setting clubs and activities. Reasonable adjustments must be made for disabled children/young people, including those with medical needs at different levels of school/setting life, by schools/settings and detailed in their policies and procedures.

## 2. Responsibilities

2.1 The Children's Services Department has a responsibility to support schools and settings by clarifying their responsibilities for the administering of medication.

2.2 The Health and Safety Team, on behalf of Children's Services Department, will monitor the implementation of this policy through the programme of health and safety audits.

2.3 The Director of Communities, Economy and Transport will ensure that:

- Drivers and escorts are informed of any children/young people with medical needs travelling in their vehicle
- Drivers and escorts have received training in basic first aid
- Drivers and escorts have a copy of the individual health care plan for children/young people with life threatening condition or a medical need that requires an emergency response
- Driver and escorts are trained, supported and fully informed of the procedures and protocols to follow in an emergency.

2.4 Governing Bodies must:

- Ensure a local policy is produced for, and make arrangements to support pupils with medical conditions in school
- Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

2.5 Headteachers (with support of Governing Bodies), Settings Managers will:

- Review the individual establishment policy on the administration of medicines and supporting children/young people with complex medical needs in line with this document and ensure it is effectively implemented

- Implement effective management procedures to manage individual children's medical needs
- Nominate sufficient staff within the school/setting to manage medicines as part of their duties
- Ensure that staff are appropriately trained to support children/young people with medical needs
- Ensure that all staff are aware of the policy on the administration of medicines and are informed about the action to be taken in the event of a medical emergency
- Implement a management system for effective information sharing within the school/setting and healthcare professionals
- Agree with parents the support that can be provided on an individual basis
- Ensure that medicines are handled correctly.

### **3. General**

3.1 Most children/young people will at some time have a medical condition that may affect their participation in school/setting activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some children/young people, however, have medical conditions that, if not managed, could limit their access to education. These children/young people are regarded as having medical needs. Many children with medical needs are able to attend school/setting regularly and, with support from schools/settings, can take part in most school/setting activities. Close supervision by staff may be needed in some activities to ensure that children/young people and others are not put at risk.

3.2 Parents or guardians have the prime responsibility for their child's health and should provide schools or settings with information about their child's medical condition. The parent/guardian should obtain additional details from their child's healthcare professional when needed.

3.3 The school/setting must take into account their responsibilities under the Disability Discrimination Act and a child/young person's right of admission when deciding on their policy. However, staff undertaking the role of administering medication should have reference to it in their job description.

3.4 It is recommended by the Department for Education that schools/settings ensure that they have sufficient members of support staff, with appropriate training, to manage medicines as part of their duties and that these duties are included in job descriptions. This is necessary to ensure that there are no errors in the administration, handling and storage of medicines and to ensure that the schools/settings and County Council can demonstrate that they have taken all reasonable steps to administer medicines in a safe and proper manner.

3.5 Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when a pupil's needs change, and arrangements for any staff training and support. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

3.6 Some children/young people who have complex medical needs will require more support than regular medicines. It is important to seek medical advice and training regarding the child/young person's individual needs. Schools do not have to wait for a formal diagnosis before providing support to pupils.

3.7 Those schools/settings with children/young people who have medical needs will find it useful to develop individual health care plans to identify the necessary safety measures that need to be put in place to fully support the child/young person. An example of a health care plan is available on Czone as Appendix 2.

3.8 There must be an assessment of the risks to the health and safety of staff and others with control measures put in place to minimise and manage any identified risks.

3.9 Some children/young people, depending on age and ability may be capable of taking their own medicine, or deciding when they need to do so. The progress towards such independence must be agreed in consultation with parents, the child/young person and the relevant healthcare professionals. Initially it may also involve a greater degree of vigilance and supervision as part of the school/setting.

3.10 Where schools/settings are administering medicines, they are strongly advised to conform to these guidelines. Healthcare professionals and specialist voluntary bodies may also be able to provide additional background information for schools/settings. The individual child and family have a right to confidentiality and as with any other medical condition; privacy and the need for prompt and effective care are to be balanced with sensitivity. Ideally, the headteacher should seek parents' agreement before passing on information about their child's health to other school/setting staff. Sharing information is important if staff and parents are to ensure the best care for a child/young person.

3.11 Headteachers/Governing Bodies/Managers should develop their own policies, in line with this document, to cover the needs of their individual school or setting. Schools/settings must ensure that their policy is communicated to parents/guardians.

## **4. Legislation**

4.1 Schools and early year's settings are required to make reasonable adjustments for disabled children/young people including those with medical needs and for the individual disabled child/young person in their policies and procedures.

4.2 There are four key pieces of legislation that schools/settings will need to consider when deciding on their individual school/setting policy. Headteachers and governing bodies may need to demonstrate their compliance with this legislation following any challenges of discrimination that may be made.

4.3 The Children and Families Act 2014

4.3.1 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

4.4 The SEN and Disability Act 2001

4.4.1 The Act states that children with special educational needs should have their needs met and that this will normally be in mainstream schools or settings. The local authority must ensure that children are educated in a mainstream, school/setting unless a parent indicates otherwise or it is incompatible with the efficient education of other children and reasonable adjustments cannot be made.

## 4.5 The Disability Discrimination Act 1995

4.5.1 The Disability Discrimination Act 1995 (DDA) defines a disabled person as: "someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities". This definition covers children/young people with physical (including sensory), intellectual or mental impairments. The definition is broad and might include children/young people with a learning disability, sensory impairment, severe dyslexia, diabetes or epilepsy, children/young people who are incontinent, or who have AIDS, severe disfigurements or progressive conditions like Muscular Dystrophy.

4.5.2 It is unlawful for any school/setting to discriminate against disabled children/young people (current or prospective) in relation to all education and associated services for children/young people and prospective children/young people - in essence, all aspects of school/setting life, including extra-curricular activities and school/setting trips. A disabled child/young person can be discriminated against in two ways:

- If a school/setting treats a disabled child/young person or prospective child/young person less favourably than another because of his or her disability without justification, they may be breaking the law
- Schools/settings can also be found to have discriminated where they have failed to take "reasonable steps" which leads to disabled children/young people and prospective children/young people being placed at a "substantial disadvantage" compared to non-disabled children/young people.

4.5.3 The key tests are that policies, procedures and practices do not lead directly to less favourable treatment or substantial disadvantage and that they provide the school/setting with the flexibility required to respond to individual needs as they arise.

## 4.6 The Disability Equality Duty

4.6.1 In December 2006 The Disability Discrimination Act (DDA) 1995 was amended to place a duty on all public bodies including local councils and schools/settings to promote disability equality. This is a positive duty which builds in disability equality at the beginning of the process, rather than make adjustments at the end. This duty changes the emphasis of the legal framework which previously relied on individual disabled people complaining about discrimination to one in which the public sector becomes a proactive agent of change.

4.6.2 All public bodies have to have due regard for the need to eliminate unlawful discrimination and promote equal opportunities for disabled people. They will also need to consider the elimination of harassment of disabled people, promotion of positive attitudes and the need to encourage the participation of disabled people in public life.

## 5. Developing a Policy

5.1 Schools and settings should develop their own policies to cover the needs of their own school/setting. The governing body, when developing a policy, will want to take into account the views of staff and this document, in particular section 3 above.

5.2 When deciding on the policy for the school/setting, the headteacher/governing body have two options:

- To administer medicines

- Selective administration of medicines, e.g. children/young people with medical conditions that, if not managed would limit their access to education or those children/young people where the school/setting would be considered in breach of disability legislation.

5.3 A policy needs to be clear to all parents and a summary should be included in the school prospectus or setting handbook. Governing Bodies and Settings Managers should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. A policy should include the following:

- Procedures for managing prescription medicines which need to be taken during the school/setting day
- Procedures for managing prescription medicines on off-site visits
- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- A commitment that all relevant staff will be made aware of a child's condition, following parental consent
- Briefing for supply teachers
- A clear statement on parental responsibilities in respect of their child's needs
- How the school/setting will maintain confidentiality as appropriate, when provided with information about a child/young person's medical needs
- The need for prior written agreement from parents for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- How the school/setting will assist children with long term or complex medical needs and monitoring of any individual healthcare plans
- A clear statement on children carrying and taking their medication themselves
- Identifying who is responsible for ensuring that sufficient staff are suitably trained in dealing with medical needs
- Record keeping
- Storage and access to medication
- Access to the school/setting's emergency procedures
- Risk assessment and management procedures.

5.4 Once a policy has been developed, the headteacher/manager should make sure that all parents, new and existing, are aware of the school/setting's procedures. The school/setting's policy should make it clear that parents should keep children at home when they are acutely unwell and that they should not return until they are able to participate in the full curriculum.

## 5.5 Non-Prescription Medication

5.5.1 Schools and settings staff should only administer non-prescribed medicine to a child/young person if there is specific prior written permission from the parent(s) for a specified time period and reason. The full dosage instructions must be present on the medicine container and these instructions followed. Administration of non-prescribed medication should only occur if it is in the child's best interest to have such medication and that the medication can be administered safely within the school or setting. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered.

5.5.2 A record of the name, date, time and dose of the medication should be kept, signed by the person administering the medication and witnessed by another. Parents should be made aware when medication has been administered during the day to ensure over-dosing does not occur. Parents should, where possible sign the record to acknowledge that medication has been administered. Where this is not possible either a telephone call to the parents or a note should be sent home with the child with records kept.

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

## 5.6 Short Term Medical Needs

5.6.1 Many children/young people may need to take medication during the school/setting day at some time during their time in school/setting, e.g. to finish a course of antibiotics or to apply a lotion. To allow a child/young person to do this will minimise the time they need to be absent. However, medicines should only be taken to school or early years setting where it would be detrimental to a child's health if it were not administered during the school/setting day. Ideally, the medication could be prescribed in dose frequencies which enables it to be taken outside the school/setting day, i.e. three times per day (breakfast, dinner, and bedtime).

## 5.7 Prescribed Medicines

5.7.1 Medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the school/setting day. Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber should be accepted. The medicines should always be provided in the original container and include the prescribed instructions for administration, dosage and storage.

5.7.2 Schools and early year's settings should never accept medicines that have been taken out of the original container or make changes to dosages on parental instruction.

5.7.3 It would be beneficial, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken out of school/setting hours and parents should be encouraged through the school/setting policy on requesting this.

5.7.4 The Medicines Standard of the National Service Framework for children recommends that a range of options are considered including:

- Healthcare professionals/dentists considering the use of medicines which only need to be administered once or twice per day (where appropriate) for children and young people so that they can be taken outside school/setting hours
- Healthcare professionals/dentists to consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school/setting, avoiding the need for repackaging or relabeling of medicines by parents.

## 5.8 Controlled Drugs

5.8.1 Any member of staff may administer a controlled drug to a child/young person for whom it has been prescribed and the prescribed instructions must be followed.

5.8.2 Following a risk assessment, a child/young person who has been prescribed a controlled drug may legitimately have it in their possession. It is permissible for schools/settings to look after a controlled drug, where it is agreed that it will be administered to the child to whom it has been prescribed.



5.8.3 Controlled drugs must be kept in a locked non-portable container and only named staff should be given access. A record should be kept for audit and safety purposes.

5.8.4 When administering controlled drugs, two members of staff must sign the record of administration form available on Czone as Appendix 6. The first signature is by the person administering. The second signature is by the person who has witnessed the whole procedure.

5.8.5 When a controlled drug is no longer required, it must be returned to the parent who will arrange safe disposal via the local pharmacy. If this is not possible, the drug should be returned to the dispensing pharmacist.

5.8.6 Misuse of a controlled drug, such as passing to another child/young person for use is an offence and schools/settings must have a policy for dealing with drug misuse.

## 5.9 Long-Term Medical Needs

5.9.1 It is important for the school/setting to have sufficient background information about the medical condition of a child/young person with long term medical needs. If a child/young person's medical needs are not fully supported, this can negatively affect a child/young person's academic attainments and/or lead to emotional and behavioural problems. The school/setting, therefore, needs to know about any medical needs before a child starts school/setting or when a child/young person develops a medical condition. It is recommended that a health care plan or a protocol involving parents and relevant health professionals is developed.

5.9.2 This can include:

- Details of a child/young person's condition
- Special requirements, e.g. dietary needs
- Medication and any side effects
- What constitutes an emergency
- What to do and who to contact in an emergency
- What not to do in an emergency
- procedures to be followed when transporting the child/young person (e.g. off-site visits or home to school/setting transport)
- Information sharing and record keeping
- The role the staff can play.

5.9.3 An example of a health care plan is available on Czone as Appendix 2. An example of a protocol detailing the emergency arrangements is available on Czone as Appendix 3.

5.9.4 The healthcare professional may provide advice on nursing matters to teachers and welfare assistants at the school/setting. They can liaise between the school/setting and parents/guardian where health matters need to be discussed. Healthcare professionals can offer support to children (and their families) suffering from certain conditions.

## 5.10 Administering Medication

5.10.1 It is important for the school/setting to have adequate facilities, (lockable cabinet, fridge) when administering medication and the following precautions must be considered:

- A child/young person under the age of 16 must not be given any medication without parental consent. All prescribed medicines that are to be administered in school/setting must be accompanied by written instructions from the healthcare professional, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

If the school/setting policy enables the administration of non-prescribed medication, these must also be accompanied by written instructions from the parent, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

This information should be provided on the form available on Czone as Appendix 4. Each time there is a variation in the pattern of dosage a new form should be completed. If necessary the healthcare professional can assist with the completion of the form.

- It is recommended that a primary school/setting child should never carry medicine to and from school/setting. Medicine must be handed over as soon as the child arrives at school/setting.

Medication should only be given to the named child. Children/young people must not be given medication which has been prescribed for another child/young person. Parents are responsible for ensuring that there is sufficient medication to be used in school/setting and that the medication has not passed its expiry date.

- Where there is any doubt about the correct dosage to be administered, advice must be obtained from the child's healthcare professional before the medicine is administered.
- Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system must be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the Medicine Record Book before any dose is given, etc.

5.10.2 When administering medication, staff must complete and sign a record of administration. An example of such a record book/form is available on Czone as Appendix 6.

5.10.3 The handling of sharps must be managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Further information is outlined in the Communicable Diseases Policy, available on Czone.

5.10.4 Any member of staff giving medication should check:

- Details on the medicine label
- Child/young person's name
- Written instructions provided by parents
- Prescribed dose
- Expiry date
- That all children/young people who are due to receive medication have received their medication.

5.10.5 Some children/young people require types of treatment which school/setting staff may feel reluctant for professional or other reasons to provide, for example, the administration of rectal diazepam.

5.10.6 These procedures must be carried out with the approval of the headteacher and in accordance with instructions issued by the relevant healthcare professional. Training in invasive procedures must be conducted. Training should be provided by healthcare professionals or appropriately accredited person. A consent form for the administration of rectal diazepam that must be completed by the child's Paediatrician is available on Czone as Appendix 9.

5.10.7 For the protection of both staff and children/young people a second willing member of staff must be present while the more intimate procedures, for example, the administration of rectal diazepam, are being followed. Appropriate personal protective clothing, e.g. gloves, must be worn during the administration of medicines/catheterisation procedure, etc.

5.10.8 It is essential that where children/young people have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the healthcare professionals.

5.10.9 All schools/settings should devise an emergency action plan for such situations after liaising with healthcare professionals, etc. This has implications for school/setting journeys, educational visits and other out of school/setting activities. Planning should take into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an Ambulance.

## 5.11 Self-Management

5.11.1 It is good practice to allow children/young people who can administer their own medication to do this. Staff will then only need to supervise. This decision should be made by the parents in conjunction with the child/young person's healthcare professional and the school/setting.

5.11.2 The school/setting policy should say whether children/young people can carry and administer (where appropriate), their own medication, bearing in mind the safety of other children/young people and medical advice from their healthcare professional. A school/setting may decide that no child/young person can carry their own medication. A parental consent slip must be completed and an example of this is available on Czone as Appendix 7.

5.11.3 Where a controlled drug has been prescribed, staff should be aware that these need to be kept in a secure container. However, a child/young person can access them for self-medication if it is agreed that it is appropriate.

## 5.12 Refusing Medication

5.12.1 If a child/young person refuses to take their medication, they should not be forced to do so and a note made in the record of administration. The parents/guardian should be informed of the refusal on the same day. If the refusal results in an emergency, the school/setting emergency procedures should be followed. These procedures should be set out in the policy and/or the health care plan for the individual child/young person.

## 5.13 Record Keeping

5.13.1 Parents/guardians are responsible for supplying information about the medication and informing schools/settings about changes to the prescription or the support needed. However, the school/setting should check that this is the same information as that provided by the healthcare professional or on the prescribed instructions.

5.13.2 Medicines should always be provided in the original container and should include the following written information:

- Name of child/young person
- Name of medication plus the form of the medication (e.g. tablets, liquid)
- Dose
- Method of administration
- Time and frequency of administration
- Any side effects (will be included in the Patient Information Leaflet)
- Expiry date (you may need to seek advice from the Pharmacist).

5.13.3 A parental consent form must be obtained before the administration of any medication and this form will record the above details. An example of this form is available on Czone as Appendix 4.

5.13.4 Schools/settings may wish to give parents a confirmation note to let them know that a member of staff will assist with medication. An example of this letter is available on Czone as Appendix 5.

5.13.5 Records must be kept of all medicines administered (see Appendix 6, available on Czone). Early years settings must also ensure that parents sign the record book to acknowledge the entry.

5.13.6 It is recommended that schools/settings use their discretion when determining the length of time that records are kept. For example, if an incident occurs or a parent indicates that they may take legal action, then it is recommended that the related paperwork is kept for 10 years.

## 5.14 Safety Management

5.14.1 Some medicines may be harmful to anyone for whom they are not prescribed. The headteacher/manager has a duty to ensure that the risks to the health of others are properly controlled and monitored.

5.14.2 The policy should clearly identify the member(s) of staff who should be handed medication and consent forms.

5.14.3 A system for ensuring that medication is given to children/young people should also be developed.

## 5.15 Storing Medication

5.15.1 Schools/settings should not store large amounts of medication. Staff should only store, supervise and administer medicine that has been prescribed for an individual child/young person. Medicines should always be provided in the original container and include the prescriber's instructions, including the name of the child/young person. If a child/young person requires two or more prescribed medicines, each should be in a separate container.

5.15.2 Children/young people should know who to contact if they need their medication. The headteacher/manager is responsible for ensuring that medicines are stored in accordance with the product instructions and safely away from children/young people.

5.15.3 All emergency medicines, e.g. asthma inhalers, adrenaline pens, should be stored safely but be readily available and not locked away.

5.15.4 All non-emergency medicines must be kept in a locked cabinet used only for that purpose. Controlled drugs must be kept in a locked non portable container and only named staff should have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. In cases of emergency the key must be readily available to all members of staff to ensure access.

5.15.5 Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and are clearly labelled. There should be restricted access to a refrigerator holding medicines.

5.15.6 Healthcare professionals or the District Pharmacist can advise on the design and positioning of safe storage for medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the life span of certain medication.

## 5.16 Disposal of Medicines

5.16.1 School/setting staff should not dispose of medicines. Parents should collect medicines held at school/setting at the end of each term. Parents are responsible for disposal of date expired medicines. The healthcare professional may be able to safely dispose of any medicines that are not collected. Contact the local pharmacy for advice. A model in/out log form is available on Czone as Appendix 10.

5.16.2 Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the relevant healthcare professional. Collection and disposal should be arranged with the registered special waste contractor.

## 5.17 Hygiene/Infection Control

5.17.1 All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the Policy on First Aid and the Guidance for Schools on First Aid.

## 5.18 Emergency Procedures

5.18.1 All schools/settings must have in place, arrangements for dealing with emergency situations. This should be included in the school/setting health and safety policy. Children/young people within the school/setting should know what to do in an emergency e.g. telling a member of staff, and all staff should know who is responsible (including a deputy) for carrying out emergency procedures.

5.18.2 A member of staff should always accompany a child/young person to hospital by ambulance and should stay until the parent arrives. Healthcare professionals are responsible for any decision on medical treatment when parents are not available.

5.18.3 Staff should not take children/young people to hospital in their own car; it is recommended that an ambulance is called.

5.18.4 The individual health care plan should include instructions as to how to manage the child/young person in an emergency, and identify who has the responsibility in an emergency, for example, the role of the Lunchtime Supervisor following an incident in the playground.

## **6. Developing an individual health care plan**

6.1 The aim of a health care plan is to identify the support that a child/young person with medical needs requires. Not all children/young people with medical needs will require an individual plan. An agreement with parents may be all that is necessary and an example of this form is available on Czone as Appendix 4.

6.2 Early years settings should not accept a copy of the Early Support Family Pack instead of developing an individual health care plan and input from a health professional.

6.3 The health care plan clarifies for staff, parents and the child/young person, the help that can be provided. It is important for the school/setting to be guided by the child/young person's healthcare professional. An agreement between the school/setting and parents will be necessary on the review procedures for the plan and it is recommended that this takes place no less than once per year.

6.4 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/young person. In addition to the school/setting health service, the child/young person's healthcare professional, those who may need to contribute to a health care plan are:

- Headteacher
- Parent/guardian
- Child/young person (if appropriate)
- Class teacher (primary schools/settings)/tutor/head of year (secondary schools/settings)
- Teaching assistant or support staff (if applicable)
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures.

6.5 Co-ordinating and sharing information on an individual child/young person with medical needs, particularly in a secondary school, can be difficult. The headteacher should nominate a responsible person who has specific responsibility for this role. This person would be the first point of contact for parents, staff and external agencies and it is recommended that training in managing medicines is attended.

6.6 The health care plan may identify the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies. Medicines may not be administered unless staff have received appropriate and up to date training. The timescales between training should be advised by healthcare professionals and recorded on the form that is available on Czone as Appendix 8.

## **7. Off-site Activities and Educational Visits**

7.1 It is good practice for schools/settings to encourage children/young people with medical needs to participate in safely managed visits. When planning activities away from the school site involving children/young people with medical needs it is important for the group leader, in liaison with the headteacher/manager to consider the following:

- The reasonable adjustments to be made to enable children/young people with medical needs to participate fully and safely on the activity

- Any additional control measures necessary e.g. additional adult to accompany an individual child/young person
- Consultation with the parents and applicable medical practitioners for information relating to a child's/young person's medical needs
- Updating the individual health care plan with any specific information required for the visit/activity and ensuring a copy is taken on the trip
- Consultation with the activity/venue provider (where relevant) regarding any specific requirements for a child's/young person's medical needs
- Staff with the role of administering medicines must have relevant and current training to do so – Note: first aid qualifications do not cover the skills and knowledge required for the administration of medicines
- All staff supervising off-site activities or educational visits should be aware of any medical needs and the relevant emergency procedures
- How medication will be collected, returned and stored throughout the visit
- Where a child/young person administers their own medication it is recommended that a risk assessment is carried out to assess if this will be appropriate whilst off-site and where agreed, parental consent provided
- Ensuring that the relevant paperwork is taken to record any medication administered.

7.2 If staff are concerned about whether they can provide for a child/young person's safety or the safety of other children/young people, they should consult with the parents, relevant healthcare professionals and the Schools Resilience Support Officer.

## **8. Off-site Education or Work Experience**

8.1 Schools have a primary duty of care for children/young people and have a responsibility to ensure that work experience placements are suitable for children/young people with medical needs. The school are also responsible for children/young people with medical needs who are educated off-site through another provider e.g. further education college.

8.2 The school must assess the suitability of all off-site provision including college or work placements. This will include the 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. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when children/young people below the minimum school/setting leaving age are on site.

8.3 The school should undertake a risk assessment of the whole activity that takes into account the site specific risk assessment carried out by Connexions 360 on behalf of the employer during their visit to the workplace. Responsibility for risk assessments remain with the employer or college. The school will need to ensure that these risk assessments take into account the medical needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers or colleges.

## **9. Sporting Activities**

9.1 Most children/young people with medical conditions can participate in sport or extra curricular activities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child/young person's ability to participate in PE should be included in their individual health care plan and clearance may be obtained from the child/young person's healthcare professional.

Some children/young people need to take precautionary measures before or during exercise or may need to have immediate access to their medication. If a child/young person suffers a severe adverse medical reaction clearance should be obtained from their healthcare professional before resuming the activity.

## **10. Home to school/setting Transport**

10.1 Most children/young people with medical needs do not require supervision on school/setting transport but escorts will be provided where necessary.

10.2 Where home to school/setting transport is being provided, the County Council must take reasonable care to ensure that children/young people are safe during the journey. Where children/young people have specific medical needs, the driver and/or escort should know what to do in a medical emergency but should not, generally administer medication.

10.3 Where children/young people have life threatening conditions or a medical need that requires an emergency response, specific health care plans should be carried on vehicles detailing the symptoms that may be displayed and the action to be taken by the driver and/or escort. Before sharing any information, parental consent must be obtained. All drivers and escorts will receive basic first aid training as well as an awareness session on complex medical needs and the procedures to be followed in an emergency.

10.4 Some children/young people are at risk of severe allergic reactions. This risk can be minimised by not allowing anyone to eat on vehicles. It is recommended that all escorts are trained in the use of an adrenaline pen for emergencies, where appropriate.

## **11. Supplying asthma inhalers to schools for emergency use**

11.1 The “Human Medicines (Amendment No. 2) Regulations 2014” come into force on 1 October 2014, amending the Human Medicines Regulations 2012, to allow schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency.

11.2 From 1 October 2014 onwards, schools can buy inhalers and spacers (the plastic funnels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit.

11.3 A supplier will need a request signed by the headteacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required
- the purpose for which that product is required
- the total quantity required.

11.4 The Department of Health has published draft non-statutory guidance to support schools in their management of inhalers and this is available on the [Gov.uk website](http://gov.uk).



## **12. Confidentiality**

12.1 All medical information should be treated as confidential by the headteacher and school/setting staff. The headteacher/manager should agree with the parent and the child/young person who else should have access to records, etc. about a child/young person. 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.

## **13. Indemnity**

13.1 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy and guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

## **14. Employees**

14.1 A member of staff may suffer one of the medical conditions outlined in Appendix 1, available on Czone. Once this condition has been identified and the school/setting has been informed, steps will need to be taken by the school/setting to reach an agreement with the member of staff on the action to be taken in an emergency. The guidance in Appendix 1 is based on children but can be adapted/followed for staff.

## **15. Appendices**

15.1 There are a variety of forms that have been referred to during the content of this document and they are all available on Czone as appendices (1-10) of this policy. All of these forms should be reproduced on school/setting or early years setting headed paper.