

Schools



Managing Medicines and Providing Medical Support in Schools and Early Years Settings

UNISON branch advice

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Background

There are many reasons why the administration of medicines and provision of medical support in schools has increased and as demand has grown, so has the pressure on support staff. There is a wide range of medicine in school, administered in different ways, as well as help required, for example, with peg-feeding, breathing, restricted mobility and continence.

Support staff may be providing medical care, without a suitable policy in place or adequate training. UNISON does not underestimate the challenge for authorities and schools in supporting children and young people with increasingly complex medical needs. But there should be nationally prescribed safeguards, standards and a recognised clear line between needs that can be met by school staff in carefully controlled circumstances and those that require the intervention of health personnel.

In 2006 UNISON issued negotiating advice on managing medicines in schools and early years' settings. It drew on 2005 government advice which emphasised that medical support to pupils should be provided under the terms of a policy, on a voluntary basis and with training and risk assessment.

This updated advice reflects growing evidence that the voluntary and unregulated basis for medical support to pupils in educational settings has not proved sufficient to avoid risk for them or staff.

A summary of UNISON policy

UNISON supports a whole community approach to the provision of medical care in educational settings, with a lead from health professionals. Public authorities should develop policies and procedures which, drawing on a national framework, dictate who should deliver what type of medical support and with what training and qualifications. This section summarises our advice and more detailed information is contained in the individual sections.

General policy

UNISON

- Supports inclusive education policies and the principle that all children and young people should have access to equal educational opportunities and experience.
- Believes that the resource and staffing implications of growing medical need in schools are not being dealt with effectively.
- Considers that much current policy and practice, where it relies on voluntary support, is putting staff and pupils at risk.
- Calls on government to introduce rigorous national standards for the delivery of medical support to children and young people in educational settings.

Advice for members

Teacher representatives frequently say that administering medical procedures is not part of a teacher's contract. The same is true for the vast majority of support staff in schools. Your employer cannot unilaterally impose amendments to your contract to include medical procedures. UNISON's advice to its members is to carry out medical procedures only if:

- It is clearly defined in your contract – generic references to “medical support” or “as required” are not acceptable and could put pupils and staff at risk.
- You have been trained, receive regular updated and specific training as required and are clear about the limits of your responsibilities.
- There is a policy, system of support and transparent chain of responsibility in the school
- Your pay and grading take full account of medical support responsibilities and duties.

What schools should do

UNISON is calling on schools to ensure that:

- There is a clear school policy regarding medical procedures and medicines and a chain of responsibility.
- There is ongoing up to date information on the range and levels of medical support required by pupils and individual care plans as required.
- They assess and match their staffing requirements to deal adequately with the medical support required ie they employ and deploy the right numbers of staff with appropriate training and their pay and grading reflects these responsibilities.
- They have clear policies and protocols on where and when medical staff are required and when clinical guidelines are necessary.

Medical support policies and procedures

Authorities, employers and schools should have policies and procedures that set clear standards of medical care and are reviewed, updated and publicised regularly. Children and young people with complex medical needs should have an individual care plan and these must be regularly reviewed and updated.

Employers' policies should interact with pupils' individual care plans, rely on a multidisciplinary approach and a healthcare lead. Statutory requirements must be met, local needs taken into account and good practice reflected. Policies and procedures should enable authorities, employers, parents, staff and children to understand what is expected of them.

Policies should reflect an awareness of the point at which educational settings have exhausted their competence and require enhanced support from wider children's services. At school level the policy should be in line with the authority policy and should contain:

- a statement on roles and responsibilities, including those of parents
- procedures for managing the administration of prescribed medicines in school, out of core time or outside of the classroom
- the circumstances when non-prescription medicine can be administered
- safe storage and disposal of medicines
- record keeping procedures
- parental agreement guidelines
- a pupil self-management protocol
- awareness of cultural or religious requirements
- instructions on how to respond to emergencies; access to emergency medication and the emergency services
- the approach to be taken with long-term or complex health needs
- a robust staff deployment and training policy
- reference to health and safety issues, including the commitment to carry out risk assessment
- action to be taken if a child refuses medication or other medical support.

Roles and responsibilities

Public authorities

There should be clear government policy on national standards, including deployment of staff and required training, for meeting the health needs of children and young people in educational settings. This should direct the approach of local children's services, drawing on health service expertise and developing medical support training.

Schools and authorities

The Education and Inspection Act 2006 places a duty on schools to promote the well-being of pupils, which encompasses health needs. Every school governing body and headteacher are responsible for developing and reviewing their local medicine and medical support policy and ensuring its implementation. The school staffing structure should include health care personnel or draw on health professionals in the community. The school must ensure that all staff are aware of medical issues, policy, procedures and how to respond in an emergency and that training is provided.

School inclusion policies come at a price, for example, the employment of school nurses and the recruitment of specialist staff with a health care role. Schools and authorities should be monitoring the number of pupils in need of medical support, planning the resources required and building their medical support capacity. This is not an easy issue as needs vary with pupil intake. But relying on

volunteers or pressurising reluctant staff to take on medical duties, is not a sustainable strategy.

Some authorities and schools are writing medical support into staff job and role descriptions as a generalised duty. If jobs with a health care role are identified this should be reflected in the person specification and the particular duties to be performed should be described clearly. The right level of training, qualifications and pay should be applied. Employers have tried to amend existing support staff contracts to include the provision of medical support. The employer cannot impose contractual changes. Any proposed amendment to contract must be negotiated with staff and their trade unions and the posts re-evaluated.

Ofsted and other UK inspectorates

Ofsted and other UK inspectorates have a duty to monitor the delivery of the Disability Discrimination Act provisions and should consider the content and implementation of medicine and medical support policies in that context. They also provide guidance on related issues, for example, steps that should be taken to ensure that early years' settings are hygienic.

Parents

Parents or carers have prime responsibility for ensuring that their children are receiving medicines and medical support correctly. They should disclose full information about their child's health and medical needs, including any care plan, to inform arrangements that should be in place, prior to the pupil's attendance at school. The medical policy should state that parents or carers are responsible for ensuring that prescription medication does not run out and is within date of expiry. Parents must be able to rely on professional and trained staff to meet their child's needs.

Staff

Staff should not be volunteers in the provision of essential medical care. Where support staff are employed to provide elements of medical support, they should be familiar with individual health plans and included in discussions about them. All staff should be made aware of the school's medical support policies and procedures. There is a universal duty of care for all staff to respond effectively to a medical emergency. Staff training should describe the right response to crises in particular conditions, such as adverse reaction to drugs. Risk assessment is generally the responsibility of managers and teachers, with support staff and trade union input. Staff should follow safety procedures and protect their own health.

School policy should be clear on the role of particular groups of staff. It should consider the role of lunchtime supervisors in the event of a playground emergency or drivers and escorts during transport. All staff should be aware of a pupil's right to dignity and privacy and the school's confidentiality rules. Children and young people that need medical support may be vulnerable to bullying. Staff should be watchful and report any signs of abuse in accordance with the local bullying policy. There is an individual responsibility to raise any matters of concern with line management, the headteacher or the child protection liaison officer. If there is an unsatisfactory response at school level, staff should be made aware of the appropriate channels to raise concerns. If this becomes necessary, members should contact their branch for advice and support.

Health and safety and other representatives

Trade union representatives should be consulted on policy and procedure development, risk assessment, staff deployment and training. Staff issues arising from the administration of medicines and medical support and the implementation of policy in schools should be under discussion in local schools forums and joint consultative machinery. There is an important role for health and safety representatives who should ensure that the medical care policy includes:

- a training schedule
- reference to the provision of protective clothing or equipment where necessary
- manual handling considerations

- safe disposal of waste
- details of liability and insurance cover for staff in the event of an accident.

There will be an overlap with their duty to support the school's health and safety policy, which will cover, for example, hygiene and infection control. Department of Health guidance, which covers spills of body fluids, personal protection, disinfecting contaminated areas and disposal of waste, should be followed.

The Health and Safety Executive has produced guidance to help the employer balance their responsibility towards employees under the Health and Safety Act and their duties to pupils under the Disability Discrimination Act and other legal requirements.

The safety rep should be consulted about any risk assessment, ensuring that equipment is used safely, staff are not at risk, the policy is fit for purpose and that the training provided is relevant. This should include assessment of risk outside of the classroom and school. Reps should consult their members on how policies are working, are entitled to copies of the policy and training content and should raise concerns with management and the branch health and safety officer as necessary.

Liability and insurance

School staff have a common law duty of care and are expected to be “reasonably” careful and competent. Compensation claims are seldom brought against individuals but more often against employers who have a liability for the actions and omissions of their staff. Employers' insurance arrangements should include cover for claims of negligence and third party liability for those supervising pupils, for example, on school trips. School medical policies should confirm insurance arrangements and the full cover provided for staff in the course of their employment. It is the employer's responsibility to ensure that there is a policy and procedures in place and that staff are aware of them and fully trained.

Staff could be accused of negligence for failing to follow the school policy or carry out procedures correctly. They could also be accused of breaching confidentiality. These accusations could result in disciplinary action being taken by the employer. Keeping records is important not just for the pupil but also for the member of staff who is administering the medicine or providing medical support.

Specific aspects of medical support

The administration of medicines

Staff should not administer medicines when:

- unfamiliar with the child's individual care plan
- a child's condition is unstable and unpredictable
- timing of medication or support must be exact
- information or training is inadequate
- there is parental concern
- the school policy is inaccessible, vague or just not followed.

Administration of non-prescription drugs

The employer's and school policies should cover the administration of drugs that have not been medically prescribed. They should state that:

- non-prescribed drugs should generally not be given to children under eight
- drugs containing aspirin should only be given to children under 16 with doctor's advice
- prior parental permission in writing is required
- parents must declare that their child has had no previous adverse effects to a particular drug

- the instructions on the package must be read and followed
- any previous dose should be noted, administration of the drug recorded and parents informed
- if the symptoms requiring medication persist, parents should be advised to consult a doctor
- food supplements and alternative medicine must be prescribed or supported in writing by a medical practitioner.

Self-administration of medicine

Schools should support and encourage children and young people who are able and old enough to manage their own medicine and condition. A child who has been prescribed a controlled drug may legally have it in their possession. They cannot pass it to other pupils and there should be a misuse of drugs policy and procedure. Authority and school policies should clearly describe the process for deciding that self-administration is acceptable and suitable for the individual care plan. There will still need to be staff supervision, record-keeping and training.

Wider medical support

UNISON's managing medicines survey results indicate a growing concern about the range and complexity of medical support that is now required. Children may have restricted mobility, requiring the use of wheelchairs, standing frames or hoists. They may have breathing difficulties and need airway suctioning. Tube feeding may be necessary, as may catheterisation and bladder emptying. UNISON believes these medical requirements should be dealt with by clinical or trained, specialist staff who must have focused condition-specific training and the right level of qualifications and pay.

Care plans should set out how support will be tailored for particular conditions. There should be guidelines in schools for specific conditions including clinical guidance which should specify what can be done (as well as what can't) and by whom.

Continence and toileting issues

Staff in schools and early years' settings are accustomed to dealing with small children who have wet or soiled themselves. The issue becomes more complex when staff are required to support incontinent pupils, especially young people. It is unacceptable for staff to be forced into toileting or nappy changing pupils. A reference to "toileting" in a contract is inadequate and any contractual requirement for staff to deal with incontinence should spell out what is expected by way of nappy changing and the age of pupils. It is also unacceptable to impose an amendment to a contract to include dealing with incontinence. There are training and health and safety issues and resource implications. Schools should monitor the extent of toileting required and take measures to meet it without pressurising reluctant staff, which must lead to the discomfort of the pupil.

Intimate care policy

The school needs to have a clear intimate care policy that should refer to medical support, involving contact with or exposure of a pupil's body. The individual care plan should include specific reference to these needs and how they should be met. The protocol for dealing with intimate care should enable an alternative member of staff to support the pupil in a consistent way. Staff should be sensitive to the reactions of pupils receiving intimate care and they should feel confident about expressing them.

Training

Training to ensure that children and young people get the best medical support possible in education settings should not be left to chance, expediency or be squeezed by resource issues. A first aid certificate does not qualify staff to administer medicines or provide medical support which is sometimes of a complex nature.

There should be national regulation with a medical support training framework that sets out the level of skill, knowledge or qualifications necessary for particular intervention. It should also identify appropriate training providers. This should be developed by government departments, taking advice from professional bodies and the Training and Development Agency for schools.

Individual care plans and overall policies should clarify the level of information and expertise required by staff from basic information to more complex knowledge and skills when personally involved in individual medical care. Employers should assess that staff are competent to administer medicine or provide medical support. Staff should feel able to discuss their training needs in an open way and refuse to carry out procedures without confidence.

What training should cover

Training should cover:

Staff awareness – All staff should be made aware of common conditions and how to respond in an emergency. They should be familiar with symptoms in young children especially, as they may be incapable of verbalising a worsening of their condition.

Administering medicines – Those administering medicines should be fully trained on:

- the authority policy, school policy and how they relate to individual care plans
- the detailed procedures within the policy
- other related policies: health and safety, infectious diseases, admittance of recovering children
- various administration methods.

Wider medical support – Staff providing wider medical support need to have training on policy and procedures and training focused on particular conditions. National medical support standards should indicate the level of competency necessary for particular procedures and skill and knowledge when providing support to pupils with particular medical conditions. Training should identify procedures that staff should not carry out.

A medical support policy should prescribe the level of training for particular procedures, for example, that staff should not administer medicines without a level 3 qualification.

Training providers

Training can be provided by the school nurse, medical staff in the community, companies or voluntary organisations. There may be need of input from physiotherapists, occupational therapists and specialist nurses. Some schools may have staff who specialise in medical support and train colleagues as part of their job. These should have training to train others and be given the necessary resources. A team approach can be highly productive, sharing out risk assessment demands and co-ordinating support. Staff from special schools can be seconded to share their expertise with colleagues in mainstream schools. Resources should be made available to backfill posts, which should not be lower than a higher level teaching assistant or equivalent. This is because job profiles at a lower level are unlikely to include the ability to train others. There may be a need to develop new courses where gaps are evident. Authorities should ensure sufficient training provider capacity and be responsive to newly identified demand.

Your questions answered

Can I refuse an instruction to give medical support?

Yes, you can if it is not within the scope of your job. Even if it is, you should refuse if you feel insufficiently competent or believe the support should be provided by a health professional.

What if I am bullied into it?

If a teacher or manager is insistent, you should refer to the school policy which should state that staff cannot be coerced into providing medical support. If pressure continues, seek advice from your UNISON rep or branch.

My refusal to help may result in a child or young person missing out on a school activity. How should I respond?

You should not be blackmailed into providing medical support to pupils. It is not in their interests or yours. It is the school management's responsibility to have a planned approach to providing the resources necessary to ensure that children with medical needs are not excluded from any activities.

Am I protected if something goes wrong?

The employer is generally considered to be liable in the event of a preventable accident at school. There should be an insurance policy in place which protects them against legal claims. This should be referred to in the school's medical policy. Staff might be accused of failing to abide by a clear, publicised medical policy and threatened with disciplinary action. This would be no different to any other accusation of negligence and your UNISON rep or branch should be contacted in this event.

What if I am refused the right kind of training or retraining?

If a member of staff requests training or retraining, it usually means that they doubt their competence to carry out particular medical support tasks. In accord with your duty of care towards pupils, you should refuse to carry out any medical intervention that you feel unsure of, stating that reason.

What if I am concerned that the child or young person is not getting adequate medical support?

All staff have a responsibility to report concerns about the care of a child or young person. There should be a procedure within the school policy to do so. If there is a failure to respond at local level, the authority policy should provide an avenue to raise issues about the care of individual pupils. You should seek UNISON advice before taking this route.

My contract says that I may be asked to help with toileting or give some health support. I did not realise that this meant nappy changing older children or carrying out medical procedures. Can I refuse?

If the job specification, profile or description makes it clear that toileting or other support is part of that particular role, it is a contractual duty. But the tasks involved must be explicit and the requirements transparent. A line in a contract that says toileting or other medical support might be required is inadequate. It cannot be in the interest of the child or young person to be assisted in personal care, which may be intimate, by a member of staff who is reluctant or not comfortable with the procedure.

My headteacher wants to amend my contract to include medical support. Is that acceptable?

Your contract cannot be amended without your agreement. If you do not wish to provide medical support to pupils, you should not.

The amount of time that I now spend supporting medical needs is detracting from my core function and there is no extra help. Can I challenge this?

If you are struggling to perform your contractual duties because of other activity, the issues must be addressed by your employer. If you are dealing with an unreasonable workload, you and pupils are at risk. Your employer must ensure that adequate resources, including staffing levels, are in place.

Although I am responsible for the medical support of a particular child, I am excluded from discussions about their care plan. Is that right?

If you have an impact on the quality of care of an individual child, it would be detrimental to them if you were excluded from discussion about it. The school medical policy should be explicit about the need to include the relevant staff in discussions about the administration of medicines or medical support.

I am on a low pay grade employed to carry out simple, routine tasks that are now complicated by a regular requirement to administer medicines and give other medical support. Can I ask for a pay review?

The school's medical policy should be quite clear about the level of skills, knowledge and qualifications necessary to administer medicines or provide medical support. If you have received the necessary training and are working to that level, your job profile and pay should be reviewed.

There are many reasons why the administration of medicines and provision of medical support in schools has increased and as demand has grown – and so has the pressure on support staff.

This updated advice reflects growing evidence that the voluntary and unregulated basis for medical support to pupils in educational settings has not proved sufficient to avoid risk for them or staff.

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