Supporting Children: Supporting Effective Learning

SECTION J – PARTNERS IN SUPPORT

PAPER 6: ADMINISTRATION OF MEDICINES

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Section 1 Policy Statement

Close cooperation among education schools, pre-school providers, hostels, residential children's homes (please note: policy in respect of the Administration of Medicine in residential children's homes in Argyll and Bute is the responsibility of social work services), parents, health professionals and other agencies is crucial in order to provide a suitably supportive environment for pupils with health care needs to enable them to participate fully in school activities.

NHS Highland (NHSH) will fulfil its statutory responsibility for securing the medical inspection, medical supervision and treatment of pupils in schools and enter into joint arrangements with the education authorities of The Highland Council and Argyll and Bute Council, to develop jointly agreed guidance on the administration of medicines taking account of each education authority's policies. Argyll and Bute Council's Education Authority, with the cooperation of head teachers, will assist NHS Highland to discharge this responsibility.

All stakeholders e.g. the Education Authority, schools, NHSH, parents, pupils, social work services etc., will work in cooperation to determine the need, plan and coordinate effective local provision within the resources available. NHSH, The Highland Council and Argyll and Bute Council have adopted the Scottish Executive Document, The Administrative of Medicines in Schools 2001 as overarching guidance (http://www.scotland.gov.uk/Publications/2001/09/10006/File-1).

Each educational establishment and school hostel must have a health and safety policy which includes procedures for supporting pupils with health care needs, including managing medication. The policy will be backed up by formal systems and procedures, drawn up in partnership with the head teacher, health professionals, staff including hostel staff and parents.

NHSH staff and contractor professions e.g. school nurses, GPs, community paediatricians, paediatric nurse specialists, consultant paediatricians will also help schools and parent(s) to draw up individual health care plans for children and young people with significant health care needs, and will provide training to support the implementation of individual health care plans. The most appropriate health professional, i.e. the person coordinating the child's healthcare needs and prescribing medication for the child or young person, will provide the health input.

Section 2 Key Principles

1. The guiding principle adopted by prescribers will be that medicines should be taken outwith school hours. The administration of prescribed medicines within an educational establishment is a matter within the discretion of the head teacher. There is no legal duty that requires staff to administer medication; this is a voluntary role. In particular instances additional support needs assistants, funded by NHSH and trained by NHSH staff, will be contracted to administer medication to named children and young people.

2. The term "medication" applies to medicines prescribed by a registered healthcare professional, usually employed or contracted by NHS Highland, and who is a recognised independent or supplementary prescriber. This may include doctors, dentists, nurses, pharmacists and allied healthcare professionals (e.g. physiotherapist, podiatrist, optometrist), and dispensed against a prescription to be taken orally, rectally, topical (applied externally), auto-injector e.g. PEG feed or Epipen.

3 **Non-prescribed medicines will not be administered in schools.**

Exemptions:

(a) Staff in residential hostels may administer non- prescribed medicines with prior parental consent (see list of discretionary medicines detailed on Form HDM, page 46 of this document)

(b) School teachers may administer non-prescribed medicines (see Form HDM1, page 46 of this document) during school trips and only with prior parental consent

4. Medicines will only be administered on the basis of an individual health care plan or on the basis of written instructions provided by the medical practitioner, pharmacist or optometrist or other prescriber. Verbal instructions will not be accepted.

Changes to administration arrangements should be effected through the provision of a new prescription, new labelling by the pharmacist or new written instructions by the medical practitioner, pharmacist or optometrist.

5. School staff who **volunteer** to administer medication are legally required to exercise reasonable care to avoid injury and to participate in accordance with the procedures detailed in these guidelines acting on behalf of, and within the course of their employment with, the authority which is vicariously responsible for their actions.

   Trained and approved staff will be indemnified by the Authority in respect of any claims made against them arising out of the implementation of those agreed procedures in the course of their employment. The education authority will indemnify any member of staff, acting in good faith, for the benefit of the child or young person in an emergency situation.

6. The Education Authority will not agree to school staff volunteering to administer medicine through a standard syringe and needle.

7. Employers of health service staff acknowledge, support and indemnify the those staff in providing appropriate training for school staff volunteers in undertaking the administration of medicines agreed for specific pupils. Health staff will evaluate the effectiveness of training and, where confident that the volunteer can carry out the administration procedures capably, will certify this in writing. A programme of refresher training will be agreed and implemented for both healthcare staff and council staff. Each organisation is responsible for ensuring that their staff access appropriate training to support children and young people with medical needs.

8. Where school staff feel unable to volunteer to administer medication invasively, support solutions will be locally devised between health and

education staff and including parents and pupils where appropriate and, in Argyll and Bute, led by child health services. Within these and other medication arrangements, clear procedures for calling the emergency services will be outlined.

9. When medication is administered in an urgent or emergency situation, parents will be notified by school staff.

10. Parents/guardians who have legal responsibility for the care of a child or young person should keep the child or young person at home when they are acutely unwell. Parents/guardians should request that medicines prescribed for their child should be administered, wherever possible, outwith school hours.

Section 3 The Groups of Pupils Involved

Occasional or Intermittent Needs

Some children and young people may need to take medication, or be given it, at school or whilst undertaking an education supervised activity on an occasional or intermittent basis at some time in their school life. This would apply to children and young people with well controlled chronic conditions on regular medication generally taken at home but where occasional treatment may be needed in certain circumstances (e.g. asthma inhaler prior to exercise) or children and young people who may be on medication for a short period only e.g. to finish a course of antibiotics. To allow pupils to do this will minimise the time they need to take off school. In line with general principle 1, medication should only be taken at school where there is no alternative and this will require the agreement of the head teacher.

Significant and Regular Medical Needs

Some pupils have significant health care needs and they fall into two distinct groups:

1. Pupils who suffer from particular chronic conditions but can continue to attend school if they receive regular medication.
2. Pupils who may suffer from intermittent attacks which place them at greater risk than other pupils and who require the urgent or immediate administration of a specified prescribed medicine e.g. severe allergy, epilepsy.

For these groups of pupils, the school will draw up Individual Health Care Plans in collaboration with relevant healthcare professionals and parents. The school nurse may be the first point of contact and will signpost to the relevant healthcare professionals. The most common medical conditions in school age children which require such support are attention deficit hyperactivity disorder (ADHD), allergic

reactions, severe asthma, cystic fibrosis, diabetes and epilepsy. The Health Care Plan (see Section 10 of this document) should be tailored to the individual needs of the child or young person and should include:

- details of the child or young person's condition
- special requirements e.g. dietary needs, pre-activity precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- where medication is stored
- the roles which the school, parent, health professionals and other stakeholders agree to undertake.

It is emphasised that agreements over actions to be taken, or procedures to be followed, apply only to the individual pupil named in the health care plan. Staff should not assume that the specific arrangements agreed for one pupil might be applied to any other.

Pupils resident in school hostels have additional needs.

This policy and practice guidance will be implemented by school hostel care staff who also require to be familiar with the health care needs of resident pupils, including the formulation of any individual health care plans and the administration of any prescribed medication issued to pupils. In general pupils resident within school hostels are of secondary age.

As school hostels primarily serve remote communities, many parents are either unable, or are severely restricted in their ability, to visit. Accordingly, parents of hostel pupils must ensure that any necessary prescribed medicines are safely delivered to the hostel. School hostel staff will then take the place of parents when delivering essential medication to the school and authorising its use as prescribed.

School hostels are regulated by The care Commission for Scotland and require to meet the relevant standards for the administration of medicines.

Hostel care staff however may be required to treat pupils for minor ailments or refer pupils to a local doctor or dentist where it is considered that the pupil may require direct medical attention.

In the case of pupil hostel residents, non-prescribed medicines may be administered. Non-prescribed medicines will however only be administered as discretionary medicines according to the local agreed policy framework which specifies the limited range of medicines available (see Form HDM1, page 46 of this document), indications and contra-indications, the range and frequency of doses. This local policy framework will be reviewed and agreed biennially by the education authority, Officer in Charge of the hostel, and NHSH.

On enrolment of the pupil resident and prior to admission to the hostel, the pupil's parents must submit a completed Administration of Medicines – Parental Consent Form (see Form HDM3) which provides the following information:

- details of any medical condition the pupil may have
- agreement to notify hostel staff in writing of any medication required by the pupil
- agreement to hostel staff administering any necessary medication to the pupil
- acknowledgement that the discretionary medicines listed in Section 3 of this document will be the only non-prescribed medicines that may be given by school hostel staff to the pupil (see HDM1. Page 46 of this document).

Receipt of medicines from parents will be acknowledged and details will be recorded on the individual pupil's Medical Record Sheet. Any medicines issued to a pupil, or to the secondary school on their behalf, will be recorded on this Record Sheet.

In line with this policy and practice guidance, prescribed medicines will only be administered in strict accordance with the written instructions provided by the prescriber. Non-prescribed medicines from the agreed list will be administered at the discretion of the hostel care staff in accordance with the manufacturer's instructions. In the case of both prescribed and non-prescribed medicines, no medicines will be administered without prior reference to the pupil's Medical Record Sheet.

Prescribed and non-prescribed medicines will be stored in a designed, lockfast cabinet. In the unlikely event of a medicine being required to be kept refrigerated, this should be stored in a designated refrigerator located in a locked room (Section 8 of this document provides further information on the storage of medicines). Hostel staff should record on Form HDM2 (see section 10 of this document) detail of any medication administered to an individual pupil residing in the hostel.

Residential School Excursions

Staff accompanying pupils on a residential school excursion should, as part of the risk assessment undertaken prior to any excursion, be aware of any medical needs of pupils participating in the excursion. If the child or young person requires any prescription medication this must be supplied by parents as described in the following section. Receipt of medicines from parents will be acknowledged and details will be recorded on the individual child or young person's medical record sheet. A copy of this record sheet must be taken on the excursion and any medicines administered to a child or young person must be recorded on their record sheet.

When pupils are being registered for a residential school trip parents must submit a completed Administration of Medicines –Parental Consent Form (see Form RSE 2 in Section 10 of this document). may be required to treat pupils for minor ailments or refer pupils to a local doctor or dentist where it is considered that the pupil may require direct medical attention.

Non-prescribed medicines may be administered to pupils on residential school excursions. Non-prescribed medicines will however only be administered as discretionary medicines according to the local agreed policy framework which specifies the limited range of medicines available (see Form HDM1), indications and contra-indications, the range and frequency of doses. Staff accompanying pupils on residential school excursions should follow the advice and guidance detailed above for staff in residential hostels. Non-prescribed medicines from the agreed list (see Form HDM1) will be administered at the discretion of school staff accompanying pupils on the excursion in accordance with the manufacturer's instructions. Any medicines issued to a pupil will be recorded on Form RSE1 (see Section 10 of this document). School staff should, as part of the risk assessment undertaken prior to any excursion, be aware of any medical needs of pupils participating in the excursion. . During the excursion non-prescribed should be kept safe by a designated member of staff.

Section 4 The Role of Parents, Pupils and Staff

Parents and Guardians

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Throughout this document the term parents refers also to guardians. Parents must complete, sign and date a consent form (see FORM Admin 1a in Section 10 of this document) prior to any medication being administered by staff.

Once the parental consent form has been completed and the head teacher has agreed to the administration of medicine, the parent or guardian must deliver the medication to school. Under no circumstances will an oral instruction be accepted from a parent or guardian. All medication must be delivered complete with the original pharmacy or dispensed label identifying:

- pupil's name
- date of dispensing
- name of the medication and strength
- dosage and the frequency
- expiry date
- quantity
- method of administration
- additional instructions

It will be the parents' responsibility to replace time expired medication timeously and dispose of outdated stock safely.

Where a pupil's needs have been assessed as significant, parents should, in collaboration with health professionals and the head teacher, reach an understanding on the school's role in helping with the child's health care needs and

in drawing up an individual Health Care Plan. Parents' cultural and religious views will be respected. The head teacher should seek parents' agreement before passing on information about their child's health to other school staff. Parents should appreciate that sharing of information is important if staff and parents are to secure the most informed care for a pupil.

Pupils

It is good practice to allow pupils with identified conditions to manage their own medication from a relatively early age and schools should encourage this. An example would be inhalers for pupils with asthma. Some children with diabetes may require to monitor their blood sugar or to inject insulin during the school day. Appropriate facilities should be provided to allow the pupil to do this in private. Pupils will be expected to comply with the arrangements agreed with the school for taking their medication. The school health and safety policy should explicitly state the rules regarding pupils carrying and administering their own medication, bearing in mind the safety of other pupils. If a parent wishes his or her child to carry and administer his/her own prescribed medication the parent will require to complete Form 1b (see Section 10 of this document).

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency especially if the pupil is below the age of legal capacity, generally agreed as under 12 years. If circumstances require it, the school should call the emergency services for an ambulance.

Staff

All school staff may have day to day contact with children exhibiting the most common medical conditions which require support, and a basic understanding of these common conditions will help staff recognise symptoms and seek appropriate

support. Procedures for dealing with medical emergencies should be outlined for all staff in the school health and safety policy.

NHS Highland has the responsibility to provide basic awareness training for education staff and specific training for those volunteering to administer regular or emergency medication.

Those school staff who have volunteered to administer medicine to named pupils with significant health care needs require more detailed training. Specific training needs will be identified in individual pupils' Health Care Plans and provided by appropriate health professionals.

Any member of staff giving medicine to a pupil should check:

- the pupil's name
- written instructions provided by parents or doctor
- prescribed dose
- dose frequency
- expiry date
- any additional or cautionary labels.

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

Staff should complete and sign Form Rec 1(see Section 10 of this document) each time they give medicine to a pupil. Such record sheets offer protection to staff and proof that they have followed agreed procedures.
The Schools General (Scotland) Regulations 1975 (S.1. 1975/1135) require authorities to keep pupils' progress records including health records for 5 years after the pupils' final attendance at school.

Head teachers should give careful consideration to any information about health or medical conditions of pupils which might be communicated to staff. Two principles should apply. The first is that information must be given in strict confidence, bearing in mind the rights to privacy and confidentiality held by pupils and their families. The second is that information should only be provided on a strict "need to know" basis. In other words that school staff would require to take account of a health or medical condition because it affects the pupil's learning or that school staff may be required to respond to a situation or to needs which may arise in the classroom, or in a few cases, in the wider school campus because of the pupil's health or medical condition.

Head teachers should take an informed view of information to be communicated, in conjunction with child health staff as required. The routine circulation of extensive lists of available information on the health of pupils should be avoided as this may be counter-productive.

Section 5 Protocols and Specific Information on Conditions and Medications

Allergic reactions (including anaphylaxis) in school.

Allergic reactions to foods and insect bites/stings are recognised with increasing frequency, and are major cause of concern to parents and teachers alike. Most reactions are mild and will require no treatment, or treatment with oral antihistamines only.

The term 'anaphylaxis' is used to describe a severe allergic attack which causes a problem with breathing or the airway, impaired circulation or impaired consciousness. Where the potential for an anaphylaxis has been identified, it is important that school staff are aware, and that appropriate treatment is on hand. Useful leaflets are available at www.allergyinschools.co.uk. Information on anaphylaxis is given on the Anaphylaxis Campaign site www.anaphylaxis.org.uk and the Epipen site www.epipen.co.uk.

Children at risk of allergic reactions should have access to oral antihistamine at home and in school. Intramuscular adrenaline (Epipen) is only required for anaphylaxis. A written individual protocol must be provided.

INTRAMUSCULAR ADRENALINE (EPIPEN) IS ONLY REQUIRED FOR PROVEN ANAPHYLAXIS

Roles and responsibilities

The Community Health Partnership will:
- make provision in the school health service in every locality for training for parents as well as school and preschool staff in the avoidance of common food allergens and the administration of antihistamine and intramuscular adrenaline

- put in place arrangements for individual protocols to be implemented at school/preschool, using standard templates devised by NHS Highland. Please note: where a child or young person has an end of life plan the protocol may change more frequently
- prepare and discuss with school staff individualised protocols for the management of allergic reactions. A written individual protocol is required to provide clear guidance to school staff
- where a food has been identified as the precipitant, provide advice on food avoidance and refer to a dietician where necessary

The General Practitioner (GP) will:

- prescribe Epipen and antihistamine for pupils. Epipen should be used in order to avoid confusion and facilitate training. Liquid oral antihistamine preparations should be used even in adolescence as they will start working more quickly than tablets
- arrange for an appropriately trained school nurse or community children's nurse to deliver training to school or preschool staff in basic food avoidance and the administration of oral antihistamine and intramuscular adrenaline
- provide Epipen and antihistamine for parents to pass on to school and out of school care. A supply for each household will also be required
- refer the child or young person to the hospital out-patient clinic if, in the case of food allergy, challenge testing is required (either incases of diagnostic doubt, or when re-challenge is required to confirm persisting allergy).

The parent will:

- obtain supplies of Epipen and oral antihistamine for school and out of school care and ensure that they remain in date (allow at least 12 months until expiry date)
- when Epipen and oral antihistamine is within 3 months of its 'use by' date, contact the GP for further supplies
- have age appropriate discussion with the child, including food avoidance, and when to ask for help
- supply medication to be held in school at the beginning of each school session and collect the medication at the end of the session to ensure it is kept in date

The school will:

- notify the parent if a new supply of medication is required

Attention Deficit Hyper Activity Disorder (Hyperkinetic Disorder)

ADHD occurs in up to 5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. Education is often disrupted, family life stressful and peer relationships may suffer. In the majority of cases ADHD will persist into secondary school.

Stimulant medication is often prescribed for sufferers (usually methylphenidate), under the brand names of Ritalin or Equasym. A single dose is usually effective for just 4 hours. Commonly it is prescribed to be taken before school, and with lunch. Modified release preparations lasting 8 to 12 hours (Concerta XL), Equasym XL) allow children who are stabilised on treatment to avoid taking medication at school.

A health care plan should be drawn up for each pupil with ADHD who requires to take medication in school. Training for school staff will include storage of medication and record keeping as the active ingredient in the medication named above is a class A drug. Further information on the safe storage of medication is provided in Section 8 of this document.

Asthma

Asthma is sufficiently common that all staff should have a basic awareness of the condition. One in seven children has asthma and several in each class are likely to have the condition. There is nothing to stop the vast majority of children with asthma leading a full and active life.

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest, and getting short of breath - but not every child will get all of these symptoms. The airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

Triggers include: colds, viral infections, pollen, cigarette smoke, exercise, air pollution, pet hair and stress. Everybody's asthma is different and everyone will have his or her own triggers. Consequently some children require to take their reliever medication (blue inhaler) prior to PE and playtime especially in the cold winter months and/or during the hayfever season.

When a child develops asthma symptoms (cough, wheeze, a tight chest, and shortness of breath), this is called an asthma attack. It's at this point that the child will need to take a dose of their reliever medication (blue inhaler).

Asthma varies in severity. Some children will experience an occasional cough or wheeze whereas for others, the symptoms will be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively.

Reliever inhalers

Relievers are usually blue e.g. salbutamol (Ventolin), terbutaline (Bricanyl). This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

Preventer inhalers

Preventers are usually brown, orange, or red e.g. beclomethasone (Becotide), budesonide (Pulmicort), and fluticasone (Flixotide). These usually contain a small dose of steroid for inhalation into the lungs. They should be taken every day (usually first thing in the morning and last thing at night), even when asthma seems well controlled. Preventer inhalers should NOT normally be needed by children in school hours.

Spacers and nebulisers

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs. Children should NOT need to use a nebuliser in school. There is now evidence to indicate that for the vast majority of people with asthma, inhaled therapy is best delivered by inhalers or inhalers with spacers.

A health care plan should be drawn up for each pupil with unstable asthma. Training in the recognition and treatment of an asthma attack will be provided for school staff where a child with unstable asthma has been identified.

Cystic Fibrosis (CF)

Cystic Fibrosis) is the UK's most common life-threatening inherited disease. It affects approximately 1 in 2500 children.

In CF the lungs function normally at birth but the mucus produced is abnormally thick. By blocking some of the smaller airways, this sticky mucus starts to cause lung infections and lung damage. Physiotherapy helps children with CF to clear mucus from their lungs. It is usually done at home, but sessions can last up to one hour and leave the child feeling tired.

Children with CF often have a persistent non-infective cough, which can be embarrassing if mucus is brought up. They are at risk of infection from other children, but pose little risk to other healthy children. Many children with CF also have asthmatic type symptoms. During chest infections children with CF will feel unusually tired. Frequent courses of intravenous antibiotics are sometimes necessary and when required are given for 2 weeks every 2 to 3 months via an intravenous Hickman line or Portacatheter.

When these intravenous lines are in situ, children are NOT allowed to participate in PE, swimming or other vigorous activities to avoid the risk of dislodgement.
A quiet room with hand washing facilities and a lockable cupboard may be required for a parent or nurse to administer these antibiotics.

The digestive system is also affected in 90% of children with CF and the child may require extra snacks and energy rich foods should be encouraged. The child may often feel full quickly and may have a poor appetite. At meal times, children require to take enzyme capsules to help them digest their food. Most older children are able to manage these independently but younger children may require supervision.

Children with CF are as academically able as their contemporaries. Children may experience frequent absences from school and good liaison between school and home is required to ensure the child keeps pace with appropriate learning targets. Physical exercise is of benefit to children with CF, but full participation may not be possible if the child is unwell.

A health care plan should be drawn up for each child with cystic fibrosis, in collaboration with their consultant, specialist nurse and child health team. This should include advice on emergency treatment as asthmatic type symptoms are common as well as what to do if the intravenous line becomes dislodged.

Appropriate training will be provided for school staff when a child with CF has been identified. On the rare occasion that 2 or more children, who are not related, enrol in the same school, it is highly desirable that these children do not mix and are placed in different classes to avoid cross infection.

School trips

Trips should not present as a problem provided a risk assessment is completed and appropriate precautions are taken. Changes in treatment should be discussed well in advance of a trip especially if there is an overnight stay. The degree of supervision

required for the child should be discussed with parents. Regular meals and snacks should be given. Fatigue may be an issue during periods of sustained physical activity. Some children may need to avoid animals.

Diabetes

Insulin dependent diabetes melitis (IDDM) is a disorder that develops when a person does not produce enough of the hormone insulin. Insulin helps the sugar from the food we have eaten to move from the bloodstream into body cells where it can be used to produce energy.

People who develop IDDM in childhood usually require insulin by injection. This helps to lower the blood glucose and is balanced by a diet of known carbohydrate content. Carbohydrates are divided into 2 groups:

- fast acting sugars e.g. sweet biscuits, chocolate
- starchy carbohydrates e.g. bread, cereals, pasta and rice.

Children with diabetes require regular meals containing approximately the same amount of starchy food each day, and will need small amounts of starchy carbohydrates between meals - at the usual morning school break and during the afternoon. Children with diabetes commonly require injections of insulin with their midday meal.

A child with diabetes should not be in any way different from other children in potential achievement. There is no need to avoid any school activity provided that some extra carbohydrate food in the form of a sport drink or mini Mars bar is taken before and/or during exercise. A child with diabetes should be submitted to the same kind of discipline as any other child, **but should not be detained from meals**.

Hypoglycaemia a 'hypo', occurs when the blood sugar falls too low, usually after extra physical activity or if a meal is delayed. Hypo symptoms include: hunger, stomach pains, pins and needles, headache, faintness, drowsiness, pale, inattentive, sweaty, slurred speech, bad temper. If symptoms and signs are ignored increasing drowsiness, coma or fits may follow. **The child should not be left to lie down unattended.**

Hypo symptoms include: Hunger, stomach pains, pins and needles, headaches, faintness, drowsiness, pale, inattentive, sweaty, slurred speech, bad temper.
If symptoms and signs are ignored increasing drowsiness, coma or fits may follow. **The child should not be left to lie down unattended.**

Even if the supervisor/carer is doubtful it is best to give some carbohydrate because a 'hypo' is easily treated and even if carbohydrate is given when the blood sugar is normal or high the extra glucose will not cause harm. The child will respond rapidly if hypoglycaemia is responsible. If treated promptly recovery is usually rapid and the child may return to normal class activities.

Hyperglycaemia or ketosis occurs when the sugar in the blood reaches high levels following, for example: Missing an injection, poor diabetic control, an infection, over-eating. Symptoms include: thirst (it is important that sugar free diet drinks are given at this time), frequency of passing urine. If symptoms are ignored the child may become flushed, drowsy and may vomit. Hyperglycaemia does not develop rapidly and usually takes several hours. If the child has been vomiting and is becoming drowsy, emergency services or the child’s GP should be contacted.

A health care plan will be drawn up for each child with diabetes in collaboration with the child’s Consultant, Diabetes Specialist Nurse and Child health team. This will include written information on the management of hypoglycaemia.

School trips

Diabetes should not prevent the child from taking part in school trips, sporting activities, etc. but a little extra care may be needed and advice is readily available from the Diabetes Specialist Nurse or community children's nurse who can be contacted through child health office.

Epilepsy

Epilepsy is the most common serious neurological condition. It affects about 1 in 242 school-age children. A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine.

A seizure occurs when the nerve cells in the brain, which affect the way we think and behave, stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. Epilepsy can be caused by damage to the brain through a head injury or by an infection. However, in most cases, it has no identifiable cause.

Seizures

A seizure can either affect part of or the whole brain. There are around 40 different types of seizures, some of which are more common in childhood. Depending on whether a seizure affects the whole or part of the brain it is called either a generalised or partial seizure. Generalised seizures affect the whole, or a large part, of the brain and result in a loss of consciousness. Partial seizures only affect part of the brain and only partially affect consciousness.

The most common types of seizure school staff will encounter include:

Tonic-clonic

Children who experience tonic-clonic seizures (formerly known as grand-mal seizures) lose consciousness. Their body goes stiff and their limbs jerk. When the seizure finishes the child slowly regains consciousness. The child will be confused at first and it is important to stay with the child and reassure them. Emergency medication may be necessary for prolonged tonic-clonic seizures.

Absence

During an absence seizure (formerly known as petit-mal seizure) a child will momentarily lose consciousness. It will appear as if they are daydreaming or distracted. These seizures can happen frequently causing a child to 'tune in and out' of what is going on around them. This can be very confusing for the child or young person.

Absence seizures are most common in children between the ages of six and twelve years of age. As a result, children who have absence seizures risk missing out in vital learning. If a child is having absences seizures during the day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis. There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.

Complex partial

A child experiencing a complex partial seizure will only be partially conscious. They will not fall to the ground as in tonic-clonic seizure but they will not be aware of or remember what happened during, and even in the moments before, the seizure. During the seizure the child may display repeated actions like swallowing, scratching or looking for something. This should not be mistaken for bad behaviour.

Although there is no real first aid required for complex partial seizures, it is important not to restrain the child or young person unless they are in immediate danger.
For example, if the child is walking towards a busy road, staff should try and guide them to safety. When the seizure ends the child is likely to be confused so it is vital to stay with them to reassure them.

Triggers

A trigger is anything that causes a seizure to occur. There are many different triggers, but some are more relevant to school settings. These include excitement, anxiety, tiredness or stress. Contrary to popular belief only a small proportion of children with epilepsy have their seizures triggered by flickering light (known as photosensitive epilepsy). Less than 5 per cent of all people with epilepsy are photosensitive.

Additional support

The majority of children with epilepsy take medicine to control their seizures. This medicine is usually taken twice daily outwith school hours. The only time medicine may be urgently required by a child with epilepsy is when their seizures fail to stop after the usual time or the child goes into ‘status epilepticus’. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. In this situation, the emergency administration of sedative is indicated. The sedative is usually a drug called Midazolam that is administered in the cheek or nose. If a child with epilepsy is likely to require emergency medicine to stop a seizure, it is vital that the parents notify the school. A healthcare plan will be written where there may be a need to administration in an emergency. The child health team will provide appropriate training for staff volunteering to administer medication.

School trips

Every child with epilepsy has a right to participate fully in the curriculum and life of the school, including outdoor activities and school trips. However, sensible precautions need to be taken and a risk assessment taken forward to assist in planning the trip. Some activities may not be suitable for all children, for example, during periods when epilepsy is unstable.

For more information on epilepsy visit www.epilepsy.org.uk or call the Epilepsy Helpline, freephone: 0808 800 5050

Dermatitis (eczema)

Dermatitis (eczema) is a skin condition involving inflammation (redness and swelling) and is always associated with intense itching. There are different types of dermatitis. The most common type is atopic dermatitis, which is an ongoing condition where there may be flare-ups where the condition gets worse. It may be related to other conditions such as asthma or hay-fever. Likely symptoms are itching and scratching and/or redness and swelling of skin, especially in skin folds.

Dermatitis is often associated with dry skin. It occurs in 1 in 5 school children in the UK.

Itchiness often occurs in skin creases such as the elbows, behind the knees, front of ankles or around the neck and is aggravated by sweating.

Complications such as infections-weeping, crusting skin, worsening of dermatitis, blisters, fever may occur. Avoiding cross infection is important as well as treating the infection. Tiredness may occur as a result of loss of sleep from itching. This may affect a pupil's ability to concentrate and work.

A pupil may be required to wear different clothing or bandaging. This can affect self-esteem and self-confidence and may make the pupil a target for bullying.

The pupil may experience periods of absence from school due to the condition. Precipitating factors are:

- contact with irritants and allergens – this can be a particular problem in cooking, technical or science classes
- abrasive fabrics e.g. wool
- extremes of temperature and humidity-most improve in the summer and are worse in the winter
- diet can affect 10% of children
- inhaled allergens e.g. dust mite, pollens, pet dander and molds
- stress
- hormonal change e.g. puberty.

Regular use of moisturisers/emollients which soothe, smooth and retain moisture in dry, scaly skin to make it soft and flexible. This helps to reduce itching. These are applied to the skin many times a day and liberally. Pupils may need access to appropriate private areas to apply emollients throughout the day.

Topical steroid creams may be used to reduce inflammation. These are used in small amounts and spread thinly. These are often used once a day. Different steroid creams may be used on different parts of the body, it is important to follow instructions carefully. Steroid creams are usually only used for short periods of time.

Wet wrap bandaging (wet cotton tubular bandages) may be put on top of emollient and/or steroid creams and then covered with a dry bandage. This is usually a treatment used at night and requires some training on its use.

Anti-infectives (creams or tablets) are usually only short courses to treat an infection.

Pastes (thick creams and ointments) containing medicines which are covered by bandages may stain clothing or the skin.

Light therapy or phototherapy is used in hospitals. Pupils undergoing this type of therapy may have skin which is more sensitive to normal sunlight and schools will require to be aware of pupils who may need to remain indoors at break times. Adequate protection measures such as sunscreen may be required to be applied before outdoor activity.

Antihistamines may be prescribed to reduce itch. These may cause sleepiness in pupils which may affect concentration.

Additional Support

An assessment on the impact of the condition on the pupil's quality of life at school and if necessary provide appropriate. Pupils may be self-conscious, subjected to teasing and bullying and may become withdrawn.

Pupils may require many clinic appointments, teachers should ensure they do not fall behind in class work.

The school should be aware of the treatment used and its expectations and if required provide an appropriate place for the pupil to apply medicines.

School staff should help the pupil avoid triggers or minimise exposure to them and should watch for signs of infection-weeping, crusting skin or blisters which may require medical attention.

Schools should ensure that, where necessary, relevant staff receive training from health staff.

School Trips

Dermatitis should not prevent a pupil from participating in school trips but the following should be in place to support the pupil:

- privacy and space for the pupil to apply medicines
- safe storage for potentially large quantities of medicines
- awareness of needs for special types of clothing.

Section 6 Individualised Health Care Plans

It is not anticipated that detailed plans will be required for short-term needs where a child for example is taking a course of antibiotics. In such cases it would be sufficient to record: **details of the medication, time of administration and any possible side effects** on form Admin 1a. These arrangements would also apply to children with well controlled asthma.

The main purpose of an individual school health care plan for a pupil with significant health needs is to identify the level and type of support that is needed at school. This written agreement with clarifies for parents, pupils and staff the help that the school can provide and receive.

The need for a health care plan and the medical detail of any such plan should be assessed by a health professional in collaboration with school staff and parents.

The school's response has to be tailored individually to each pupil's needs as children and young people vary in their ability to cope with poor health or a particular medical condition.

Schools should agree with parents and health care practitioners how often they should jointly review the health care plan depending on the health care needs. Good practice would indicate that this should be done at least once a year and the head teacher should make the appropriate arrangements.

Each plan will contain different levels of detail according to the needs of the individual pupil. In some cases details of pupil's need may be recorded in other plans e.g. a Coordinated Support Plan, a Support Plan, or a Personal Learning Plan. If this is the case, a specific reference to the pupil's individual health care plan should be included.

More detailed Health Care Plans (see Form HCP1 in Section 10 of this document) are required for children or young people with greater long-term needs. The school will draw up Individual Health Care Plans in collaboration with the school health team and parents. The most common medical conditions in school age children which may require such support are allergic reactions, severe asthma, cystic fibrosis, diabetes and epilepsy.

Drawing up a Health Care Plan

The plan should be tailored to the individual needs of the pupil but as a minimum should include:

- details of a pupil's condition
- what to do and who to contact in an emergency
- causative factors
- indications for treatment
- medication including details of dose and method of administration
- daily care requirements
- members of staff trained to administer medication

Those Involved

Those who will need to contribute to a detailed Health Care Plan are:

- the school health service, the child's GP or other health care professional (depending on the level of support that the child needs)
- the head teacher
- the parent or guardian
- the child (if suitably mature and capable of understanding)
- class teacher (primary schools) year head/guidance teacher (secondary schools)

- care assistant, support staff or hostel staff (where applicable)
- school staff who have agreed to administer medication or be trained in emergency procedures.

Co-ordinating Information

Co-ordinating and disseminating information on an individual pupil with health needs, particularly in secondary schools, can be difficult. The head teacher should give a member of staff specific responsibility for this role. This person can be a first contact for parents and staff and can ensure liaison with external agencies. Advice on the communicating of relevant information to staff in schools is provided in Section 4 of this document.

Staff Training

A Health Care Plan may reveal the need for identified school staff to have specific information about health care procedures or specific training in administering a particular type of medication or in dealing with emergencies. If school staff volunteer to assist a pupil with health needs, the head teacher should arrange appropriate training in conjunction with NHS Highland. School staff should **never** administer medication without appropriate training from health professionals.

Roles and responsibilities

The school health team have responsibility for:

- deciding who should have a health care plan
- collaborating with parents and school staff in drawing up the health care plan
- drawing up the emergency procedures protocol which accompanies the health care plan
- participating in the review of the health care including advice on whether the health care plan continues to be required

The school has responsibility for:

- identifying a teacher with responsibility for each individual health care plan
- coordinating the drawing up of the health care plan
- issuing the completed health care plan to all relevant people
- following (where a member of staff has volunteered to administer medication) the advice and guidance on the administration of medicines detailed in the health care plan
- following the emergency procedures detailed in the protocol
- arranging the review of the plan

Parents have responsibility for:

- informing the school that their child has a medical condition
- collaborating with health and school staff in drawing up the health care plan
- providing appropriate medication supplies

Section 7 Privacy, Confidentiality and Support

Privacy

It is good practice to enable responsible pupils to manage their own medication from quite a young age. Some pupils may require to take or administer medication for themselves during the school day. Examples of this would be use of inhalers for asthma and injecting insulin for diabetes.

Every effort should be made to support pupils in their independence and ability to manage their own medication. Appropriate facilities should be provided to allow the pupil to do this in private. The school health and safety policy should state clearly the rules which will operate to enable pupils to manage their own medication bearing in mind the safety of all pupils.

It is important to remember that a pupil has the right to privacy in the ongoing management of his/her medication in keeping with the right to confidentiality.

Confidentiality

Schools have a general duty of care for their pupils. Head teachers and school staff must treat pupil medical information confidentially. Confidential and sensitive information about a pupil should be made available only to those who need to know such as teachers or other members of staff who are specifically involved with a pupil. Escorts and others should only be told what is necessary for them to know to keep the child safe. The head teacher should agree with the pupil, where he or she has the capacity, or otherwise the parent, any other persons who should have access to records such as the health care plan and other significant information about the pupil.

Consideration must also be given to any additional safety measures required for school trips and sporting activities. Teachers should be aware of pupils with specific health needs with reference to any restrictions to a pupil's ability to participate in these activities. This information should be noted in the pupil's health care plan.

A young person in Scotland below the age of 16 does have the capacity to consent to his or her own treatment subject to the test that he or she understands the implications otherwise the parent would take that responsibility. The age of capacity is generally agreed to be from 12 years of age although there may be occasions when a young person having attained the age of 12 would not have sufficient maturity or understanding to give informed consent to treatment. Where a pupil refuses to take medication school staff should not force him or her to do so. The school should inform the parents promptly of the decision made by the pupil. If necessary the school should call the emergency services.

Support

A pupil's health care plan may show the need for identified staff to have specific information about health care procedures or specific training in administering a particular type of medication or in dealing with emergencies appropriately.

School staff involved in supporting a pupil with his or her health care plan should be given appropriate training from health professionals. The education authority and head teachers will ensure this training is given in conjunction with NHS Highland whose responsibility it is to give advice on training.

Section 8 Secure Storage and Handling of Medicines

General

Where the head teacher agrees to the administration of medication within the school this must be undertaken in accordance with safe and secure storage and administration of medicines in schools defined in this policy. Administration of medications shall only be authorised where it is deemed appropriate that medication must be administered during school hours.

Medication requiring special storage conditions such as refrigeration must comply with secure storage requirements.

Delivery of Medication

Once the parental consent form has been completed and the head teacher has agreed to the administration of medication, the parent must deliver the medication to the designated member of staff in the school.

All medication must be delivered intact with the original pharmacy or dispensed container and not re-packaged to another container. If necessary, parents should be encouraged to ask the prescriber for a school supply. The community pharmacist should be asked to label it appropriately with the label on the actual container and not the outer packaging. Containers should be clearly labelled with all the relevant information:

- pupil's name
- date of dispensing
- name of the medication and strength
- dosage and frequency
- expiry date

- quantity
- method of administration
- additional instructions

Non-Prescribed Medication

Under no circumstances will non-prescribed medications be administered in schools.

Storage, Receipt and Security of Medication

In general terms, all medication accepted by the head teacher for administration to pupils shall be stored in a locked and safe place with access restricted to those volunteer staff members who also have responsibility for the administration of the medication. All medication received must be recorded on the appropriate medication administration form. The effectiveness of storage arrangements should be regularly evaluated.

Pupils must have access to their medication when required. Named key holders of medication will be identified to all staff members.

For pupils requiring Epipen for anaphylaxis, the Epipen should be kept out of children's reach but readily available. The health person drawing up the health care plan can help to identify where the Epipen is best kept to ensure it is easily and quickly obtained.

Depending on age or ability, pupils should be encouraged to carry their own inhaler devices for asthma. If pupils are unable to carry their inhaler devices, a drawer in a teacher's desk is acceptable as inhalers may need to be needed quickly especially

prior to and during periods of exercise. If the drawer must be locked, keys should be held by more than one person.

Pupils who carry their own medication for self management purposes are required to keep that medication on their personal possession at all times. Special arrangements for safe storage will be required for PE. Medication will be handed to the class teacher for that period for safe keeping. Parents should be advised of a child’s medicine stock running low and a fresh supply requested if required.

Refrigeration

The number of medication requiring refrigeration is low and will not be required on a routine basis within schools. In the unlikely event that medication requires storage in a refrigerator, a local resolution should be found if possible for short-term storage to comply with guidelines. In the first instance the pharmacist or prescriber should be contacted to confirm if refrigerated storage is necessary and if administration is required during the school day.

In hostels refrigeration may be required to store pupils medication e.g. insulin. A sealed container may be used to store medication and must be placed in the main body of the fridge not on the door compartments or vegetable drawers. Don’t place insulin in, or close to, the freezer compartment. Insulin should not be used if it has been frozen.

Refrigerators for storage of medication should be kept locked or kept in a locked room with restricted access. The temperature of the refrigerator should be monitored daily when storing medication and recordings of maximum and minimum temperature kept to validate the recommended normal limit range between 2 to 8 degrees centigrade. Where the temperature of the fridge is noted to be outwith the

required range of 2 to 8 degrees centigrade please contact the child health team for advice.

Administration and Recording of Medication

Except where it has been formally agreed that pupils are responsible for carrying and administering their own medication, a record must be maintained of ALL medication administered or supervised by staff on an individual pupil record sheet . To avoid the risk of over-dosage of medication, and to facilitate audit, it is essential that a pupil record sheet is filled in promptly after each administration.

If the pupil requires urgent or emergency administration of medication, the pupil's parent or guardian must be promptly advised of any medication administered, including dose and frequency.

Standardised training must be provided to staff volunteering to administer regular or emergency medication. Training will be provided by staff from the NHS Highland.

Disposal

Discard any excess medication from partially used ampoules immediately by flushing it down the sink with running water. Used ampoules, syringes or straws should be placed in a sharps bin immediately and stored in a restricted area in the medical room prior to safe disposal. Sharps bins will be provided and replaced when required by the child health team.

If medication is date expired or has to be discontinued this should be returned to the parent (not via the pupil) and the information recorded on the administration form. At the end of each session all medication should be returned to the parent and this information recorded on the administration form. In the event of any difficulty, surplus medication should be returned with parental consent if possible to a local

pharmacist for disposal. No medicines should be kept in the school during summer holidays.

Safety

In the event of a needle stick injury, guidance should be obtained from the nearest Hospital Accident and Emergency Department who will give advice and assess any risk.

Audit

Head teachers should plan and undertake a regular audit of the storage and administration arrangements agreed for implementation. It is recommended that there is a checklist to evaluate compliance with the policy as follows:

- all medication stored must be prescribed for pupils currently on the school roll
- storage – appropriate locked cupboard and key holders identified
- labelling of medication complies with policy
- check regularity and accuracy of completion of administration forms
- staff training has been implemented as requested
- refrigerator temperatures are maintained and recorded.

Section 9 Training Arrangements

Responsibility for Provision

In accordance with the Scottish Executive document *Administration of Medicines in Schools 2001* NHS Highland has the statutory responsibility to provide training.

NHS Highland will ensure that appropriate agreements are in place with the education authority. These should determine the respective responsibilities of each in relation to the administration of medicines in schools including local protocols, procedures and training. In addition, the education authority and schools must ensure that time be made available for staff training.

At individual school level, members of the child health team can arrange training for school staff willing to administer medication.

Voluntary organisations specialising in particular medical conditions can provide advice on good practice e.g. *Heartstart*, which works collaboratively with schools and health boards to provide CPR (Cardio Pulmonary Resuscitation) training for pupils and staff. This type of input should be coordinated after discussion with the child health team.

Delivery

(a) **Basic Awareness Training**

This can be provided for all staff involved with pupils with health care needs. It can be delivered at school open days, parent evenings and staff in-service days.

Some specialist medical services provide an outreach facility to schools advising on the management of certain conditions, e.g. ADHD and Muscular Dystrophy.

(b) **More Detailed Training**

This will be provided to those members of staff who have volunteered to administer medicines for specific pupils.

Record of Training

The education authority and school should be satisfied that any training provided has given staff sufficient understanding, confidence and expertise.

A member of the child health team should confirm capability in administration of the medication.

Forms T1 and T2 in Section 10 of this document should be used to record the two different types of training as outlined above.

Regular refresher courses are necessary to update training. These should take place at agreed time intervals and participation in refresher training should be formally noted.

Accessibility

School staff should feel confident that they can readily contact a member of the child health team as necessary. Close collaboration between the school, pupils, parents and the medical profession will be required to ensure prompt delivery of an effective training programme.

Section 10 Documentation and Forms of Agreement

This section contains all the necessary forms to be used to:

- record the list of Discretionary Medicines to be used for pupils residing within school hostel accommodation (**HDMI**)
- record details of medication administered to individual pupils residing within school hostels (**HDM2**)
- record details of medication administered to individual pupils on a residential school excursion (**RSE1**)
- record the request for a school to administer medication (**Admin 1a)**
- record the request for a pupil to carry their own medication **(Admin 1b)**

record the details of medication administered to individual pupils in schools **(Rec1)**

- develop individual Health Care Plans for pupils **(HCP1)**
- record basic awareness training for staff **(T1)**
- record details of specific training for individual staff members in the administration of medicines **(T2)**

Minimum Recording

It is not anticipated that detailed plans will be required for children with well controlled asthma with regular medication. Other children may be on medication for a short period only, e.g. to finish a course of antibiotics. In such cases it would be sufficient to complete Forms **Admin 1a**. Form **Rec1** would also be required to record medication administered.

Health Care Plans

More detailed Health Care Plans are required for children or young people with more long-term needs. The child health team will draw up individual plans in collaboration with parents and school staff. The most common medical conditions in school age children which may require such support are ADHD, anaphylaxis, severe asthma, cystic fibrosis, diabetes and epilepsy.

An individual Health Care Plan will require forms **HCP1, Admin 1a** and **Rec1.** The Plan will also include the relevant guidance and protocol for the particular condition appropriately modified for the individual child where emergency medication may be required e.g.

Allergic reactions requiring Piriton
Allergic reactions requiring Piriton and Epipen
Asthma
Hypoglycaemia
Epilepsy
Seizure management +/- emergency medication protocol

Guidance on the above can be found in the NHS Highland Medicines in Schools site:
www.idll.nhsh.scot.nhs.uk/newextranet.org.uk
Please note: Protocols should be on one side of A4, laminated and readily available in an emergency

HDM1

Argyll and Bute Council Community Services: education/NHS Highland

List of Discretionary Medicines

Name of Hostel				
Officer-in-Charge				
Name of Medication	Dose	Frequency	Indications	Special Precautions/Contraindications
Paracetomal	See Packaging	4-6 hourly. Not more than 4 doses daily	Pain/Fever	Ensure child is not taking another medication containing paracetomol
Chlorphenamine (Piriton)	See Packaging		Allergy	
Ibuprofen	See Packaging	8 hourly	Joint/muscle pain	Ensure pupil is not taking another medication containing ibuprofen
Hyoscine Hydrobromide	See Packaging	20 minutes prior to travel	Prevention of motion sickness	Ensure pupil does not have glaucoma

The administration of discretionary medicines for pupils resident in hostel accommodation allows for the above treatments to be administered at the discretion of hostel staff. Authorisation must first be obtained from the Office-in-charge of the hostel, and the appropriate Doctor informed of any regular administration.

Authorised by:	Consultant Paediatrician (print name)		Signature:	

Authorisation valid for 1 year only.

HDM2

HOSTEL RECORD OF DETAILS OF MEDICATION ADMINISTERED TO INDIVIDUAL PUPILS

Name of Hostel:		**Officer in Charge: (Authoriser)**	
Name of Pupil:		**Date of Birth:**	

NB. Check expiry date of medication.

Date	Name of Medication	*Dose*	*Time*	Route of administration	Please √ if date of expiry is valid	Comments e.g. medication refused/dropped etc and condition e.g. seizure	Signature of member of staff

NB This record to be retained in pupil file for a minimum of five years after the pupil leaving school.

HDM3

PARENTAL CONSENT FORM FOR HOSTEL STAFF TO ADMINISTER NON-PRESCRIBED MEDICATION

Name of Hostel:		**Officer in Charge: (Authoriser)**	
Name of Pupil:		**Date of Birth:**	

The Education Authority and NHS Highland agree that hostel staff can, in your absence, administer non-prescribed medicines to your child while he/she is a resident in a school hostel. The range of non-prescribed medications and the symptoms which may be treated are listed below.

Symptom	**Medication**
Pain	Paracetamol, Ibuprofen
Mild fever	Paracetamol, Ibuprofen
Allergy	Chlorphenamine
Motion sickness	Hyoscine Hydrobromide

The above named medications will be administered according to the manufacturer's guidance.

I hereby give my consent for hostel staff to give my child non-prescribed medicines from the list agreed by NHS Highland and in accordance with the Education Authority's guidance on administration of medicines for pupils resident in a school hostel.

Signed:		Relationship to child:		Date:	

NB This FORM to be retained in pupil file for a minimum of five years after the pupil leaving school.

RSE1

SCHOOL RECORD OF DETAILS OF MEDICATION ADMINISTERED TO INDIVIDUAL PUPILS ON A RESIDENTIAL SCHOOL EXCURSION.

Name of School							
Excursion Leader					Designation		
Details of Excursion							
Dates							
Location							
Details of Medication Administered							
Name of Pupil				Date of Birth			
Date	Name of Medication	Dose	Time	Route of administration	Please √ if date of expiry is valid	Comments e.g. medication refused/dropped etc and condition e.g. seizure	Signature of member of staff

NB This record to be retained in the pupil's file for a minimum of five years after the pupil leaves school.

RSE2

PARENTAL CONSENT FORM FOR SCHOOL STAFF TO ADMINISTER NON-PRESCRIBED MEDICATION

Name of Hostel:		**MEMBER OF STAFF:**	
Name of Pupil:		**Date of Birth:**	

The Education Authority and NHS Highland agree that school staff can, in your absence, administer non-prescribed medicines to your child while on a residential school trip. The range of non-prescribed medications and the symptoms which may be treated are listed below.

Symptom	**Medication**
Pain	Paracetamol, Ibuprofen
Mild fever	Paracetamol, Ibuprofen
Allergy	Chlorphenamine
Motion sickness	Hyoscine Hydrobromide

The above named medications will be administered according to the manufacturer's guidance.

I hereby give my consent for school staff to give my child non-prescribed medicines from the list agreed by NHS Highland and in accordance with the Education Authority's guidance on administration of medicines on residential school trips.

Signed:		Relationship to child:		Date:	

NB This FORM to be retained in pupil file for a minimum of five years after the pupil leaving school.

Admin 1a

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Name of School:		Head Teacher:	

Form for parents to complete if they wish the school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and volunteer school staff have agreed to administer.

Details of Pupil

Surname:			Forename(s):	
Address:				
Date of Birth:		Male:		Female:	
Condition or illness:				

Medication 1: *Parents must ensure that medication supplied is properly labelled with a Pharmacy or Dispensed label which states:*

- *Pupil's name*
- *Name of medicine*
- *Dose*
- *Frequency of administration*
- *Date of dispensing*

Name/type of medication:				
How long will your child take this medication?				
Quantity:				
Full directions for use:	Note dosage and method e.g. Oral, Injection, Tube Feed, or other. Timing when medicine should be given: Special precautions: Side effects: **N.B. "As directed" is <u>not</u> acceptable.**			
Self administration:	Yes		No	

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION (continued)

PROCEDURES TO FOLLOW IN AN EMERGENCY

Contact Details

1. Name:	
Emergency phone no:	
Relationship to pupil:	
2. Name:	
Emergency phone no:	
Relationship to pupil:	

I understand that I must deliver the medicine personally (to agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

I undertake to inform the agreed member of staff immediately of any changes in the medication and provide an appropriately labelled supply.

Please Note: Verbal information will not be acted upon.

Medicines will be replaced/replenished by me as required and I understand and agree that the school are not responsible for maintaining the medication.

Signature(s):		Date:	
Relationship to pupil:			

Admin 1b

REQUEST FOR PUPIL TO CARRY HIS/HER PRESCRIBED MEDICATION

Name of School:		Head Teacher:	

Form for parents to complete if they wish their child to carry and administer his/her own prescribed medication (must be completed by parent/guardian)

Pupil's name:		**Date of Birth:**		**Class:**	
Address:					
Condition or illness:					
Name of prescribed medication (dose, times of administration)					
Procedures to be followed in an emergency:					

Contact Information

Name:	
Emergency phone no:	
Relationship to pupil:	

I would like the above named pupil to keep his/her prescribed medication on him/her for use and for him/her to self administer as described above.

Signed:		Date:	
Relationship to pupil:			

Supporting Children: Supporting Effective Learning

REC1

SCHOOL RECORD OF DETAILS OF MEDICATION/ADMINISTERED TO INDIVIDUAL PUPILS

School:		Head teacher:	
Pupil's name:		Method of administration :	
Name of medication		Strength:	

N.B. Check date of dispensing is within three months and medication not expired (if this date is noted). If in doubt please contact dispensing source for further advice.

Date	Dose	Time	Please √ if dispensing date is valid	Comments e.g. medication refused/dropped etc. Condition e.g. seizure	Signature of member of staff	Stock Balance

Reason for returning to parent:						
Balance received by:	Print name:		Signature:		Date:	

NB This record to be retained in pupil file for a minimum of five years after the pupil leaves school.

HCP1

School:		Head Teacher:	

Health Care Plan

Pupil's name:		**Date of Birth:**	
Establishment:		**Stage:**	
Condition:			

Contact Information

Family contact 1					
Name:				**Relationship:**	
Home phone no:		**Mobile no:**		**Work no:**	
Family contact 2					
Name:				**Relationship:**	
Home phone no:		**Mobile no:**		**Work no:**	
GP name:				**Phone no:**	
Clinic/ hospital contact name:				**Phone no:**	

Plan prepared by:

Name:		**Designation:**		**Date:**	

Distribution:

Name:	**Designation:**

Please note: a copy of the health care plan should be stored in the pupil's PPR.

Condition and pupil's individual symptoms/signs:

Condition:	
Emergency situation:	
Causative factors:	
Symptoms displayed:	
Indications for treatment:	
Medication:	
Details of dose:	
Method and time of administration:	
Daily care requirements e.g. before sport, dietary, therapy, nursing needs:	
Action to be taken in an emergency:	
Follow up care:	
Members of staff trained to administer medication to this child (please list all)	

I agree that the medicines named above may be administered to my child in accordance with this plan. I agree to provide the school with all medicines required in appropriately labelled containers. I agree that the medical information contained in this health care plan may be shared with individuals involved in the care and education of my child.

Signed:	Designation: (parent, school , health)	Date:
This health care plan will be reviewed on:		

T1

School:		Head teacher:	

Record of Basic Awareness Training

Basic awareness training on:

Medical condition:	

Refresher training on:

Medical condition:	

Was given to following members of the staff:

Name of participant:		School:	
Date of training:			
Trainer:		Designation:	
Signature of Head Teacher(s):			
Signature of Trainer(s)			

* Head Teacher: Please note this form can be photocopied and distributed to those staff members participating in training session.

T2

School:		Head Teacher:	

Record of Specific Training for Individual Staff Members in Administration of Medicines.

Type of Training Provided: (including name of medication)	
Name(s) of pupil(s) involved:	
Name(s) of staff trained:	

I confirm that the above named staff have received the training detailed and is (are) capable of administering the medication as described in the training.

Signature of trainer:	
Designation:	
Date:	

I confirm that I have received the training detailed above and agree that I am capable of administering the medication as described in the training.

Signature of trainee(s)		Date:	

Suggested retraining date:	